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Paradoxical Intention is no symptom prescription. A letter (1986)

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Dear Dr. Dowd:

thank you for your letter of February 10, 1986, which I am able to answer only now due to many external circumstances. I want to apologize for that.

The way you have incorporated my suggestions is very helpful for the reader for clarifying. I wrote the letter after many instructions I had the chance to learn directly from V.E.Frankl (thanks the fact that we work very closely together since a couple of years). Thus I find it correct that you referred the source to a "personal communication from Dr. Frankl".

If it is still possible at this time to change one little thing, than I would suggest to omitt the last sentence of page 19A: "Paradoxical Intention thus attacks directly the fear of contamination." The sentence brings, as I see it, nothing new, and might be misunderstandable.

You initiated a very interesting discussion in your letter, about the **distinction of Paradoxical Intention and Symptom Prescription.**

By stating that "symptom prescription as currently practiced also involves prescribing actual behavior..." you already made clear another striking difference between these two techniques. Paradoxical Intention (PI) is a technique restricted to the coping of expectancy anxiety. PI cannot be used for prescribing any behavior. From this it can be seen that symptom prescription, as com-pared with PI, also has a certain manipulative quality.

You invited me to give my opinion about an example of two siblings "who fight continuously". A symptom scheduling would prescribe them to "fight even more, or longer, or for a certain period each day". You continue in your letter that in this event "the symptom and the object of that symptom are functionally identical. In my example the symptom and the object are both fighting behavior." Thus you hold that PI is a special case of symptom prescription, restricted for cases involving fear.

Going into this I have first to ask, if it is legitimate to speak of "symptom prescription" in this case? Is it fighting a "symptom"? A symptom of what then? The term is engendering an

underlying disease. Shouldn't we make a difference between **symptom and behavior**? (Fighting can be a symptom, e.g., if the siblings do it against their free will, if they feel forced to...). In my opinion it is **ethically critical** to prescribe any behavior to a person if not to cure a sickness. Who am I, the therapist, to do so? Fighting, in most cases, is just a behavior, as you write.

Although not being a case for PI the example can serve for showing the **opposite approach of the two techniques**.

Symptom prescription deals with the so far used coping strategy: the siblings should fight, what they did before. They have no fear of fighting, they just don't like it in a way (what is similar to the bacteriophobia: there the patient has no fear from handwashing, but from the bacteria). Symptom prescription is prescribing a defense behavior, hoping, that the so far used strategy is losing its uneasiness (because it is socially allowed from now on, or because it becomes even ridiculous by doing it voluntarily etc.).

Whereas **Paradoxical Intention** is attacking the cause of the symptom, PI lends no attention to the symptom itself, by letting it aside (in a "de-reflecting" manner). PI attacks the **cause of the (neurotic) fear** because the therapist knows, that this cause is not an adequate cause for such a fear, since it is the **fear of the fear**, which makes the symptom. Therefore the therapist may remain confident because the catastrophe cannot happen, "the world will not break down". That is the reason why he can speak so humoristically about the fear, being vicariously relieved.

In our case, the siblings would have to say what about they are fighting. They would state, e.g., that they are fighting for really nothing, for things that stand not for fighting.

This is the visible "about" of their fighting (there is no fighting without an "about" - the "about" is the "object", the fighting is the behavior/symptom). **PI would aim at the "abouts"**, exaggerating them: "All these nothings, I am fighting for, are the most precious things I have on earth, and I would not hesitate and go and die for them..." Thus it becomes (slowly) clear to the client, that he has no real reason for fighting, just because it is not worthy to do so (he is getting a new "hierarchy of values", as we say) - or (in this case), he becomes clear, that he is fighting for a so far unknown, real value.

What I wanted to show: PI aims the underlying grounds, the causes. It is an attacking technique **leading to a new assessment of the intentional goals** (the "what for" I am acting = behaving). PI does not prescribe any behavior (does not intervene on an ethical level), but brings about the **courage** with the aim that the patient/client starts to check personally what's the real matter with this world. PI is a way of questioning the phenomenon.

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Respectfully yours,

Alfried A. Längle, M.D., Ph.D.
(President of the Society)