The SAGE Encyclopedia of Theory in Counseling and Psychotherapy

Directive Therapy

Directive therapy and counseling is based on a systems model for the identification and modification of etiologic factors in behavioral maladjustment. Rather than focusing on psychodynamics or individual insight, the intent of directive therapy is to change behavioral interactions within a family or organizational system. In this model, the therapist designs or selects a task or directive to solve the identified problem; thus, the therapist assumes full responsibility for the success or failure of treatment. In contrast to nondirective and collaborative approaches, directive therapy and counseling is typically conducted without explanation, requiring the client to trust the therapist as an expert who determines the method of intervention and the structure of the therapeutic relationship.

Historical Context

Directive therapy is closely connected to the beginnings of strategic family therapy. The newly formed models of family therapy, which began developing in the 1950s, represent the confluence of two **[p. 298 ↓]** important influences: (1) the cybernetic systems theories of Gregory Bateson and (2) the case work of Milton H. Erickson.

In the 1940s, Bateson extended cybernetics and systems theory to the social/behavioral sciences. In 1953, Bateson teamed with John Weakland, Jay Haley, Don D. Jackson, and William Fry to conduct a series of research projects based on Bertrand Russell and Alfred North Whitehead's theory of logical types. In 1954, Bateson received a grant from the Macy Foundation to study schizophrenia and was then joined by Jackson. The newly formed group focused their research on the communication patterns of people diagnosed with schizophrenia to determine the origin of the symptoms. They examined the nature of human communication processes, context, and paradox. Five years later, Jackson established the Mental Research Institute (MRI), where he was joined by Virginia Satir and Jules Riskin, and later by Paul Watzlawick, Jay Haley, and John Weakland. This group would become one of the most creative teams of research/ practitioners in the field of marriage and family therapy. It was the writing and research of these individuals that framed family therapy as a distinct discipline. Within this context, various members of the MRI group created the strategic approach to therapy.

In 1967, Haley left MRI to join Salvador Minuchin and Braulio Montalvo in a 10-year collaboration at the Philadelphia Child Guidance Clinic. Having studied under three of the most influential pioneers in the evolution of family therapy (i.e., Bateson, Erickson, and Minuchin), Haley combined their ideas to create strategic problem-solving therapy. Although Haley's technique was most heavily influenced by Erickson's modern approach to hypnosis, Haley did not accept Erickson's insistence that the individual should be viewed as the basic unit of change. In keeping with the systems theories of Bateson, Haley insisted on treating the family as the basic unit of change. Like Minuchin and other structuralists, Haley believed that the symptoms or presenting problem should be addressed in treatment and that symptoms and problems are reflective of the underlying family structure. In 1976, Haley moved to Washington, DC, and with Cloè Madanes founded the Family Therapy Institute, which became the major training force behind the Haley-Madanes model for strategic therapy.

During the same time, the MRI team, also known as the Palo Alto Group, continued to develop its own version of strategic/directive therapy, including starting one of the first formal training programs in family therapy. In 1967, the Brief Therapy Center opened under the leadership of Jackson. Jackson was revered by his colleagues for his clinical wisdom and his ability to instantly accurately assess the problems and history of a family after viewing a video with just 2 minutes of interaction. Unfortunately, in 1968, at the age of 48, Jackson died by his own hand. Shaken by this tragedy, but not discouraged, Watzlawick emerged as the intellectual force that would lead the development of the second arm of strategic therapy. At the newly formed treatment center, the goal of therapy was to directly address the presenting complaint rather than to interpret the interactions to the family or to explore the past. In this model, the therapist first assesses the cycle of problematic interactions and then interrupts the cycle by using either straightforward or paradoxical directives. In contrast to Haley's work, the theoretical orientation that emerged at MRI had its own set of premises about the nature of change and the role of the therapist.

Shortly after, a third arm of strategic therapy began to develop in Europe under the leadership of Mara Selvini Palazzoli. In 1967, Palazzoli broke from the original Milan group and formed the Center for Family Studies with Luigi Boscolo, Gianfranco Cecchin, and Giuliana Prata. After reading the work of Bateson, Palazzoli abandoned her formal training in psychoanalysis and embraced the newly emerging family

systems approach to therapy. After having read Haley's 1959 article "The Family of the Schizophrenic: A Model System," the research team decided to use a similar methodology to study systems interactions in families of anorexic clients, within the context of treatment. Initially, Watzlawick was invited to serve as a consultant to the group. In 1981, the Milan group published its work with families of anorexics, which led to international recognition for the team's contributions to family therapy and strategic or directive forms of intervention.

Theoretical Underpinnings

All forms of directive therapy have in common an original grounding in cybernetic theory. The word *cybernetics* comes from the Greek word for **[p. 299 ↓]** "government" and was defined by Norbert Wiener, in 1948, as the scientific study of control and communication in animals and machines. Cybernetics is essentially concerned with how regulatory systems are controlled by feedback loops. When applied to families, cybernetic theory suggests that if communication patterns among family members are altered, all the members within the family system will begin to think, feel, and behave differently. Before directive therapy, the prevailing theoretical assumption in psychotherapy was that psychological symptoms stem from hidden psychological dynamics. Thus, "curing" the problem required that clients gain conscious insight into the unconscious impulses governing their behavior, which was a slow, arduous process that could take years. By contrast, Erickson demonstrated that therapy can be focused directly on the specific symptoms and problems presented by the client. Erickson believed that people had the ability to solve their own problems if they could be induced to try new behaviors. Using case studies, Erickson demonstrated that the process of change could be brief and that the client's own natural resistance to change could, paradoxically, be used to bring about change. Because the newly emerging social cybernetic theory was more interested in altering patterns of interaction than in developing causal explanations for problems, it proved to be a good fit for conceptualizing Erickson's radically different approach to therapy.

Major Concepts

Important major concepts in directive therapy include positive feedback loop, first-order change/second-order change, hierarchical arrangement, and logical connotation.

Positive Feedback Loop

The MRI group argues that families make commonsense but misguided attempts to solve their problems. These solutions fail because the selection of a solution, as well as its implementation, is governed by the same set of system rules that created the initial problem. When these attempts go awry, a positive feedback loop is created that makes the problem worse. The job of the therapist is to identify the feedback loop, expose the rules governing it, and change the loop and rules.

First-Order Change/Second-Order Change

When family patterns of interaction are altered at the behavioral level only, it is considered a first-order change. By contrast, a second-order change represents changes in the family rules or underlying beliefs that govern the family members' behavior. For example, a father may consider a child's playful affection a sign of poor discipline. A therapist trained in the MRI model would attempt a second-order change by reframing the child's behavior as a sign of good mental health and as an indication that the parent has given the child happiness that he might have wished for during his own childhood.

Hierarchical Arrangement

In contrast to the more neutral approach of the MRI and Milan groups, Haley and Madanes believe that symptoms stem from a faulty organization within the family and that the function of the symptom is to maintain the system's structure and state of homeostasis. The hierarchical arrangement within the family becomes a crucial point

or intervention. Haley believed that an individual is as disturbed as the number of malfunctioning hierarchies within which he or she is embedded. Madanes added the concept of *incongruous hierarchies*, which are created when children use symptoms to try and change their parents.

Logical Connotation

Logical connotation states that there is no need to frame symptomatic behaviors as useful or necessary to the family but, rather, the behavior has become familiar and habits are hard to break. The symptom is neither good nor bad; it is merely understandable given the context in which it developed.

Techniques

Techniques in directive therapy include paradox and symptom prescription, therapeutic double bind, reframing, and rituals.

Paradox and Symptom Prescription

A paradox is a contradiction. Accordingly, interventions involving the use of paradox are **[p. 300 ↓]** based on the expectation that families experiencing symptoms or communication problems are in most cases resistant to change. To counter this resistance, the therapist can forbid family members from changing, insist that change occur slowly, or ask the family to change in ways that seem to run counter to their desired goals. It is the family's unification and rebellion against the therapist that then achieve the objectives of therapy. The use of resistance to promote change by applying specific strategies is a defining characteristic of strategic therapy.

Therapeutic Double Bind

A therapeutic double bind promotes progress no matter how the family responds. For example, if a member of the family was to announce in therapy that he or she has nothing to say, then the therapist could instruct that person to say nothing during the course of therapy. Instead, he or she is to merely listen to everyone's opinions and think about what can be learned from them. This creates an opportunity for helpful rebellion, if he or she begins to share opinions, or useful compliance, if the hour is spent listening.

Reframing

Reframing is the use of language to give new meaning to an existing set of circumstances. It is a reinterpretation of events that may lead to behavioral change (first-order change) or a change in beliefs that govern the family (second-order change).

Rituals

Rituals are interventions that require the family to either exaggerate or violate family rules. For example, rather than responding with fear or criticism to the child who makes suicidal comments, the family might be told to stay home from work and stay home from school any day there are suicidal gestures and spend that day practicing a family hug, with the child in the middle. Another example is the odd day/even day ritual. Typically, the therapist will give a directive that on even days the existing set of family beliefs are true. Then on odd days, they are false. On the seventh day, the family is to act spontaneously. This is one of many ways to introduce change into the system.

Therapeutic Process

Directive therapy provides change through direction or metaphor. A trusting relationship is established, including empathy, concern, and encouragement. Then, the opportunity for providing a straightforward directive is created. Focus is given to symptoms in

the present, and the social context, without insight or interpretation. The therapist tells clients what to do and then waits while the clients determine what to do with the directive. Clients' abilities, strengths, and resources are necessary for resolution of their problems. Directives are carried out outside the session. Directives incorporate what to do, give advice, and coach clients.

*See also*Erickson, Milton H.; Eriksonian Therapy; Haley, Jay; Solution-Focused Brief Family Therapy; Solution-Focused Brief Therapy; Strategic Family Therapy

DanShort Elsa SotoLeggett KatherineBacon

http://dx.doi.org/10.4135/9781483346502.n107
Further Readings

Amini, R. L., & Woolley, S. R. (2011). First-session competency: The brief strategic therapy scale-1 . Journal of Marital & Family Therapy , 37(2), 209–222. doi:http://dx.doi.org/10.1111/j.1752-0606.2010.00201.x

Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). Milan systemic family therapy: Conversations in theory and practice . New York, NY: Basic Books.

Ceballos, P. L., & Bratton, S. C. (2010). Empowering Latino families: Effects of a culturally responsive intervention for low-income immigrant Latino parents on children's behaviors and parental stress . Psychology in the Schools , 47(8), 761–775. doi:http://dx.doi.org/10.1002/pits.20502

Chang, J., Combs, G., Dolan, Y., Freedman, J., Mitchell, T., & Trepper, T. S. (2012). From Ericksonian roots to postmodern futures: Part I. Finding postmodernism . Journal of Systemic Therapies , 31(4), 63–76. doi:http://dx.doi.org/10.1521/jsyt.2012.31.4.63

Chenail, R. J., St. George, S., Wulff, D., Duffy, M., Scott, K. W., & Tomm, K. (2012). Clients' relational conceptions of co-joint couple and family therapy quality: A grounded formal theory . Journal of Marital & Family Therapy , 38(1), 241–264. doi:http://dx.doi.org/10.1111/j.1752-0606.2011.00246.x

Frojan-Parga, M. X., Calero-Elvira, A., & Montano-Fidalgo, M. (2009). Analysis of the therapist's verbal behavior during cognitive restructuring debates: A case study . Psychotherapy Research , 19(1), 30–41. doi:http://dx.doi.org/10.1080/10503300802326046

Haley, J. (1987). Problem-solving therapy . San Francisco, CA: Jossey-Bass.

Haley, J., & Richeport-Haley, M. (2007). Directive family therapy . Binghamton, NY: Haworth Press.

Watzlawick, P., Weakland, J. H., & Fisch, R. (1974). Change: Principles of problem formation and problem resolution . New York, NY: W. W. Norton.

Zeig, J. K., & Munion, W. M., (1999). Milton H. Erickson . Thousand Oaks, CA: Sage.

SAGE knowledge