

Paradox and Spontaneity with Schizophrenic Communication

By Andrew T. Austin

Many people will understand my former phobia of bouncy castles. One time as a child, my parents, grandparents and I were at a fair. I spotted a bouncy castle and wanted to go and have a bounce. My grandmother paid the man and up I got onto the castle. At that moment, my entire family gathered to watch me bounce and one of them called out, "You *are* enjoying that aren't you?"

And suddenly, *it just wasn't the same any more*. All the spontaneity had gone.

Paradoxical communication is outlined by Watzlawick et al in "Pragmatics." The astute reader would do well to study that book.

My favourite paradoxical theme is the "BE SPONTANEOUS" variety. Simply put, by demanding that someone is spontaneous-to-command it removes the ability to do so. Families often do this to each other. A variation on the theme is that of the dinner party where completely out of context and out of the mood, Beryl looks over to George and says, "Oh George, tell them that funny story about the parrot, oh Mildred, it is *so* funny!!" Where George at this point realises that his story will not fit into the context and is in no way feeling in the right mood for telling it.

This removal of spontaneity effect can be therapeutically utilised by the strategy commonly referred to as 'prescribing the symptom'. One lady came to see me for help with a lifelong phobia of vomiting in public, a surprisingly common phobia. Her entire life was constructed around this phobia so well that she had no memory of ever having actually vomited and would avoid all social engagements where she might have to eat or drink. This was particularly impressive to me because she was a senior research doctor, a profession that revolves around social meetings and gatherings.

Having secured trance, just to see what would happen, I gave her the suggestion that she would later go to a restaurant (something she described as her worst nightmare) and she was to stay there until she *deliberately* vomited onto the menu.

She never actually made herself vomit in the restaurant, of course - she found to her surprise that she just couldn't do it, *even if she tried*.

In absence of any other therapeutic work, this phobia simply vanished.

I have found this approach to have good effect on free-floating anxiety, blushing, irritable bowel syndrome and panic attacks. The insistence that the client rehearse his symptom over and over (until it gets boring?) has the effect of removing the symptom's apparent spontaneity. This is a bit archaic of course but just sometimes is all that is necessary. I prefer to see these clients again to install some generative changes as well, just to be sure.

I anchor a different experience into the symptom. For example, recently I worked with a lady who had a phobia of receiving any sort of medical treatment. Interestingly of course, this set up the paradox that she was also phobic of getting help for her phobia, so, like the agoraphobics who book appointments, I didn't actually expect her to turn up for her appointment.

This kind of reminded me of Bandler's riddle of how do you cure a phobic who has a phobia of making pictures of himself. Check carefully: just because the client claims that he has a phobia, doesn't actually mean that he actually *has* a phobia. Far too many people go right ahead and do the double dissociation 'cure' on every problem that appears to behave like a phobia, without even a basic understanding of the process itself.

Schizophrenics may tell you that they have phobias. But like the guy with a phobia of making pictures of himself, they may have phobias of cinemas and televisions. This kind of blows away any notion of the standard double dissociation approach and places a great need of flexibility upon the practitioner.

I got this lady to make movies of how she would be when she didn't have the phobia and how she would like to behave. Then I made her tell me endlessly over and over and over *again* of how *she would be when she finally had received help for her phobia*. I kept this up until she finally lost her temper with me and got up to leave. I immediately switched back into the role of a therapist.

Her paradox was matched with the non-mirror image reverse, because I was acting in the frame of being her therapist and yet simultaneously, I was *not being* her therapist. Maintaining her anger at me, I asked her how specifically I could help her with her phobia, thus switching role into that of therapist. *Her* role was now of being assertive ("I'M LEAVING!!") rather than that of the helpless screaming wreck that she had behaved like previously.

On these spontaneity-paradox themes, Watzlawick and crew give the following great example:

A headmaster announces that to his pupils that there will be an unexpected examination during the next week, i.e., on any day from Monday through to Friday. The students - who seem to be an unusually sophisticated bunch - point out to him that unless he violates the terms of his own announcement and does not intend to give an *unexpected* examination *some time* next week, there can be no such examination. For, they argue, if no examination has been held by Thursday evening, then it cannot be held unexpectedly on Friday, since Friday would be the only day left. But if Friday can be ruled out as the possible examination day, Thursday can be ruled out for the same reason. Obviously, on Wednesday evening there would be only two days left: Thursday and Friday. Friday, as already shown, can be ruled out. This leaves only Thursday, so that an examination held on Thursday would no longer be unexpected. By the same reasoning of course, Wednesday, Tuesday and eventually also Monday can be eliminated: There can be no unexpected examination. It may be assumed that the headmaster listens to their 'proof in silence and then, on, say, Thursday morning holds the examination. From the very moment of his announcement *he* had planned to hold it on that morning. *They*, on the other hand, are now faced with a totally unexpected examination - unexpected for the very reason that they had convinced themselves that it could not be unexpected.

The recursive paradoxical logic that follows here is something that occurs regularly in the behaviour of the schizophrenic (but is by no means unique to this 'condition'). One man, a 'chronic paranoid-schizophrenic' became convinced during the course my first session with him that I could read his thoughts. What was in fact happening was that rapport was well developed and he was exaggerated with his analogue marking that made following his process easy.

Thus he found himself in an interesting bind. He didn't want to think his thoughts 'too loudly' in case I would 'overhear' something he wished to keep private. However, how could he keep these things private unless he thought of what they were first?

Rapport could have been lost. Traditionally, the practitioner would have performed some 'reality orientation' and attempted to bring the client back on track. However, I knew that if I denied that I could read his thoughts, then I would be negating the phenomena he was experiencing, thus denying the evidence of his senses.

How would he have made sense of that information?

Experience suggested to me that he would either construct a belief/delusion in order to explain his experience (like the tribal notion: "If we kill some goats, the volcano God will be nice to us") or would rapidly experience some schizophrenic overwhelm.

Neither experience would have been useful for the outcomes that I was intending.

This situation faced by both me and by the client is not too different from that of the prisoner's dilemma outlined here:

Two criminals Bob and Al, are captured near the scene of the crime and are interrogated *separately* by the police. Without either a confession or one of the prisoners implicating the other the police will not have enough evidence for the full criminal charge, and both will get the minimal sentence of a month for a lesser charge.

If neither man confesses nor implicates the other, then both will serve one month on the lesser charge.

If each confesses and/or implicates the other, both will go to prison for 10 years.

However, if one burglar confesses and implicates the other, and the other burglar does not confess, the one who has turned informer will go free, while the other burglar will go to prison for 20 years on the maximum charge.

The difficulty lies in that neither prisoner can know what the other is planning to do and no matter how good the rapport between the two, both face a very mind-boggling decision.

Paradoxes like these are enough to induce a sizable headache and form the basis of Zen, whereby a Master continuously puts riddles and paradoxes to his pupils with the aim of creating an altered state of consciousness in the pupil.

Consider the following two examples:

Zen:

Addressing the assembly at the end of the summer sojourn, Suigan said, 'My brothers, since the beginning of the summer I have done a lot of talking. Look, have I got any eyebrows left?' Hofuku said, 'The robber has a coward's heart.' Choeki said, 'Growing!' Ummon said, '*KANF*'

Psychiatry:

Shrink: "How are you feeling, John?"

John: "I haven't got a head."

The Palo Alto group suggest that the schizophrenic communication is an attempt at *not communicating*, itself a paradox. Engaging in normal dialogue with frank schizophrenic communication, using normal logic, can begin to induce an uneasy feeling into the practitioner (something akin to a need to scream loudly and a need to reach for the thiazine.)

Consider this following exchange I observed occur repeatedly with an institutionalised schizophrenic lady, almost on a daily basis.

Nurse: "Good morning, Sally, how are you today?"

Sally: "I haven't got a head."

Nurse: "How do you eat then, Sally, if you haven't got a head?"

Sally: "Food just goes down my back, feel here (indicates left shoulder) that's just food there, feel

it!"

Nurse: "No it isn't, that is just your shoulder."

Sally (standing up): "I can't stand up, how am I standing?"

Nurse: "Why don't you go and sit down Sally, watch some TV or something?"

Sally (panicked tonality): "I can't stand up, help me to walk, I'm falling off!"

Etc etc.

What I found interesting with Sally's communication was the 'non-mirror image reverse' construct she would use for example when suggested to go and sit down (a 'get out' for the nurse). The client, who is already standing says, "I cannot stand up!" (Ref: Overdurf and Silverthorn "Training Trances", "Dreaming Realities")

A similar dynamic is built into the communication similar to that to my client who discovered that I was reading his thoughts. There, I simply agreed with him and told him that I *did* indeed possess magical powers. This was a fact that he simply couldn't believe and his interpretation of his experience began to change rapidly. Seizing this momentary disorientation, I secured a satisfactory trance and began my change-work with him.

Sometimes, I use the line, "I understand what you are not saying," as suggested to me by a colleague. I have found that this can sometimes be quite an attention grabber.

For example:

Me: "Hello, Sally"

Sally: "I haven't got a head."

Me: "Ahead of what?"

Sally (confused look) "Have you seen my husband?" (a question she asks repeatedly, to practically *everyone*, many times over).

Me: "Moonbeams enter my head."

Sally: "You have got the wrong attitude for a psychiatrist." (She knows well that I am not a psychiatrist.)

Me: "I understand what it is that you are not saying."

It is here that the grab occurs. She is already halfway there with her meta-comment about my attitude. Instead of replying with an utterly irrelevant frame that each line possesses no relationship or context to the previous, Sally is pulled completely into the communication paradigm when she then says, "You are confusing me, what are you talking about?"

To which I could always answer, "I am not confusing you, you cannot possibly not know what it is that I am not talking about! Walk away from me, I'm falling! "

Thus, this line spoils her ability to stay negated from the communication. Sally can either say, "But you *are* confusing me!" or can walk away. Either way, trapped by her own logic, she is compelled to respond on the normal levels of communication that previously she was negating.

Erickson gives the story of the schizophrenic who talked in word salad. He mirrored the word salad back to the client for sometime, thus getting rapport. Tactics like this can be exceptionally effective in enabling establishing communication so that change-work to begin. However, actually being able to do them when the time calls for it can be somewhat tricky. In psychiatric settings, more often than not, the behaviour of the other 'mental health professionals' can make this difficult. Another thing that makes it tricky is just the ability to be able to think of these things at the right moment. Practice helps somewhat. I have practised these things with friends where one pretends to be a patient they know, and the other tries to outfox them. Another 'game' is to have one

person only offer meta-comments and the other only to communicate in negations, and then other variations on such a theme.

Another one of my favourite paradoxes is that of: "If you loved me, you'd buy me flowers!" Which of course puts the recipient into an uneasy position whereby no matter what he does, he loses. Of course, he may go out and immediately buy some flowers, only to be told, "You don't really love me, you only bought those because I told you to!" Variations on this theme seem to permeate married and family life and is a game that both players lose. Most commonly I observe the variation of: "If you don't know, then I am not going to tell you!" whereby each player will not tell his/her partner what he/she can do to make them happy, because then the intention of the action may be lost. The action should be *spontaneous*.

Being on the receiving end of these sort of paradoxes and double binds requires some sizeable manoeuvres on order to extricate oneself. The "If you loved me..." paradox and bind produces a recursive loop. It is a belief based on experience and it is a belief that shapes the experience; effectively a primary and secondary delusion rolled into one. The extrication process requires the following processing:

There are the complex equivalence of: [Loving me]=[Buying me Flowers]
and: [Not buying me flowers]=[not loving me]

So, [not buying flowers] excludes any other behaviour that the partner may do/have done. These are excluded from the frame. If he haplessly says, "But I bought *you perfume*" or the equally hapless "But, I *do* love you!" he will still lose. She can say, "That's not the same" or "Well, you don't show it!" respectively and her negative will anchor to the perfume or whatever. Therefore, every action that is [not buying me flowers] becomes equal to [not loving me], and, here, the scope is HXJGE.

Behind the "If you loved me, you would buy me flowers" sentence we can conclude 4 presuppositions:

1. "You" haven't bought any flowers. An obvious, but important point.
2. "Me" was expecting some flowers. Again, an obvious, but important point.
3. "Me" is feeling unloved.
4. "You" is not doing the activity of loving "me".

Now, in order to successfully manoeuvre the situation to his advantage, "you" has to address all these levels and presuppositions in a single swoop, not an easy task.

A direct attack on logic may work by chunking up: - "My love for you can in no way be expressed by *mere flowers!*" is certainly superior to the crass, "What the hell as buying flowers got to do with love?" But bad tonality may leave the sentence hanging in the air smelling a bit like a matured French cheese.

A clearly stupid response could be to chunk down: - "Which flowers, specifically, my sweet?" would probably result in a swift slap around the head. There are already too many people trained in the meta-model in the world, and quite frankly they are generally a pain in the ass.

Reflective questioning can produce variable responses, such as, "Flowers are important to you, aren't they?" where the answer may either be, "Yes!" or "My God! Don't you understand *anything?*"

Changing frame is probably the best, especially if this 'backs up' through time, such as, "When did you first begin to feel this way?" This will shift the direction nicely and back it up to before the dastardly deed of not buying flowers.

Recursive logic and binds are commonly encountered with schizophrenics. I have met many that blatantly refuse to admit that there is anything wrong with their behaviour or thinking and yet will freely collect their welfare cheques and prescriptions without a

second thought.

"I am not mentally ill, but you must pay me my welfare."

"I am not mentally ill, but you must allow me to behave in any manner I choose, I have my rights, you know?"

I have to admit; I find it a very peculiar society that actually *pays* people to be schizophrenic. Besides, this is the same society that gives alcoholics extra welfare money (D.L. A.) so they can buy more drink. A friend who works in the welfare office in town suggested, like Bandler, that we could turn these two conditions into proper paying jobs. We could make it into shift work with rotas and holiday, sick pay and everything. After all, the conditions are generally poor and at the moment the pay is terrible.