

Identifying competitive symmetry in therapeutic conversation...and doing something about it by Mark Bayebach

A collaborative approach to brief family therapy is based on honoring our clients' views, on identifying their goals and working toward them, on respecting their position in therapy and focusing on their strengths and resources. But it also has to do with closely monitoring the ongoing therapeutic conversation as it unfolds moment by moment.

Three decades ago, process research undertaken in Salamanca, Spain, showed that competitive symmetrical patterns and conflict triads (three consecutive turns in which the speakers assert themselves in a domineering position, for instance "order" "non-compliance" "new order") were associated with dropout from individual brief systemic therapy with adults (Beyebach, 1993; Beyebach & Escudero, 1997). Some years later, another Spanish researcher found these patterns to be associated with less engagement of adolescent clients in brief family therapy (Cabero, 2004). Recently, research on conjoint family therapy sessions undertaken with a similar methodology by an Spanish-American team of researchers confirmed that these interactional patterns between therapists and their adolescent clients appear more frequently in sessions where the therapeutic alliance is rated as bad by independent observers (de la Peña, Friedlander, Escudero & Heatherington, 2012). Here comes an example of an symmetrical escalation like this:

Therapist: I think it would be useful for you to try out this different way of handling your anxiety.

Client: I don't think that would work.

Therapist: But at least you should try!

The research findings we have just reviewed suggest that brief family therapists would be well advised to avoid these escalations with their clients. The clinical implication is that if your questions or instructions are met by your clients with disapproval, refusals to answer, or topic changes, a better way to

proceed may be to avoid insisting in doing more of the same (which would lead to symmetrical escalation) and do something else instead: introduce more neutral remarks (Beyebach, 1993), provide more support (de la Peña et al., 2012) and/or listen more to clients' personal goals (Diamond et al., 1999). During the delivery of the final message, clients' oppositional behavior is an invitation for therapists to restrain themselves and not insist on proposing the homework tasks that are being rejected by their clients (Bailín, 1995).

By the way, another conversational pattern that research shows to be associated with bad therapeutic relationship and lack of engagement is when a therapist repeatedly interrogates his client. This was also an early finding of the Salamanca research team (Altuna et al., 1989) which has been replicated by later research (de la Peña et al., 2012). An example would be:

Th – Why do you think you don't behave that way [not paying attention, not turning homework in] with those teachers?

A – Dunno.

Th – Maybe because of the subject, or is it because of them?

A – Dunno.

Th – What about languages? Your mom says you are not so good at them.

A – No, I'm not.

Th – Why?

An – Because they're hard.

Th – Or is it because you don't like them?

A – No

(de la Peña et al., 2012, p. 8)

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