

# Using Paradox in Family Therapy among Iranian Families: A Case Report

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**Objective:** This study assessed the effect of paradox in family therapy. Paradox, as a therapeutic tool, has been developed by a number of therapists, especially Mara Selvini Palazzoli.

**Method:** This study benefited from the Milan Systems Approach to family. Two clients (both females) were selected for this study. These two girls were the symptomatic members of their families. The families participated in 16 sessions of the therapies. Then, they were followed up for two years. All the family members filled the FAD and BDI questionnaires prior to the therapy, in the tenth session, after the therapy and three months later.

**Results:** Results showed that in appropriate cases paradox had a satisfactory outcome. This method reduced the symptomatic behavior, and affected family system as a whole and also helped the family system to become more practical and functional. Case #1 was depressed and on medication for four years prior to the start of the family therapy. Two years later, she recovered and got married. Case #2, was also depressed. After the therapy, she did not need to take medication; she finished high school and entered university.

**Conclusion:** Paradox is a powerful tool for family therapy. It is a creative and critical solution for long-term illnesses. However, we should keep in mind that this technique should be used as the last option in the course of family therapy and only after other techniques failed to be effective. Caution should be taken when using this technique in therapy.

**Key Words:**

*Couple therapy, Family therapy, Iran, Methods*

*Iran J Psychiatry 2006; 2: 86-89*

Paradox, as a powerful therapeutic tool in family therapy, has been developed by a number of therapists in this field. First, Batson and his team who worked at the Mental Research Institute, examined verbal and non-verbal communication of families with their schizophrenic members. The team further developed the concept of paradoxical injunctions. They introduced some important concepts in therapy such as communication, meta-communication, double-bind, circular mode, and paradox (1-4).

Helm Stierlin states that paradox is a 'potent therapeutic instrument that use two main elements :

(1)The therapist establishes a positive relationship with all the family members. To do so, he/she accepts and "connotes positively" anything the family offers, avoiding moralizing stance, or any word which induce anxiety, shame or guilt(5).

(2) The therapist aims at a radical change of the family relation; and to try to give all members a new chance to pursue their own individuation and separation. Paradox like any other powerful instrument can harm as well as help.'

The Milan team was influenced by systemic thinkers such as Batson, Haley, Watzlawick and Shands (6-10). The Milan team used paradox with families having anorexic member (5). Then they further developed the

concept of paradox by working with families having a schizophrenic member.

Crowe and Ridley stated: "Like many family therapists we have been curious about the value of the paradoxical message (11). What was the nature of this paradox and in what way could it give all members a new chance to pursue their own individuation and separation. Was this a creative solution to damaging long-term illness?"

In Iran, there are not enough experienced experts in family therapy and Iranians do not have enough information about this field. Psychiatrists, psychologists, and counselors practice in the field of family therapy. The research in the field of family therapy has been growing for years.

## Materials and Methods

This study assessed the impact of the paradox in family therapy. The therapist benefited The Milan Systems Approach to family. Two clients (both female) were chosen for this study. These two girls were the symptomatic members of their families. The families participated in 16 sessions of therapy. In the first session, the therapist tried to get to know each family member and made a good rapport with family as a whole. Then she asked them to explain about the problem and how it affects them. In the next step,

positive connotation was applied. At the end of first session, the paradoxical message was delivered by saying "do not change now, making timetable for continuing the symptomatic behavior". At least for 5 sessions, the therapist encouraged the symptomatic member to follow the timetable and asked other family members to help her to do so. During those sessions they were helped to negotiate more with each other. Then some ritual was introduced to change their behavior. The timetable for activities was applied for symptomatic member with support of the family. They were followed up for two years. All family members filled in Family Assessment Device (FAD) and Beck Depression Inventory (BDI) questionnaires before the therapy, in the tenth session, after therapy and three months later.

### Case 1

A, 19 years old, referred to family therapy by her psychiatrist. She was diagnosed as depressed taking medication for last four years. She left school when she was 15.

At that time she was living with her family. The family consisted of father (55 years old), mother (45 years old), and brother (22 years old). Her father was opium addict and his job was selling vegetables as a peddler. They lived in a basement. Her brother was unemployed. Their family social class was low.

The immediate problem was presented by her mother as her sadness and crying all nights that caused them not to sleep well. The mother described her crying and sleeping behavior in detail. She cried every night and put paper tissue under her mattress, so that when her mother was moving mattress, noticed the tissues and became upset. She got up about noon. She did not do anything at home but listening to sad music. Mother was distressed and worried. Mother suffered from this situation a lot. Father and her brother were outwardly disinterested. A was in permanent conflict with her brother. Sister and brother fight with each other everyday.

While examining mother-daughter interaction, it seemed that A was all mother reason to be alive. Mother was worried about family finances, husband addiction, and her unemployed son. A's behavior distracted mother from all other problems.

Using Crow's three-point plan, and simplifying for the sake of the methodology.

Three-point plan was used and simplified for the sake of the methodology (11).

(1) The symptoms can be described as the subject's crying and also her immature and irresponsible behavior.

(2) The reciprocal behavior can be described as the mother's overprotective behavior directing all her attention to the subject's well being. The mother did not want her to grow up and leave her.

(3) The feared consequences of removal of the symptom in this family were the mother's fear of losing her daughter. The mother could not live her life without

her daughter. In their culture, girls marry soon and the subject was tall and beautiful. When she was 14, people spoke with her family about her marriage and proposed to her; and this indicated that she was mature enough to leave the family in the near future. She understood her mother's fears and behaved irresponsibly and people found that she was not able to enter this new phase of her life. Then, she left high school, and stayed at home. She acted like a little girl and her mother took care of everything for her. Her behavior was so tiring that the mother could not tolerate it.

### Positive connotation

The therapist told the family that: "you are obviously very close to each other. You are all upset by the family's circumstances and you obviously want to do everything for your family. A depressed person usually cries. This behavior is a buffer. She is sad for her family. She shows this sadness in an extreme way. This means that she has to cry to release her sadness".

### Paradoxical message

The family was told that: "She needs to cry every night; so, let her do it. Crying from 10 to 11 o'clock every night is her task. The mother should put a box of tissue next to her matters. You do not need to make any changes now. Your daughter's behavior shows that you love each other too much and you are afraid of losing each other."

All the family members filled the FAD and BDI questionnaires prior to the therapy, in the tenth session, after the therapy and three months later.

### Case 2

The next subject was an 18-year old female who was referred for family therapy by her psychotherapist with the assumption that her family should be involved in the therapy. The psychotherapist's note indicated that she had been on medication (for depression) and individual therapy for two years. For the last few months, her mother and sister argued with the psychotherapist and insulted her several times. They thought that she encouraged the subject for more disrupted behavior and leaving school. Therefore, she stopped her treatment and referred her to me.

The subject's family was rich and consisted of the father (56 years old), the mother (50 years old), and a sister (23 years old). Her father owned a factory. They lived in a big house. Her sister was getting her Masters degree. The family's social class was high.

The immediate problems were presented by her mother as her impolite and violent behavior. Not only was she fighting with her family members but also with all her relatives. She failed to finish high school and refused to continue her education. Sometimes, she physically attacked her family members and in turn they beat her. She was angry with her family. The father had a gentle and calm character. She relied on her father for help. Her mother and sister were furious with her.

The subject was in every day conflict with her mother and sister. They complained about her behavior with the father. As her mother and sister said, sometimes, the father stayed quiet, saying nothing at home (perhaps was in her side), while other times (rarely) he beat her. She did not sleep at night and stayed in bed until noon. She did not do anything at home but she carefully watched every movement of the family members and listened to their conversation, seeking a reason to start a fight.

Examining the mother-daughter interaction, it seemed that the mother, as a big controller, was controlling everything in the family. The mother had a strong bond with her older daughter. The mother planned everything at home even her husband's clothes. The father did not like it but left everything to his wife.

It seemed that without the subject's problem, the family could not stay together. The older sister played a role of the subject's second mother.

The mother had no problem with her behavior for years but now she could not control her behavior outside their home. She watched the every movement of her mother and sister like a detective and argued with them. The mother decided to keep her at home but she confronted her and they started fighting. The family was in social isolation. Close relatives and friends found out about the problem and were reluctant to have a relationship with them to avoid the possible negative effects of this family on their own children.

In the Iranian culture, girls usually marry at this age. These two sisters were tall, beautiful and intelligent. The subject behaved irresponsibly. The older sister was helping the mother to control her. For not having to see her family, she usually got up around noon.

She did not do anything at home and only played with her computer every night. These two sisters fought with each other almost all the time. They did not think of marriage. People understood the family situation and nobody proposed to the girls.

The Crow's three-point plan was used and simplified for the sake of the methodology (11).

(1) The symptoms can be described as the subject's fighting, immature and irresponsible behavior.

(2) The reciprocal behavior can be described as the mother's controlling behavior. The mother did not wish for her daughter to grow up and leave the family.

(3) The feared consequences of removal of the symptom in this family were the mother's fear of losing the whole family. The father was not satisfied with his marriage but did not show it. The subject understood her mother's fear of family separation and realized the deep disagreement between her parents.

As mentioned, the subject behaved irresponsibly to distract her parents from their existing problems. In addition, people found out she was not able and ready to get married. She left high school and stayed at home. She acted like a little girl and her mother did everything for her. At the time, the subject's behavior was not tolerated by her family.

#### **Positive connotation**

The family therapist told them that: "She is young and usually the youth are stubborn. She is a sad girl. Sad people cry but the youth show their sadness with violence. She loves her family too much, and she is dealing with family problems in an extreme way. When she thinks there is a conflict in the family, she tries to attract the family's attention. This behavior is a buffer. You do not need to make any changes now. It means she has to fight to feel better".

#### **Paradox**

The therapist told her family that: "She needed to fight with the family members and they should let her do it. Her task is to fight every other day with her mother and sister from 5 to 6 o'clock in the evening and with her father at the same time Friday evenings".

#### **Results**

Findings showed that using paradox in appropriate cases had a satisfactory outcome. This method reduced the symptomatic behavior, and affected the family system as a whole and further made the family system more practical and functional.

Case number one was depressed and was on medication for four years prior to the family therapy. She stopped doing her task after two months, but her therapist insisted that she cry every night to feel better. Another task was to get up 15 minutes earlier every day. After breakfast, she went out with her mother for half an hour to walk. After 8 sessions, her task was to do something at home like cooking and cleaning.

Her mother sold her gold necklace and rented a shop for her son, trying to save some money for her daughter's future (for her marriage).

After two years follow-up, we found that she was well and married. Before the marriage ceremony she came to see me. She said: "I will marry this month, if I find problems with my husband, I will come to see you, but please do not mention to him that I came here before". Seeing a psychologist is a stigma especially in the low social class. She was not on medication.

Her BDI and family FAD scores decreased during the time of therapy and follow up sessions.

Case number two was also depressed. After 5 sessions, she had arguments once a week, not using physical fighting. She returned to high school and found some friends. She could spend her pocket money without her mother controlling it. After the therapy, she did not need to take medication, finished her high school and entered university.

After one year, her sister came to see me. She wanted to go abroad to continue her studies. She could not make up her mind about what she wanted. For the first time, she left the country and a stage of independency started in the family. Each time she is back home to visit her family she comes to see me. She is very happy for this change.

The results of family functioning showed a change in the family interaction and all the members benefited from it. In case one, the brother started a job and in the

second case, the sister went abroad to continue her education.

### Quantitative data

#### Case 1

The subject's BDI scores were 31 before the first interview, 19 in the 10th session, 12 after the therapy, and 7 in three months follow-up. Her mother's BDI scores were 24 before the first interview, 15 in the 10th session, 10 after the therapy, and 8 in three months follow-up.

The father and the brother seemed fine.

The mean of the family FAD scores were 3.5 before the first interview, 2.9 in the 10th session, 2.08 after the therapy, and 1.8 in three months follow-up respectively.

#### Case 2

The subject's BDI scores were 27 before the first interview, 16 in the 10th session, 10 after the therapy, and 9 in three months follow-up respectively.

The other family members seemed fine.

The mean of the family FAD scores were 2.7 before the first interview, 2.8 in the 10th session, 1.6 after the therapy, and 1.5 in three months follow-up respectively.

### Discussion

The impact of positively connoting the symptomatic or distressing behavior patterns and describing them as a buffer and a positive function in the relationship may take much of the guilt and anxiety out of a fraught and emotionally draining situation.

Why does paradox work?

Paradox is a powerful tool for family therapy. It is a creative solution for long-term illnesses (12). But we should keep in mind that it should be the last option in the course of family therapy. First, the therapist should focus on therapeutic interventions which are built on the observed interactions and the family's desire to alter their relationship. Then the family and the therapist should enter into a joint contract to work together for facilitating these desired changes. If all the therapeutic interventions fail, then the therapist should consider using paradox.

This technique should be used with caution in therapy. Inexperienced therapists usually find both the giving of paradoxes and the impact on the family, quite difficult to manage. In a 7- year- period, I used this technique for the two mentioned cases with a successful outcome. I believe that the therapists who use paradox in the Iranian culture, should have a few criteria such as an authoritarian figure, age more than 40 and must have the client's trust. Otherwise, we should not expect the clients to follow the therapeutic tasks. In such a situation, using paradox in the mentioned rigid families was successful.

After Selvini-Palazzoli who introduced paradox as a strong therapeutic tool or model (5), no other studies focused on the issue. Some researchers, such as Cronin and Dell, explained paradox in their articles (7-9). As the literature search showed, no relative findings have been noted on the subject. This article should be considered as a preliminary report that addresses the usefulness of paradox in family therapy. Further researches in the future will reveal the true position of this method in the family therapy.

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