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We thank Dr R Beach for his comments and Mrs D Lockwood for typing the manuscript.

Commentary

Paradoxical techniques have been around long before psychiatrists and allied workers discovered them for therapeutic purposes. We have always known that under certain circumstances people are inclined to do quite the reverse of what we want them to do. We might then deliberately instruct them to do the opposite in the hope that they will resist this

The paradoxical techniques can be effective in treating children who are resistant to conventional methods. They are based on the principle that by performing an opposite action to what one expects, the child may be encouraged to create a paradoxical situation. This can be useful in situations where the child is resistant to following instructions or when conventional methods have not been effective.

The key to success in using paradoxical techniques is to ensure that the child understands the nature of the paradox and is willing to participate in the process. This may involve explaining the technique to the child in a way that they can understand and agreeing on the goals of the treatment.

A practical example of the use of paradoxical techniques is in the treatment of enuresis. Children who are resistant to conventional methods of treatment, such as a bedtime schedule and the use of a nightime alarm, may benefit from the use of paradoxical techniques. In this case, the paradoxical technique might involve encouraging the child to wet the bed at bedtime. By doing this, the child is more likely to be motivated to improve their bladder control, as they are resisting the natural urge to urinate.

However, it is important to note that paradoxical techniques should be used in conjunction with other treatment methods and under the guidance of a qualified professional. They should not be used as a substitute for other forms of therapy, as they may not be effective in all cases.

In conclusion, paradoxical techniques can be a useful addition to the treatment of resistant children. They require careful consideration and implementation, but can be effective in cases where conventional methods have failed.

References

Paradoxical approach to the management of faecal incontinence in normal children

Paradoxical approach to the management of faecal incontinence in normal children

Patient’s illness position: the therapist may, for instance ‘outdo’ the patient’s pessimism by defining the situation as even more dismal than he (the patient) had held it to be. This may force a patient or family to assume a counter position, namely encouraging the therapist not to give up and showing some positive changes so as to keep the therapist engaged in the treatment process.

In the field of paediatrics paradoxical approaches have been successfully used for the treatment of persistent enuresis and encopresis, tics, sleeping and eating disorders, chronic abdominal pain, speech disorders, and other conditions. To date there are, however, no systematic studies evaluating the long term effect of this work.

As can be seen, this approach is far from straightforward and it is hardly a first treatment choice, as one may risk alienating patients as well as colleagues and losing therapeutic credibility. It is therefore important to place paradoxical techniques in context: they are only one of many different family therapy techniques, and are best only used as a last resort, once the more straightforward approaches have failed.