The American Journal of Family Therapy

Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/uaft20

The “Help” paradigm in the treatment of severely distressed couples: A combination of paradoxical and problem-solving elements

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To cite this article: Alfred Lange Ph.D. (1989): The “Help” paradigm in the treatment of severely distressed couples: A combination of paradoxical and problem-solving elements, The American Journal of Family Therapy, 17:1, 3-13

To link to this article: http://dx.doi.org/10.1080/01926188908250747

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THE "HELP" PARADIGM IN THE TREATMENT OF SEVERELY DISTRESSED COUPLES: A COMBINATION OF PARADOXICAL AND PROBLEM-SOLVING ELEMENTS

ALFRED LANGE, Ph.D.

A short review is presented of the rationales which are used by therapists when they issue paradoxical assignments to their clients. The literature reveals that in the treatment of severely distressed couples there are not many instances of successful paradoxical prescriptions. It is argued that this is due to the use of rationales that are unacceptable to the clients. A new paradigm is proposed and illustrated by four clinical cases. This paradigm combines elements of problem-solving and systems approaches in such a way that the vicious circle may be dramatically broken. In the discussion, the indications for using this intervention are considered.

Treatment of severely distressed couples is not easy. Many different techniques have been described, including paradoxical assignments, which are widely used in family therapy (Andolfi et al., 1983; Papp, 1981a, 1981b, 1983; Selvini Palazzoli et al., 1978; Tomm, 1984a, 1984b; Watzlawick et al., 1974). However, only a few studies describe their use in the treatment of severely distressed couples (Jacobson & Gurman, 1986; Seltzer, 1986; Shoham-Salomon & Rosenthal, 1987; Weeks, 1985; Weeks & L’Abate, 1978, 1982). The technique is described by Herr and Weakland (1979) and Gilewsky, Kuppinger and Zarit (1985), who used paradoxical assignments in the treatment of aging couples, and by the behavioral therapists, Jacobson and Margolin (1979, pp. 152–153). Jacobson and Margolin consider the instruction that their clients monitor one fight on tape as paradoxical because their instructions also include the requirement that their clients do not change. Van Dyck and Hoogduin

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mention the "fractionated quarreling advice," the paradoxical instruction to quarrel for a fixed period every day, which may also be regarded as nonparadoxical because of its regulating problem-solving aspects (not quarreling for the rest of the day).

A meta-analysis on controlled outcome studies by Shoham-Salomon and Rosenthal (1987) and an experimental study by Shoham-Saloman and Jancourt (1985) suggest that, in general, paradoxical methods seem to be more effective and appropriate in cases where the symptoms are severe. This makes the question of why there is no tradition of using paradoxical assignments with severely distressed couples, who are constantly engaged in irrational vicious fights, even more compelling. The answer might be that none of the well-known rationales for "selling" paradoxical directives to patients is appropriate for fighting couples. Contrary to the opinion of early authors on the topic, such as Haley (1963), several studies point out that paradoxical assignments should not be issued as though they were magic, but should be accompanied by some sort of explanation which makes it reasonable for the clients to try to carry them out (Lange, 1985a; O'Connell, 1983; Riebel, 1984). In a review, Lange (1985b) distinguishes the following three categories of motivating paradigms which were then found in the literature on paradoxical assignments.

1) The Honest Explanation. The therapist explains why trying on purpose to behave in the symptomatic way will change the interaction. This paradigm, which is based on Frankl's (1960) concept of paradoxical intention, is more appropriate for individuals, such as social phobics, who suffer from an intrapsychic anticipation anxiety (Ascher & Turner, 1980) than for couples in distress.

2) Positive Reframing. Several authors have argued that paradoxical interventions are most effective if they are used in a way that involves positive reframing of the symptomatic behavior (Fisher et al., 1981; Riebel, 1984; Shoham-Salomon & Rosenthal, 1987). Their studies, however, do not include interpersonal problems, and their findings can certainly not be generalized to distressed couples. Positive connotation is also used in systemic family therapy when the function of individual psychopathology for the well-being of the family is emphasized and the entire family is instructed not to change (Selvini Palazzoli et al., 1979; Tomm, 1984a, 1984b). There is no evidence that this sort of positive reframing, which might be usable in homeostatic families who deny the existence of conflicts, is appropriate for distressed couples. Some authors, such as Van Dyck and Hoogduin (1977) suggest labeling the fights of distressed couples as a sign of involvement. However, there are not many reports of cases in which this form of relabeling has led to a meaningful reduction of the power struggle.

3) Awareness. The therapist explains that by exaggerating or monitoring the symptoms, the patients will acquire more insight into the dynamics
of their behavior and that this will enable them to change their behavior later. This is the most widely used paradigm. However, it is not the most powerful one when used with interpersonal problems, as the same assignment is given to both partners (Lange, 1985a). This makes them feel less responsible than if they were each given a separate assignment, and it often does not bring the desired breakthrough in the vicious circle.

In this article a new paradigm is introduced, which provides a stronger rationale and which seems to be more appropriate in breaking up vicious circles between spouses than the paradigms described above. The core of the method consists of the paradoxical instruction to one partner (A) to continue fighting in order to help his partner (B) to practice problemsolving abilities and social skills. This elegant combination of congruent and paradoxical assignments is examined by means of a detailed analysis of four case studies. In three of the four cases, the vicious circle of symmetric escalation was successfully broken. In the discussion this new method is considered in depth and criteria for using this paradigm are formulated.

THE CASES

The clients in all of the four cases applied for couple therapy. The first sessions were invariably devoted to the assessment of the exact nature of the problems. Special attention was given to assessing the amount of individual pathology of both partners and to the way they reinforced each other in negative behavior. Data were gathered by exact questioning, by probing, by monitoring and by reenacting some of the fights during the therapy sessions. A detailed description of these techniques is presented by Lange and Van der Hart (1983). When the criteria, which are distinguished in the discussion, were met, the therapist intervened with the combination of paradoxical and problem-solving assignments.

Mr. White’s Lack of Attention

Mr. and Mrs. White were in their early thirties. Mrs. White complained that her husband did not pay enough attention to her. After some probing by the therapist the pattern became clear. Mr. White’s feelings for his wife had not disappeared but her constant demand for attention and affection made it rather difficult for him to show the desired behavior. He felt like a fool being expected to behave spontaneously on command.

The therapist intervened in the following way. First he shared with the clients his view of the vicious circle they were in: The wife shows that she expects affectionate behavior from her husband (verbally as well as nonverbally) —> his responses are inhibited and he withdraws —> she feels rejected and shows this —> he withdraws —> she feels more neglected —> etc. The therapist stressed the point that no one in particular was to blame. The position of both was quite understandable, but unfortunately they elicited in the other the behavior they despised. In theory this pattern might be broken by reciprocal behavioral
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The husband could try to conform more to his wife's wishes, which could be rewarded by her. In fact, however, this would not really break the pattern, for the wife would still not be satisfied as his behavior would not be interpreted as "affectionate" but as "commanded." According to the therapist, and the couple agreed to do this, the long-term outlook would be more promising if the wife became independent of her husband. That would be better for her, and it would also make it easier for the husband. The less she needed her husband, the more she would get from him.

The wife agreed to this reasoning. The first step contained the following elements. The wife was instructed to monitor each moment that she felt a lack of attention on her husband's part, and write down the events leading up to this (Watson & Tharp, 1981). Furthermore she would retreat to an empty room and reflect on the question of "how important this lack of attention was, whether she could live without it and, if so, how." This was the start of the congruent, problem-solving part. The husband received a paradoxical instruction. He was warned that although he might feel the urge to be extra nice to his wife, this would not help her for it would keep her dependent. She would not learn to be independent of his behavior. He was therefore requested not to change his usual behavior.

In five sessions the vicious circle was dramatically broken. The wife did not "harass" her husband anymore, and she started re-orienting herself. The husband felt under less strain and therefore "could not" keep the assignment of not changing his behavior. He was more attentive than ever. The arguments about "giving and getting attention" were over. A follow-up, 6 months later showed that there had been no relapse.

The Weekend Marriage of the Roses

Mr. and Mrs. Rose had been married for over 10 years when they presented themselves for couple therapy. Some years ago they had chosen to live apart. Mrs. Rose found her husband selfish. She complained that he did not give much attention nor affection to her and to the children. Mr. Rose had become rather tired of his wife who, according to him, was always nagging and bothering him. Mrs. Rose had a boyfriend, which influenced Mr. Rose's decision to rent his own apartment. They nevertheless stayed married and spent the weekends as well as one night during the week together with the children. However, the pattern of escalating conflicts did not change. The main goal of the treatment was to solve their differences and enable them to live together again. If that would not be feasible, they hoped that treatment would bring them to a clear decision about separation.

Just as with the Whites, the therapist discussed the circular pattern: According to his wife, Mr. Rose was not attentive enough Mrs. Rose was full of rancor about this and retaliated he withdrew (more than ever) etc. The therapist started by giving feedback on the paradoxical aspects of being required to give attention. Both partners then received monitoring assignments with regard to complaints they
had about each other’s behavior. Monitoring led Mrs. Rose to realize that she was still very angry about what had happened in the period before they started living apart. On the advice of the therapist, she started to write a letter to her husband about this. Every second day she was to retreat to her own room and concentrate for exactly one hour on the “terrible things” her husband had done to her and write about it to her husband. She was to go on with this till she felt she had expressed all her feelings. This could take days, weeks or even months. She was not supposed to show this letter to her husband. After terminating this first letter, she could write a second, more polished letter which she could give or send to her husband. (Lange, 1985a, 1988; Lange & Van der Hart, 1983). While carrying out this assignment for 2 weeks, she realized that it was not only the lack of attention which bothered her but also the fact that her husband combined neglecting the family with a commanding attitude towards her. He did not give her “room to breath,” she said. Mr. Rose argued that his wife attacked him whatever he did: If he wanted to be close to her and the family she complained about “no room to breath,” if he withdrew she called him selfish. In the eighth session the therapist introduced the intervention which is the topic of this paper. Mrs. Rose was to retreat every time she felt hurt or “overly commanded” as she put it. Mr. Rose was not to act more in accordance with her wishes in this period. Both complied with the assignment, but at the next session Mrs. Rose told the therapist that it had become perfectly clear to her that she definitely did not want to start living with her husband again. Two sessions later the therapy was terminated.

Complementarity and Symmetry with Mr. and Mrs. Gold

Mrs. Gold (36 years old) was a pleasant, rather shy woman. Mr. Gold was a big, loud, domineering man. Their problems appeared in a cyclic pattern. Although Mr. Gold wanted to be a loving husband, he was so domineering and aggressive (with words) that Mrs. Gold seldom dared to voice her irritations clearly. If she cautiously tried to do so, there was a good chance that she would be inundated with a stream of words, which even a more powerful person could not easily interrupt. She therefore normally said nothing, but, instead of asserting herself, she interfered with his wishes and sabotaged him in ways which come close to the incomplete transactions described by Lederer and Jackson (1968). After a while, when the frustrations of both partners had mounted enough, she openly rebelled. This resulted in escalating conflicts with the spectre of divorce coming nearer and nearer. Such an outburst was followed by several days of silence and usually ended in a reconciliation during sexual intercourse. Things were then quiet for a while, but the frustrations she was holding in were piling up again. The little acts of sabotage started again and the eruption came closer.

The therapist considered Mr. Gold’s “eloquence” to be a problem that was difficult to tackle since Mr. Gold preferred to regard it as an asset and did not seem to be willing to change in this respect. The weakness
of Mrs. Gold in standing up for herself seemed a better starting point. The therapist told the couple that it was clear they they were quite different personalities, which could be a positive thing as they could complement each other. But it also had negative sides, which led to destructive escalations. It would, of course, be best if both could change a little: Mrs. Gold could defend herself better and be more direct, while Mr. Gold could be slightly less domineering. The therapist explained, however, that it would not be feasible for Mr. Gold to change. Someone who is very domineering and suddenly has to control himself for someone else’s sake is in a sense still domineering. The therapist therefore suggested starting with Mrs. Gold. Her fear of standing up for herself became the subject of monitoring. Everytime she noticed something which she did not like about her husband but did not dare to tell him about, she was to write it down immediately. She would then take time-out and reflect on the way in which she could bring the matter up with her husband and what she could do if bringing it up did not help. Mr. Gold was asked not to control himself in any way or his wife would not get enough opportunity for self-reflection and for learning new social skills.

The intervention was maintained for 8 weeks and led to a significant break in the pattern. The treatment also consisted of behavioral rehearsals, contracts and precise behavioral instructions (Lange & Van der Hart, 1983). After 12 sessions the therapy was terminated. The conflicts were less extreme and less frequent and divorce was no longer mentioned. During two follow-up sessions, 6 months and 18 months later, there appeared to be no relapse.

The Endless Discussions of the Greens

Mr. and Mrs. Green, who were in their thirties, showed all the elements of a continuing power struggle. A special feature was the length of their arguments, which could go on for hours. In the third session one of their arguments was reenacted and analyzed. The therapist then focused on their inability to stop a discussion, especially when they had had a few drinks. His suggestion to monitor and consequently reduce drinking was followed by the couple. They also agreed that it would be good for both of them to practice certain skills for ending an argument. He then gave them the following instruction. Arguments were not allowed to go on for longer than half an hour. They were to be alternately responsible for keeping this assignment. Standard phrases, like “You know that we agreed not to talk for longer than half an hour” were practiced during role playing. On the days the husband was responsible, the wife was instructed to provide her husband with ‘learning material’. If she were to give in easily he would not learn how to stop a difficult discussion. She had to try to prolong the conflicts. The husband could then practice stopping her. On the other days the instructions were reversed.

The problem-solving part of the assignment—stopping the partner when the argument lasts over half an hour—was followed. However, the paradoxical instruction to deliberately prolong the discussion “in
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order to help the problem-solving ability of the partner," proved to be fairly difficult. The eternal daily conflicts were over and did not come back. The therapy took five more sessions, spread over four months, during which the clients were taught general social skills for solving interpersonal problems in order to maintain the acquired positive changes. During a follow-up, one year later, the spouses reported that the improvement had been sustained.

Observation. The assignments to Mr. and Mrs. Green differed from the others in one respect. They were fully symmetrical. Each partner alternately received the problem-solving assignment and the other the paradoxical instruction, rather than one partner receiving only the former and the other only the latter. The principle, however, is the same. On the days Mrs. Green had to practice gaining new skills, the paradoxical instruction to her husband would detract from the attractiveness of fighting with her. The following day it would be the other way round.

DISCUSSION

1) The strategy which is introduced here is specially designed for couples who fight verbally, not for violent couples. This conforms to the rule that paradoxical assignments may be used only when obeying them would not harm the clients. Suggestions for treating partners who are involved in physical abuse are reviewed by Rosenbaum and O'Leary (1986).

2) The treatment of distressed couples has for decades been described by communication theorists such as the Palo Alto Group (Watzlawick & Weakland, 1977; Watzlawick et al., 1967; Weakland et al., 1974) and by behavioral marital therapists such as Stuart and Liberman (Jacobson, 1981; Liberman, 1970; Stuart, 1969). Behavioral marital therapy seems to work well with couples who, although their relationship is under stress, also have a considerable amount of problem-solving ability. Apparently, most of the behavior-therapeutic outcome research with regard to couples in distress deals with moderately distressed couples and not with couples who are caught in a severe, irrational struggle for power. Moreover, Gurman et al. (1986) argued, after reexamining some of the outcome studies, that the measures which were used in the reported studies, were not of clinical value. Applying new measures, like the Reliable Change Index, Jacobson et al. (1984) showed that the outcome of behavioral (problem-solving) marital therapy is less promising than was previously assumed. Furthermore, analysis of clinical observations with distressed couples suggests that if the power struggle is strong and irrational, the congruent problem-solving method (Jacobson, 1981; Margolin & Fernandez, 1985; Stuart, 1980) is too rational to break the vicious circle (Lange, 1985a). Feedback is accepted as being relevant for other people but not for them. Behavioral contracts are not perceived as rewarding. The partners either do not keep to the assignments because they are afraid of losing the battle, or disqualify the agreements as being not important.
The helping paradigm, as it is introduced here for the treatment of severely distressed couples, combines elements from the behavioral (problem-solving) and communication (paradoxical) approach. It was first mentioned by Teisman (1979) in a case study of the treatment of jealousy. It was also described by Coyne & Biglam (1984) in their behavioral analysis of a paradoxical treatment of a family with a “nasty” daughter and by Lange (1983, 1987). It has several strong elements. It is nearly impossible for clients to reject the rationale of the assignment. It is conceivable that if one spouse needs to learn new interpersonal skills regarding the other, the latter should not stop giving possibilities for practicing. But the fighting behavior which is then requested by the therapist is no longer rewarding, because it supposedly helps the partner to gain more of the upper hand in the relationship. This is a dramatic cognitive reframing (Sanderman & Rüphahn, 1987). The only way out is to try to be aggressive but to fail in doing so. Another strong point is that even if the paradoxical instruction did lead to a “normal” amount of fighting behavior, the therapist may compliment the clients for their compliance in this task and may use the material which came up for the problem-solving part of the intervention. This paradigm, therefore, seems to provide a stronger rationale and is more appropriate in breaking a vicious circle than the motivation-paradigms mentioned in the introduction.

3) In two of the four cases examined here, the disruptive pattern was effectively broken within five sessions spread over several months. But even in cases like this, attention should be given to guiding the transfer of change in order to maintain the changes. Treatment, therefore, should not be ended too abruptly, and in many cases the intervention should be followed by various forms of communication training in order to consolidate the changes and provide the clients with techniques they can use if new conflicts arise. With the Gold couple the initial breakthrough was less spectacular and extra sessions were needed before therapy could be terminated. However, the intervention could in the end be regarded as a success. This was not the case with the Rose couple. Although they considered it positive that therapy made them decide definitely against living together again, the intervention did not lead to breaking up the disruptive pattern.

Normally, severely distressed couples suffer because their continuous arguing makes them unhappy and they do not choose the alternative of splitting up because each partner fears the loss of the other and living alone is seen as frightening. The motivation to change one’s behavior in such a difficult situation in order that some peace of mind may be restored can be quite strong. In the treatment of the Rose couple this was different. The couple did not live together. They both led a satisfying life and there was no great need to change. The intervention only made the wife realize
that she would rather continue as they were living now than pursue the utopia of a happy family life with this particular spouse.

4) Considering the four cases as well as earlier findings regarding the “help paradigm in the combination of paradoxical and congruent interventions for interpersonal problems” (Lange, 1983, 1987) we may cautiously draw the following conclusions.

(a) The paradigm described above can be a strong intervention for couples who are engaged in a power struggle but who do share a minimum of positive affection and who want to put energy in improving their relationship. At least with one of the partners it should be possible to identify individual problems which are possible targets for treatment.

(b) The strategy calls for a precise analysis of the interplay between individual traits of the partners and interactional processes. The congruent problem-solving part of the intervention should be given to the partner who can and is willing to benefit from a social skills program, for example, the dependent Mrs. White and Mrs. Gold, who did not dare to speak up for herself. The assignments to Mr. and Mrs. Green differed from the others in that they were fully symmetrical. Each partner alternately received the problem-solving assignment and the other the paradoxical instruction, rather than one partner receiving only the former and the other only the latter. The principal idea, however, is the same. On the days Mrs. Green had to practice gaining new skills, the paradoxical instruction to her husband would detract from the attractiveness of arguing with her. The next day it would be the other way around.

(c) As mentioned before, it is essential that the interventions should not be considered as isolated from the rest of the therapy. In all the cases mentioned the assignments were preceded by a thorough investigation of the exact nature of the arguments, such as by reenacting some of them. This is necessary in order to find the best starting points for applying the strategy. Feedback and explanation were considered important by the clients. A good working relationship between therapist and clients had already been established. Sometimes the intervention will have to be combined with other interventions, as in the case of the Green couple, who agreed to a significant reduction in their alcohol consumption.

(d) In most cases the therapy is not finished after the first breakthrough. The therapist should not be too jubilant. As with other paradoxical assignments which clients have not carried out (which implies that things are going well) a concerned attitude is appropriate. The assignment should be reissued, accompanied by an earnest request to try even harder to carry it out (Lange, 1985b). Only when there has been no arguing for quite some time should the paradoxical assignment be withdrawn and a symmetrical problem-solving strategy pursued in order to help clients maintain the newly acquired pattern.

4) The conclusions we may cautiously draw from the systematic clinical observations call for controlled studies in which distressed couples are randomly allocated to conventional paradoxical treatment paradigms, the help paradigm, or to nonparadoxical strategies. The couples should be screened on the dimensions mentioned above. Only those couples who
conform to the criteria for making use of the help paradigm are taken into the study. The effectiveness of the different treatment paradigms may be evaluated by means of the Interactional Problem-Solving Scale (Lange, 1984) or the Maudsley Marital Questionnaire (Arrindell, 1987) while applying criteria such as the Reliable Change Index (Jacobson et al., 1984). We hope to report on this in the near future.

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