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THE SIGNIFICANCE OF THE PARADOXICAL EFFECT IN ADLERIAN PSYCHOTHERAPY

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Abstract

The so-called common sense usually conceives psychosomatic symptoms as something deficient, something negative. Those who do not share this negative judgment, but interpret the corresponding symptoms as something positive − i.e. as an expression of defensive resources − move on paradoxical ground. Normal everyday comprehension expects that a therapist will do his/her best to cure the neurotic symptoms: Thus, the therapist is expected to eliminate these symptoms. If the therapist is evaluating such symptoms, weaknesses and shortcomings as the expression of an inner resource, s/he proceeds − from the conventional point of view − paradoxically. But the paradoxical approach will open up completely new perspectives, so that the good in the bad will be just as visible as the bad in the good. In this way, excessive ideals are relativized and sharp discrepancies are harmonized.

Keywords

PURPOSE OF SYMPTOMS, DEFENSIVE RESOURCES, PRESCRIPTION OF SYMPTOMS, HUMOR

Riassunto

Solitamente il cosiddetto buon senso concepisce i sintomi psicosomatici come qualcosa di carente, di negativo. Chi non condivide questo giudizio negativo, ma interpreta i sintomi corrispondenti come qualcosa di positivo, vale a dire come espressione di risorse difensive, si muove su un terreno paradossale. La normale comprensione di tutti i giorni si aspetta da un terapeuta che faccia di tutto per curare i sintomi nevrotici. Egli dovrebbe pertanto eliminare questi sintomi. Se il terapeuta valuta tali sintomi, debolezze e difetti come l'espressione di una risorsa interiore, egli procede ─ dal punto di vista convenzionale ─ paradossalmente. E questa è la verità. Tuttavia, l'approccio paradossale apre una prospettiva completamente nuova, in quanto il buono è altrettanto visibile nel cattivo come il cattivo nel buono. In questo modo, gli ideali vengono relativizzati e le forti opposizioni si armonizzano.

Parole chiavi

SCOPO DEI SINTOMI, RISORSE DIFENSIVE, PRESCRIZIONE DEI SINTOMI, UMORISMO

«The patient should be instructed not just to accept his fear but also to laugh at it. This requires a courage to be ridiculous».

V. E. Frankl

I. The Adlerian approach: The good in the bad

The symptoms of mental illness usually present themselves not only as hardship, but also as an indication of a shameful weakness and inability that is regarded as being self-inflicted[1]. This evaluation is − especially for highly rational and scrupulous persons − embarrassing and, therefore, unacceptable. Hence, these signals of distress are fought desperately. As a matter of fact, neurotic symptoms are also a way of protection, a final support in life situations that are perceived as threats. The therapist's task, then, is to show the patient that symptoms not only are an expression of deplorable weakness but also function as ingenious means that can be useful for one's own self-affirmation.[2]

[1] In the case of physical and psychosomatic symptoms, the situation is different: These shortcomings are generally valued as having been imposed by fate. The person's own weakness (in terms of one's own will) is mostly not taken into account in these cases.

[2] In his Adlerian phase, Frankl (1926) outlined that neurotic symptoms have two functions: On the one hand, they are an expression of an underlying psychic disease. On the other hand, they function as means with regard to an unconscious goal.

Neurotic symptoms appear when one is convinced of their inability to solve important life tasks in an active and courageous way. In such cases, fear and shame are the decisive emotions that inhibit the person from courageously facing the difficulties of life. Therefore, discouraged people tend to shy away from such issues. Instead, they try to protect themselves by using specific evasive means in order to escape from dangerous life situations. To justify such a safeguard maneuver, the neurotic patient needs a final causation that functions simultaneously as an excuse to one's own conscience. Exactly this purpose is being fulfilled by psychosomatic symptoms.

The patient must be made aware of this in order to comprehend how the respective symptoms function as defensive resources[3]. This use of defensive means is necessary because the patient lacks the courage to deal assertively with the problems of life. The precondition for this capability is the disposability over expansive resources[4]. But precisely such a capacity is missing in the case of discouraged people because it has been suppressed in the course of their life experience. It can be disclosed and made available only in an indirect way. This reactivating procedure works through constant encouragement. This, in turn, has to make use of the symptoms' paradoxical benefits in their capacity as defensive resources. The guiding principle is: Everything is good that strengthens the patient and helps him/her to be more expansive. All interventions that discourage the patient and weaken his/her self-confidence should be considered counterproductive.

In this context, the therapist has to leave the land of normality and proceed to the sphere of abnormal incongruity and absurdity. By now, the therapist can see not only the patient's symptoms with "positive eyes," but also any kind of inadequate behavior, and is able to communicate this to the patient. This means that the therapist is interpreting such transgressions as an expression of a suitable defensive strategy of existential survival.

If a symptom is appreciated with regard to its significance as a defensive resource, this usually evokes an increased sense of competence and self-acceptance in the patient. In addition, the capacity for self-determination is supported. In this context, a "translation" will come about because the symptomatic behavior is revalued as a specific resource. Here are some examples (Weeks, 1977):

- stubborn intransigence = consistent behavior;
- immature behavior = being nonconformist;
- living a secluded and isolated life = living a contemplative life;
- being extremely withdrawn = taking care of oneself;
- being passive = accepting things as they are;
- being excessively unsocial = selecting his/her friends carefully;
- being servile = seeking authority and guidance as a method of self-discovery;
- trying to control everything = structuring confused conditions;
- being impulsive in an inadequate way = wishing to be spontaneous;
- being undisciplined = seeking one's own way of life;
- crying for no reason = being able to express painful feelings authentically.

[3] When we define resources in general terms, we conclude that they are a source of existential security and self-protection.
[4] This ability is a prerequisite for the acquisition of courageous self-assertion.

Under these conditions, the therapeutic process can assume the form of a creative act. Everything that the patient does (or does not do) can be conceived as the manifestation of an implicit life plan (i.e. a script) that has a deeper meaning. When seen from a conventional viewpoint, this clever strategy might appear to be a mere accumulation of deficits and failures. But this perspective is biased. To illustrate this, we can consider the figure of the clown. The clown is an (voluntary) expert in the art of stumbling. In an analogous way, the neurotic patient turns out to be an (involuntary) expert in all kinds of failure − i.e. s/he masters the art of making good use of symptoms. However, s/he is not aware of this ability. Therefore, the development of awareness has to be stimulated in the therapeutic situation. In essence, this is a process of constant encouragement, playfully directing the patient to his/her inherent resources.

II. The origins of paradoxical therapy

The fundamental idea of paradoxical therapy corresponds to the homeopathic principle of treating the same with the same (*similia similibus curantur*). The *Corpus Hippocraticum* contains the following sentences that sound rather absurd at first: «The sickness will be cured by its opposite […]. Another type of therapy is as follows: by means of the application of something similar the sickness is cured» (Blankenburg, 2003, p. 129). This paradoxical principle was taken up by Samuel Hahnemann (1810) at the beginning of the 19th century for use in his homeopathic medicine. But the psychotherapy of the 18th century had already discovered the countless possibilities that were opened up by this principle.

In this context, the English physician John Hunter described in 1786 the paradoxical treatment of erectile impotence. After having noted the patient's medical history, Hunter realized that his patient's inability to have sex followed a paradoxical principle: In his attempt to perform the sexual act perfectly, the patient had been mentally weakened. This weakness caused a fear that he would not be successful and this fear was the real reason for his sexual inability.

Hunter told the patient that he could be cured if he could rely on the power of his own self-denial. To achieve this, the man had to do the following: before he intended to have intercourse with his sexual partner, the woman should have been sleeping at his side for six nights without them having any sex.

Hunter (1788) writes: «About 14 days later, this man told me that the decision to avoid sexual intercourse had caused a complete change in his mood. Instead of going to bed with the fear of failure, this man was going to bed with the fear of being seized by such an excessive desire, that it would be difficult for him to obey my order. And so it came about! After the ban had been broken, his soul and his power interacted again. From then on there was no other relapse» (p. 38).

Hunter had clearly intervened in a paradoxical way. He did not fight the symptoms of impotence through reason, which would have been the strategy of conventional psychotherapy. However, if the expected success does not come about, the arguments of reason can easily be converted into coercion. In this case, the therapist has to make a great effort to change the patient's behavior. But exactly that endeavor may not be compatible with the patient's clandestine intention. This incompatibility could easily pave the way for a power struggle because the patient reacts with understandable dissatis-

faction, showing skepticism toward the therapist, which in depth psychology is called “resistance”. There is an Adlerian technique that is designed to countervail exactly that resistance. The details are hereinafter described.

III. Anti-suggestion

As one of the first representatives of Western psychotherapy, Alfred Adler started applying paradoxical methods in 1914. For example, he recommended to people who suffered from insomnia, not to suppress their insomnia, but instead to do everything possible to stay awake. In this context, Adler asked his patients to think of such a symptom as something positive, i.e. as «a positive evidence of a treatable disease» (Adler, 1928, p. 173).

Adler was once consulted by a family that was being tyrannized every morning by their daughter of preschool age who would spend hours crying and fussing over her hair. Adler gave her this advice: «Write with bold type on a piece of paper and hang it over the head of your bed: Every morning I have to control the whole family!» (Adler, [1930] 1974, p. 31)

Adler also made a reference to a patient who had suffered from the consequence of unconscious swallowing of air (*aerophagia*). Adler gave him this advice: «When you are going to leave home and are in a conflict, immediately start to swallow some air» (Adler, 1929, p. 108).

The Adlerians called this technique “anti-suggestion” and Rudolf Dreikurs described the method in 1932: «A very special trick that is not only surprising, but that also guarantees the understanding of the conditions for the emergence of neurosis, is a method that Adler has described repeatedly and that had been named by Wexberg as anti-suggestion. […] This trick means to advise the patient, under any pretext, to reinforce his symptom [...]. One can always find, in the case of functional disorders, anxiety, obsessive impulses, etc., that the symptom loses intensity when it is consciously attempted to strengthen it. The symptom could disappear altogether if these attempts would be practiced for a longer time [...]. By the means of anti-suggestion it becomes possible to show the patient quite plainly that his fight against the symptom is not without meaning but, on the contrary, a useful precondition to evoke the symptom. [...] If the patient ceases to fight his symptom, that will cause firstly a reduction of stress. And in consequence, the symptom will disappear. But this will be the case only if the patient does wish to reinforce the symptoms instead of fighting them» (Dreikurs, 1932, p. 171).

IV. Conceiving the symptom as an expression of assertiveness

In addition, Adler applied further paradoxical methods, recommending frank acceptance of the patient’s resistance. Adler’s approach sought to avoid any fight with the patient (Titze, 1977, 1979a, b). This strategy is demonstrated in the following case study.

Mrs. M. has suffered for many years from severe claustrophobia. She did not dare leave her home for years out of fear of collapsing on the road and causing thereby a “horrible sensation.” Mrs. M. is a scrupulous and conscientious woman who does not remember ever having been angry with another person. Despite being 31 years old, she still lives with her mother, a lively lady who has always tried to make life easier for her only daughter. After having lost her husband about five years

ago, this daughter had been "completely taken into custody" by her mother (as Mrs. M. put it).

Understandably, the attitude of Mrs. M. toward her mother was ambivalent: On the one hand, she needed her mother as a crutch, because she felt weak and unable to live alone. On the other hand, the mother seemed to be the cause of her joyless life. This she dared not admit consciously, because she necessarily wanted to be a "good daughter." In this context, her claustrophobia served − unconsciously, of course − the purpose of an important securing function: By means of her symptoms, she could put her mother into service. As a result she acted as a "reigning slave" (Künkel, 1928). She could also, with the aid of her symptoms, control and tyrannize her mother. The latter is easy to understand because Mrs. M. showed a hidden resentment toward her mother.

Given this precarious situation, the therapist initiated the process of paradoxical change with these words: «Your claustrophobia is currently your only way to achieve a certain level of human dignity and maintain strength of character. Under this condition, everyone has to deal respectfully with you. Just imagine how weak you would appear to your mother if you did not have this fear! But can you imagine having other aids available to defend yourself against her? As long as this is not the case, I highly recommend not only to accept your claustrophobia, but to do everything possible to intentionally cause this anxiety. What I am saying is that you could show the world how miserable you are! Just imagine how much compassion and sympathy you could get this way».

Mrs. M. responded, understandably, with objections, each of them revolving around the same theme − namely, the embarrassment that could be caused if she were to collapse on open road. The therapist now exaggerated these mental constructs until Mrs. M. snorted with laughter. While remaining unaffected, the therapist continued: «Imagine how embarrassing it will be for passersby when you collapse on the open road! People will not know if you are epileptic or have just had a full-blown heart attack. Nobody will despise it. Pull yourself together, then, to bring people as often as possible into this kind of embarrassment! Naturally, this action would be especially striking if you could do this in the company of your mother …».

What has been described is nothing but a prescription of symptoms (Nardone & Watzlawick, 1990; Palazzoli et al., 1975; Weeks & Abate, 1982). The patient is encouraged to mock the "terrible symptom". On this basis, a new attitude toward the symptom can be obtained by the patient.

The paradoxical objective of such a prescription of symptoms is to convey the certainty to the patient that symptomatic behavior does not always come about involuntarily and unconsciously (which generates anxiety). Rather, this behavior may occur if the therapist prescribes the respective symptoms under controlled conditions: in this regard, the therapist encourages the patient to develop symptomatic behavior. If the patient maintains his symptoms, s/he behaves in accordance with the therapist's expectations. In this case, the patient is acting correctly. Thereby the symptom loses its fright potential and, hence, is deprived of its fatal power. Another possibility is that the symptom may disappear, which would be a paradoxical success. Therefore, the prescription of symptoms is the most common form of a therapeutic paradox. It is precisely this strategy that generates self-assuredness. The implicit message is: Maintain and strengthen the symptom deliberately in order to get rid of it (Weeks & Abate, 1982)

Gerald Mozdzierz and his colleagues (1976) briefly describe the different aspects of paradoxical treatment from the perspective of Adlerian psychology:

1. *accepting the symptom:* the patient may retain his/her symptom;
2. *forecast of the symptom:* the recurrence of symptoms or relapse of anxiety disorder is predicted to the patient;
3. *exaggeration of the symptom:* the patient is encouraged to exaggerate his/her symptom; moreover, the therapist takes the symptom more seriously (but in a humorous way) than the patient;
4. *defining the symptom in a pro-social way:* the symptom is not evaluated in a negative way, but is instead construed as generating positive effects;
5. *the prescription of the symptom*: the patient is instructed to call forth the symptom in a vigorous way;
6. *the formation of the symptom:* the patient is instructed to perfect his/her symptomatic behavior[5].

V. Paradoxical intention: applying ironic exaggerations

Viktor E. Frankl was a disciple of Adler for several years (Titze, 1985). It was Frankl who renamed the method of anti-suggestion in 1939 as «paradoxical intention»[6] (Brunner & Titze, 1995, p. 365). In the following years, Frankl succeeded in refining this method and making it an integral part of modern psychotherapy. The method is in line with the tradition of symptom prescription that had been initiated by Adler.

The instruction for paradoxical intention is that the patient has «to wish or attempt to achieve exactly that which he had feared so much in the past» (Frankl, 1984, p. 124). This includes the typical symptoms of anxious patients − i.e. blushing, trembling, sweating and palpitations. In this context, the patient is specifically encouraged to exaggerate his fear using humorous formulas because humor creates distance. Frankl (1975) explains this technique with the following example: «Today, I am going to have a stroke!» (p. 185) This intention should be kept in mind especially by patients who suffer from agoraphobia.

The patients in question are systematically instructed on how to lose their dread of all the things that they are convinced are “terrible” or “catastrophic.” Such patients are encouraged, in this context, to seek exactly what they had until now feared so much: blushing in public, attracting inconvenient attention, erectile dysfunction, being infected by pathogens, etc.

These patients are encouraged to laugh at the “terrible symptom” and to prove to themselves that this symptom must not be taken seriously. This can give rise to a new attitude. Someone who is afraid of infection by bacteria should repeatedly recite: «Today, I have already swallowed five million of these little cute animals. Let’s see if I succeed, in addition, to pick up a few more millions!».

[5] The family therapists of the Milan group (Selvini Parazzoli et al., 1975) also refer to this effects in the sense of a positive assessment of symptoms. The client’s superficial pathological behavior is interpreted as the useful precondition for stabilizing the reintegration of the family’s system. This approach, therefore, aims at certain objectives that are to be examined regarding the purpose that a specific symptom pursues as part of the unconscious patient’s private logic. The question is: “What can the patient achieve with that symptom?”. This goal-seeking competence is consequently highlighted, while the respective incompetence is constantly ignored.

[6] Viktor Frankl (1975b) asserts: «It was Rudolf Dreikurs who gave me the suggestion that there is a “trick” which is analogous to paradoxical intention. Dreikurs used this method already in 1932. Even prior to that date, Erwin Wexberg coined, in this context, the denomination of anti-suggestion» (p. 24).

Someone who is afraid of trembling in public should consciously try to tremble at his best while saying this: «I want to show everyone that I am trying to be a world champion in trembling!" Someone else who fears collapsing in broad daylight should do everything possible "to give people a real show and to ensure a crowd in the middle of the street that the city has never seen!».

Another example of the effectiveness of paradoxical intention is found in one of Frankl's books (Frankl, 1975). Here, a man is described who suffered from a «horrible obsession» (p. 194). He believed that he had estimated his income tax by $300 too low, which meant that he had deceived the government.

He worried that he would be prosecuted by the district attorney and would go to prison. This obsession haunted him for years. No psychiatric and psychotherapeutic treatments had been successful in this regard. The man had even invested in a special insurance at Lloyds in London. This insurance was supposed to protect him from the consequences of any unconscious errors. But all of this was futile.

Eventually, he went to a student of Frankl, who instructed him to use the following paradoxical formula: «To hell with that! To hell with perfectionism! I do not care about anything. They can go ahead and imprison me, the sooner the better! Why should I be afraid of the consequences of any of my failures? They can arrest me three times every day! At least, I will get my money back that way, this beautiful money that I threw down the London gentlemen's throat[7]!».

As a result, the patient began to desire making as many errors as possible. He decided to make more mistakes and to demonstrate to his employees that he was the world's "biggest mistake maker".

When the patient appeared at his therapist's office, he was always addressed with humorous comments, such as: «For heaven's sake! You are still free? I thought you were already sitting behind bars. I have been scouring the newspapers to see if they have already written about the big scandal you have caused!».

Subsequently, the patient would burst out laughing. Increasingly, he adopted an ironic attitude, for example, by saying: «I do not care about anything. They can lock me up without further ado; at least, the insurance company will go bankrupt!».

This paradoxical approach uses the special technique of ironic exaggeration. The tyranny of an absolutizing and "catastrophizing" thinking is exposed to absurdity in such a way that the respective statements are continually exaggerated and ridiculed. This process continues until the catastrophizing thinking loses its threat. In this way, an important first step is to break the vicious cycle of anxiety and frightful symptoms.

To achieve this, Viktor Frankl (1959) recommended the following:

«Nothing is more likely to create distance than humor. We should have the courage to take advantage of this fact. By encouraging the symptom, we try to take the wind out of the sails of the patient's fear [...]. In this way the patient gradually can learn to overcome his symptom. We have to familiarize him with the specific the nature of humor. Only in this way he will eventually succeed in overcoming difficult situations of his life. Certainly, you can smile about this procedure that we teach the patient. He too will smile and thus we have already won the game!» (p. 164).

[7] Translation by the author.

Frankl assumes that the precondition of the beneficial effects of paradoxical intention is that the patient practices behaving in an ironic way. Thus, Frankl refers to a philosophical tradition initiated by Socrates. The rhetorical device here is that the person practicing irony pretends to be in a worse condition than he actually is. Irony involves a technique in which the explicitly raised issue contravenes the implicit meaning.

VI. The ironic function of humor

Søren Kierkegaard (1992) considers the function of irony to be that it enables the speaker to simultaneously view different angles. By presenting conflicting views as equivalent, the risk of unilateral fixation (for example, in terms of an absolute truth) is relativized. Adler also made use of this technique: one night, he was woken from sleep by a phone call at 3 a.m. The caller, a patient of Adler, began to apologize. But Adler interrupted him stoically: «Do not worry! I was waiting for your call by the phone for nearly one hour» (Hazán & Titze, 2011, p. 120).

The obvious untruth (I was waiting for your call) was in marked contrast to the conventional rule (Do not disturb your neighbor's sleep!). But this contradiction was invalidated by irony in a funny way.

Kierkegaard regards the dialectics of skeptical negativity and enthusiastic affirmation as an active agent, which likewise comes into effect in humor (Eschenröder & Titze, 2011). In this way, Kierkegaard confirms the statement of philosopher James Beattie (1776) who traced the genesis of humor to the fusion of two contradictory parts or elements to build up a strange relationship (King, 1977). In precisely this tradition is Adler: for example, he traced the comic effect of jokes to the unexpected fusion of diverse schemes of apperception. Adler (1927) illustrated that coaction by depicting the mode of action in jokes: «While the listener derives his assessment from the normal system of reference, the narrator introduces a new reference system. This latter system is related to the normal system of reference only slightly. Rather, a completely new meaning is introduced» (p. 179)[8],

Another example for the efficacy of ironic dialectic is multiple psychotherapy (cf. Dreikurs et al., 1984). This method was created around 1920, when Adler, on the occasion of public counseling, included different experts to discuss educational issues in a controversial manner, so that different modes of interpretation were made public (cf. Adler's motto, "Everything can be different!"). Based on this setting, a procedure was developed wherein two therapists face a patient while simultaneously taking on «different roles» (Titze, 1979, p. 325). The first therapist identifies with the mandatory commandments of social life (i.e. the secondary scheme of apperception, *common sense*), while the second therapist is in line with the objectives of the patient's individual lifestyle (i.e. the primary scheme of apperception, *private logic*).

Thereby, the second therapist identifies with the private logical views, objectives and strategies of the patient's lifestyle that are − from the point of view of *common sense* − inappropriate. This second therapist provides mirror identification[9] with the "child within the patient". Thus, conflicts within

[8] Translation by the author.

[9] A mirror identification is determined by reciprocal projections. By affectively sharing the patient's unconscious goals and action strategies, the therapist can, in a genuine way, retrace and mirror significant aspects of the patient's lifestyle.

the patient's lifestyle can be externalized. By advocating "his" specific way of life in a disinhibited way, the second therapist will appear to the patient as an assertive "alter ego" − i.e. as someone who faces the challenges of life in a courageous manner. Precisely this makes him a significant object for identification (i.e. an *alter ego*). Out of this context, encouraging effects might arise that reinforce the patient's ego. This process regularly accompanies a humorous reaction that combines mirth and laughter. This is illustrated by the transcript of a paradoxical confrontation that was based upon this principle and took place in a psychiatric clinic.

One of the protagonists was a negativistic schizophrenic who had failed to communicate for many months. Moreover, he was refusing to eat. The therapy started with a session wherein the first therapist argued in a strictly rational and normative way. In particular, he tried hard to convince the patient to eat normally, be gentle with the nurses and participate in conversations with his family members when they came to visit him. As expected, the patient did not react to the therapist's suggestions in any way. The second therapist appeared in the following session. He had been introduced by the first therapist as a young colleague who was in apprenticeship[10] and that his participation in this session could open up the possibility for him to improve his professional skills. Of course, the patient did not react to this information as well. Subsequently, this conversation took place:

First therapist (T1), addressing the patient: «Once again, I want you to start eating. No reasonable person behaves as you do. Every adult is expected to eat on a regular basis, so that his companions do not need to be worried about him. Beyond that, regular eating is a prerequisite to stay healthy in order to be able to work. Therefore, it is absolutely necessary for you to accept this principle!».

Second therapist (T2): «This is really too much! You want to cram Mr. Z. (the patient), to exhibit him to other people and to send him as quick as can be to forced labor! If I had suffered as badly and in as humiliating a way as he did, I would absolutely refuse to eat. And I would not exchange a single word with the people who had tortured and oppressed me so much!».

First therapist (T1): «You must not say that in the presence of the patient! I have the impression you want to give him the advice to behave in a way that is absolutely not acceptable. Are you aware what impossible advice you have given to him? Should he behave like a piteous little child? Young children, in fact, do not speak. They do not work. And they wet their pants! Instead you should advise him to act like a responsible adult: To eat in an adapted manner, to be nice to people and to work for his own subsistence!».

Second therapist (T2): «If I were to recommend that to him, I would not do anything good. Particularly as an adult, he is in the most stupid position one can imagine. His parents can grumble about him as much as they want. Other people can laugh at him until he is completely annihilated. At work, they can knock the stuffing out of him and make him believe he is good for nothing. Under

[10] It is reasonable to introduce the second therapist as someone who has an inferior status. This opens up the possibility of his functioning as an object of identification for the patient.

such circumstances, I would not want to stay in the game. I would also go on strike. If you do not eat, this is not just your own problem. There are many people around you who are interested that you eat. For example, the doctors or the nurses who should be called to account if you were to die of hunger. There are, of course, the parents who do not want to lose their child. After all, they want to keep him for a longer time, so that they can torture him more extensively. Furthermore, you should consider what courage, what character you require to do without food. Could you do this yourself? Or can you imagine that others could do that? No one would do this except Mr. Z.! No, he is not a weak child. For the first time in his life, he is really great!" (Whispering but audible to T1) "In confidence: Do you know what I would do additionally in your stead? When the nurse would try to force-feed me again, I would throw up the infused mush around the bed …».

Patient (for the first time): «But I am doing this all the time…».

VII. Conclusion

A therapist using paradoxical methods may appear as proceeding nonprofessionally or even as acting "crazy" (Jackson, 1963). But taking the paradoxical way can give the therapist quick and direct access to the realm of those unconscious and irrational events that are determined by «tendentious apperception» (Adler, 1912, pp. 68, 87, 169, 198). By identifying with this prelogical idiosyncratic mode of interpreting reality, the therapist is «walking in the patient's shoes» (Nikell & O'Connell, 1971, pp. 88).

The basic principle of paradoxical intervention is this: "do the opposite of what a (normal) therapist would do" (Haley, 1963). In this context, the patient has to be encouraged not only to accept his/her own inappropriate behavior, but also to reinforce all that which is inadequate and deficient from the standpoint of rationality.

The therapist then, logically, becomes an expert in a particular kind of life conception that is based on an affective logic which, in turn, is not fully compatible with common sense (Ciompi, 1982; Titze, 1986). In doing so, the therapist inevitably will gradually move to thinking and arguing differently from the normal conception of reality. Hence, the therapist will have learned to view the world through the eyes of the child within the patient (Titze, 1987) and, therefore, to apperceive the world from the point of view of the child. This also includes the discouraged child's need to attain safety and support in a world that appears confusing and threatening. Strangely enough, the patient's symptoms open up the access to this long-term objective. They are, on the one hand, an expression of weakness, but, on the other hand, they enable the patient to obtain the desired "plus situation. The therapist accepts this fictive goal, but does so in such an exaggerated manner that the patient's common sense is evoked. Under this condition, reality can be examined in a genuinely rational and generally valid manner. Although this latter capability will develop only gradually, the method makes it possible to implicitly open the door for the patient's appropriate partaking in social reality, which requires a developed common sense.

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