

Paradoxical and Double Bind Communication

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The traumatic backdrop

- ▶ Central theme:
 - *You can't escape*
- ▶ Community erosion
 - School = facebook/texting = pseudocommunity
- ▶ Devaluation experiences
 - Coat hanger antennas and fried baloney sandwiches are normal until you go to school
 - Bar and chain oil DCF report
- ▶ Disrespect and rage
- ▶ Psychological homelessness

The Traumatic Backdrop

- ▶ Energy flows where attention goes
 - ▶ Negative trance
 - Dissociated from parts of environment
 - Highly focused on others
 - Example of "highway hypnosis"
- Isn't all therapy about learning how to shift from one state to another?

The barber

- ▶ *Once upon a time there was a small village. In that village there was a barber who shaved all the men who did not shave themselves.*
- ▶ Problem: This barber cannot exist.
- ▶ Why?

The unexpected exam

- ▶ A headmaster told his students that there would be an unannounced exam sometime the following week.
- ▶ What happens next?

The girlfriend from hell

- ▶ Marlboro, Massachusetts, 1990
- ▶ Northbound, passing our destination – a seafood restaurant we had planned to visit – at 55 miles per hour
- ▶ *“Oh, come on, David. For once in your life will you just be spontaneous. What’s the matter with you”*
- ▶ Impossible injunction; high-stakes situation

The boss from hell

- ▶ *You need to be a leader. Set your own agenda*
- ▶ *You need to do exactly what I say*
- ▶ *Our task is very important; you can’t leave*
- ▶ *Please assume you are doing well unless I tell you otherwise*
- ▶ *I only get angry at the people I am closest to; this is how I have to work if we are to get this project done.*
- ▶ Impossible combination of injunctions and
- ▶ High-stakes situation

Clients from Hell

- ▶ You’re no good and you don’t spend enough time with me
- ▶ Look at me. I’m killing myself for you
- ▶ You is unprofessional
- ▶ You stupid, stupid MAN
- ▶ You look like George Jefferson

Co-Workers from Hell

- ▶ Real change comes from within and must be elicited, not imposed
 - Pushing treatment into a brain does not enable it to change faster
- ▶ Referral sources want us to “fix them”
- ▶ Social pressures
 - References to EBP
 - References to what others are doing

Key components

- ▶ One element of the demand makes the other element impossible
- ▶ High-stakes, inescapable situation
- ▶ For example:
 - Canberra is a large city
 - “Canberra” has three syllables
 - Please make this into one sentence

Classic double-binds

(with gratitude to Paul Watzlawick)

- ▶ “You ought to love me”
- ▶ “I want you to dominate me”
- ▶ “You should enjoy playing with the children, just like other fathers”
- ▶ “Don’t be so obedient”
- ▶ “You know you are free to go, dear; don’t worry if I start crying”

Problem

- ▶ Truly paradoxical interpersonal situations rarely present themselves in a single event.

Case example

- ▶ Rural Northern New England
- ▶ Dad: Do as I say; not as I do
- ▶ Whiskey on kitchen table
- ▶ Mom is in jail
- ▶ Daughter is defiant, truant, etc.
- ▶ Dad: "*Nothing will change*"
- ▶ Where are the double binds?

Thoughts

- ▶ I am uneducated/you have to go to school
- ▶ I am angry and impulsive; you have to go to school
- ▶ I am drunk/you have to be a good girl
 - Others?????
- ▶ You cannot leave, except by going crazy
- ▶ Under these circumstances, opposition and defiance are the most sane response
- ▶ ODD double binds the double binder

Confusion

- ▶ Where did Dad go wrong?
- ▶ Conscious mind hears "I want you to have a better life"
- ▶ Unconscious mind hears "I want you to do better than I am willing to do"
 - After all, if you want me to have a better life, why aren't you working towards one yourself?

Resolution

- ▶ Point out discrepancy, and
- ▶ Point out hidden strengths
 - On the one hand you want what's best for your girl and on the other hand it's a real challenge to be an example of how to get there.
 - Did I get that right?
 - What are your hopes and dreams for her?
 - How can you get there?

Case Example

- ▶ 14 Y.O. daughter dates a controlling boy
- ▶ Parents set the limit and end relationship
- ▶ Daughter dates a more submissive boy and controls him
- ▶ If you love me, you can't leave becomes a world view

Thoughts

- ▶ Relationships are not something you leave
- ▶ Mirror of family relationship?
- ▶ How to talk with daughter?
 - (value: support autonomy)
 - If a miracle happened and you had the perfect guy...
 - What are your hopes and dreams about relationships?
 - What's the difference between where you are and where you want to be??

Micro-applications

- ▶ It's probably better if you don't trust me
- ▶ It's almost as though you couldn't change, even if you wanted to
- ▶ You didn't know that changing could be this easy, did you?

Problems in Treatment

- ▶ *You need to be more motivated to change.*
- ▶ *Please be honest and straightforward with us; evidence that you don't agree with us will be understood as resistance.*
- ▶ *It is our job to point out your thinking errors. However it is not acceptable to observe when we are using thinking errors.*

Problems in Treatment

- ▶ *You need to express emotions in treatment. However, if you do so in a way that others don't like, we may call that a problem with emotional regulation. However, if you are overly constricted, that is not acceptable either.*
- ▶ *We expect you to demonstrate meaningful and consistent behavioral change within a highly controlled environment.*

Problems in Treatment

- ▶ *You need to display good decision making, even as we restrict the number of choices you actually have.*
- ▶ *You need to participate fully in treatment regimens that we professionals cannot agree on ourselves.*
- ▶ *Treatment makes some offenders worse; it is important that you participate.*

Problems in Treatment

- ▶ *Treatment and treatment planning is a collaborative process. However, we remain the final arbiters of your treatment plan and completion of treatment goals.*
- ▶ *Seriously exploring your life and questioning your actions is a part of treatment; seriously questioning your treatment program may be viewed as resistance and failure to progress.*

Problems in Treatment

- ▶ *Treatment holds the promise of a "Good Life".*
- ▶ *It's vital that you form a therapeutic relationship with us; however, your mistakes will be called "boundary crossings and violations" and sanctioned accordingly.*

Problems in Treatment

- ▶ *You must discuss your complete sexual history with little regard for the possible legal consequences of disclosure.*
- ▶ *The truth may or may not set you free from civil commitment programs.*
- ▶ *Treatment is about becoming a new person. However, the community will always regard you as a sexual offender.*

Problems in Treatment

- ▶ *"How do you release somebody after building them up as monsters?"*
- ▶ *There is no cure for sexual offending.*
- ▶ *"The focus of the program is not completion. It is consistent demonstration of behavioral change"*
- ▶ *Maximum treatment benefit (i.e. there is no such thing as treatment completion).*

The end of the story

- ▶ Double-binds double bind the double-binder
- ▶ Meet George
- ▶ 15 months in the high-security unit
- ▶ Refused to leave
- ▶ Didn't want a roommate
- ▶ Maybe I'll leave, maybe I won't
- ▶ Pressure from outside stakeholders to get him out, but how?

Ambivalence

- ▶ I want to work with you but I don't want to sacrifice myself
- ▶ I want to change but I want to be respected
- ▶ I want to be in treatment but I don't want to be in a one-down position
- ▶ I want to look at myself but I don't want to feel less of a man
- ▶ Etc. etc. etc. etc. etc.

Ways forward

- ▶ Name it:
- ▶ *On the one hand ABC and on the other hand XYZ*
- ▶ *And it's like you can't get away from it*
- ▶ *It's like you can't escape*

Ways forward

- ▶ *What part of you would object to making a change in this area?*
- ▶ *What part of your family would object to your making a change in this area?*
- ▶ *What part of your mom, dad, brother...?*
- ▶ *What part of your community would object to your making a change in this area?*

The case/soul history paradox

- ▶ I need to ask you questions to develop a case history so I can understand you
- ▶ I will determine the questions and their sequence.
- ▶ Then I'll ask:
- ▶ What else should I know about you?

Where we're at

- ▶ Across the past century, clients have learned how to be clients
- ▶ We have learned more about scales and measures than we have about people
- ▶ Weighing the gains and losses in the helping professions... Haven't most of our gains been technical?

The 9/11 dilemma

- ▶ New York City: Twin towers
- ▶ Critical Incident Stress Debriefing
- ▶ People receiving CISD said it helped
- ▶ Several months later, they had more PTSD symptoms than those with no CISD
- ▶ Much destruction in the name of helpfulness
- ▶ See Lilienfeld (2007) on harmful interventions

Solution: Separate case from soul

- ▶ Identifying information
- ▶ Developmental milestones
- ▶ Development stressors
- ▶ Were you abused?
- ▶ What are your goals in life? Are they realistic?
- ▶ Who are you? What's most important to you?
- ▶ Who were you growing up? What's that story?
- ▶ How have you been wounded?
- ▶ What's missing from your life?

Case versus Soul

- ▶ Family constellation
- ▶ Community and neighborhood adversity
- ▶ Sleep Disorder Dx
- ▶ Rumination
- ▶ Hobbies & interests
- ▶ Peer groups
- ▶ Ancestors
- ▶ Landscapes and streetscapes: Soul country
- ▶ What's on your mind when you can't sleep
- ▶ Escape fantasies
- ▶ Beloved companions, including lost loves, animals, etc.

Thoughts to bring it home

- ▶ Is “healthy ego functioning” helpful when Queensland is under water? Perth on fire?
 - Is this really how we help each other?
- ▶ Do people really rely on “cognitive skills curricula” when they are lonely to their core?
- ▶ Do people connect more deeply through their wounds or their strengths?
- ▶ Are our treatment programs secondary to the connections we make?

Case versus soul perspective

- ▶ Strengths
 - Positive attributes
 - Client assets
 - Resilience
 - Protective factors
- ▶ Resources
 - All of these strengths, and the specific plans to utilize them
 - Not just what good things the client brings to the table, but the actual treatment strategy