

The role of paradoxical inter-specific communication in the development of family-pack hierarchical instabilities

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[Abstract](#)

Introduction

A "sociopathy" has been described in France and French-speaking Belgium as a hierarchical instability in a family-pack with the production of canine competitive, irritation and territorial aggression and the dog having access to dominance privileges. This is a pathology of the communications inside an interspecific system, consisting of the family members and the dog (hence the name family-pack). We will see that these communications are paradoxical. The animal is locked up in what has been called a "double bind" or "double constraint".

In this article, I will limit myself to describe the paradoxical communication emitted by the owners.

Introductory clinical case

Scapa is a 6 months old female Great Dane presented for destructions in the house. She destroys sweat-shirts, furniture, ... She jumps from one sofa to the other, pees on the leather couch, awakens her owners at 5 a.m. and bites jacket and sweat-shirt sleeves, putting holes in everything. I have diagnosed her as "hypersensitivity hyperactivity syndrome", and "reactive beginning sociopathy" (as she gathers more and more dominance privileges and tries to keep them by competitive aggression). The treatment should be easy, with a regulatory medication (I prescribed fluvoxamine) and a self-control therapy, but...

The owner is a young man of 26, who has had heart surgery at 3 years old and who is

protected and spoiled by his mother. He took the appointment but did not come, sending his mother. She has some dominance over the dog and does not hesitate to hit it. She wanted a wire hair Dachshund and he came back one day with the great Dane. She is exhausted by the dog (and by her son, but she does not say it!).

So there will be a problem to implement the therapy. And the same problem is at the root of one of the dog behavioural disorders. The education frame is not clear: the dog receives contradictory and paradoxical information from both owners. How can we change that? This situation needs a systemic (familial) therapy.

The paradoxical communication

It is impossible not to communicate and not to influence the others with whom one interacts. This is one of the most important contribution of Gregory Bateson to systemic (strategic) therapy.

The communication becomes paradoxical when two opposite messages are emitted for the same "bit" of information. It is the "double message" theory. The double message is a source of confusion, and leads to disqualification of all the information, or a part of it, or of the emitter of the communication, by its receptor.

There are several possibilities, depending on the communication levels and the number of senders.

Messages	One sender	Two senders
Same level	Alternating double message	Split up double message
Different levels	Double bind	Split up double bind

Each category will be described and examples given.

The alternating double message

It is one of the most common problem communications from an owner to a dog. The dog may be rewarded or punished alternatively for the same act or sequence of acts. It may be for coming back after being recalled (titbit alternating with hit), or lying on a couch (authorised alternating with forbidden), asking an order and then letting it drop when the dog does not obey, etc.

The alternating double message is teaching the dog not to obey. The dog is learning that the owner is unstable as a leader. It may lead to hierarchical destabilisation and reactive sociopathy (with reactive aggression).

The split up double message

The communication is congruent in each owner but it is different and opposite from one to the other. One owner accepts that the dog lies on the couch, the other not. One owner rewards the attention demands, the other punishes it. The complete paradoxical message is split up between the two (or more) owners (educators).

The split up double message has been studied by Antonio J. Ferreira in human juvenile delinquency families. He observed that human adolescents subjected to split up double message (SUDM) produce a "passage à l'acte" (offending acts) in the external surroundings (and not specifically in the family). These offending acts are an attempt to escape the family

field and have as a result to make the adults agree at least for one thing.

Some dogs subjected to SUDM may go on the loose and run around in the neighbourhood. In dogs, the SUDM facilitates sociopathy, and produces hierarchical problems with the too tolerant, less demanding, member of the family. This is particularly evident for male dogs in families where the male owner (the father) patriarchal figure is put in doubt by the mother, defence of the dog. Dogs live in a patriarchy and questioning the dominant role of the male owner undermines its power and increases the probability for the dog to make an alliance with the female owner (and coupling) with all its repercussions.

This is an increasing problem in the therapy because one has to make the owners agree to produce congruent communications to get results. But, frequently, the third party (here the dog, there the child or the adolescent), is the battle field of problems between the human adults.

The double bind

The double bind is one of the central discoveries of Gregory Bateson in his ecosystemic theory of human communication (1956). Human communication operates at different levels of abstraction with implicit metacommunication messages. In the double bind, "there is no congruence between the different levels, i.e. verbal, vocal, postural, motor, contextual" (J.-C. Benoit, 1988).

For a double bind to occur, there are several requirements: (1) repetitive process - (2) lack of congruence in different levels of communication (cognitive and affective) - (3) inescapable situation (the meaning is more in the affective bonding than in a material impossibility to flight). The repetitiveness of the situation leads to instrumental reactions of anger and fear.

The paradox resides in the opposition of cognitive and affective communications, for example an order to be obeyed asked with an expression of fear (as when the upper part of the body is bending slightly backward). The two communications are expressed in the verbal conditioning queries and the affective involuntary paraverbal attitudes in the same person.

The communication is losing sense. The ritual is lost.

The dog is more sensitive to analogical (non verbal, non vocal) communication and is not fooled by the verbal orders (digital communication). The communication is not - or badly - ritualised and causes anxiety. Anxiety is very common in hierarchical perturbations. It is why the dog living in an unstable environment (sociopathy syndrome) shows competitive aggression and also irritative or even fright aggression, sudden panic attacks, ...

The double bind is causing intermittent anxiety. The tolerance for the dog having dominant privileges may lead to partial unstable dominance. The continual challenge of the dog's dominant privileges may lead to aggression. The rewarding effects of aggression may lead to hyperaggression.

The double-bind may also be triggered by a false belief or a misunderstanding of the communication by the dog: a lying-down-on-the-back posture to ask for caresses is misunderstood for submission when the dog is expressing a dominant behaviour; if still caressed after a misunderstood demand to stop the contact (tense posture) the dog may express irritation aggression that is once again misunderstood as unpredictable voluntary hostile behaviour.

The split up double bind

The double bind may be emitted by the same person or by two separate owners (split up double bind or also split up paradoxical communication). The effects combine those of the double bind and the split up double message. This the worst situation.

Ritual destroyer

Social communication in the dog is attuned by rituals. Rituals are behavioural sequences evolving from a specific pattern "to become a symbolic communication mode" (Muller G., 1996). Rituals can be divided in meanings: cohesiveness (attachment), hierarchical (dominance, submission, appeasement), emotional tuning (courtship, sexual coupling, play, ...). Rituals are learned. For example, submission may be in a dorsal decubitus or ventral decubitus, following the puppy position when cleaned by its mother. This may lead to understanding difficulties between dogs, or between dogs and humans. Rituals decrease aggression, appease the members and increase the cohesion in a group. Paradoxical communications destroy rituals in the family-pack. The hierarchy is unstable, anxiety increases, cohesion diminishes, and aggression may explode.

Medical treatment and therapy

I will not elaborate here on medical treatment. Medication is very important. Medication has to preserve the cognitive functions, to remove anxiety, and to reduce aggression and impulsiveness, without being sedative. Several drugs can be used for that purpose: risperidone, fluvoxamine, fluoxetine, clomipramine, etc. Drug treatment will help the owners to put the therapy in place.

The therapy will consist in mending the social rituals, with the owners as dominants and to reduce the access of the dog to dominant privileges. Any technique leading to this objective and respecting the owners resources and resistances will be functional. The technique will change with the therapist and the owners. The best technique is adapted to the owners own style and capabilities.

The therapist has to be empathetic and without moral judgement. People do what they do for good reasons one does not know about, and you will not change their moral ethics and beliefs. Do not enter into what I will call "the therapist double bind". If you think the owners are faulty, the more you say that they are not, the less you will be believed. Because you are giving away paradoxical communication. So maybe, you have to say they are responsible for the situation, but not guilty of it because they did not really know what to do. If you still think they are guilty, maybe you could consider going first into therapy yourself, to learn how to be more tolerant, because the majority of the people do not want to act badly, and they do what they do because they did not learn to do otherwise. The problem may not be with them but with their education, their culture, ... If the therapist is sending double paradoxical messages, he will not be listened to nor believed. Any prescription will then be thrown into the garbage can.

In fact, the therapist has to use the owner's resistances, and his resources, to get to his objective. A very "weak" owner will become very "sensitive", a very "passive" one will become "able to endure things for a long time", one who has already tried every technique possible will then be very "determined" or "patient". Just turn around defects into resources. The therapist has to save the dog (from death row), but not at the expense of the family balance (homeostasis). To save the dog, remove just enough sense of guiltiness so the owners continue to treat the dog, but not all of it, because they may euthanize it.

People have a lot of resistance to any personal change ("Change my dog, but do not touch to

my behavior"). The more drastic the technique, the stronger the resistance. This is an absolute fact in systemic therapy.

Therapy techniques

Here are a few examples of techniques that may be useful.

1. Explanation of the dog's sociogram and the meaning of rituals.
This technique is effective with intelligent owners who really want a change but do not know how to do it. Keep the procedure simple. Do not ask too many things to do. Give them documents, possibly scientific documents.
2. Structural therapy.
It is based on Minuchin theories: a symptom in a member of a family is a mark of a dysfunctional structure; the place of each member relating to the other has to be modified. This theory is easily applied in clinical ethology of animals living in hierarchies (like people and dogs do).
One can restructure the family-pack by explaining the problems or just by prescribing to the actors to play a special role without any explanation. Relations and beliefs can be manipulated until the problem disappears.
Reframing the beliefs is useful. If a male dog, considered as a substitute child, is always around his female owner, you can reframe the belief of "unadulterated love" into "sexual proximity" ("are you agreeing with this sexual harassment?"). This way, you may just get the wanted change in the relationships and then in the hierarchical structure.
3. Strategic therapy.
Developed by Jay Haley on the ideas of Milton Erickson (psychiatrist and hypnotist), the strategic therapy is very demanding for the therapist. He has to identify solvable problems, fix objectives, conceive interventions to get to it, examine the answers and reactions to modify his approach, and examine the results of the strategies to see their effectiveness. The therapist will give direct prescriptions (with direct or indirect influences) without explanations. He may use paradoxical interventions. Actually, the therapist is not preoccupied with how the problem was created, but more with how it is maintained and how changes can be implemented.
The therapist will even use the most bizarre peculiarities of the owners to get to the objective: the disappearance of the symptoms.
Four variables are studied: the acronym PUSH: Protection, Unity, Sequence and Hierarchy. The symptom (the problem the owners want to disappear) may be directed to protect the system (even if it is not really the case, this way to present the symptom may give a positive access to the relationship). Unity is the triangle: use it to modify alliances. Sequences of acts may be modified in a positive way: the circular vision of the sequences of acts (everybody is always reacting to the other acts) has to be analysed and an idea devised to modify its symmetrical aggravation. Hierarchy is the essence of the therapy for hierarchical disorders (sociopathies).
The therapist will be empathetic, cordial, respectful, and very clever and directive. He will base his therapeutic procedures on what the people do best and lead them to find solutions (their solutions being frequently more effective than the one prescribed by the therapist).
The problem is reframed as exploitable ("I know you love him, I just think he doesn't understand you!").
Then several prescriptions may be given, at least one very difficult to be resisted by

the owners, another mild enough as to be accepted and implemented. The therapist may place the owners in an inescapable procedure so that if they resist it or do it, the result will be the same ("I will ask you -1- not to caress the dog at all for the 2 following weeks - 2- give the dog a gentle pat on the head if he's obeying an order quickly - 3- ask it to go on the couch and then leave it directly before you sit down on it."). Just do not give any explanation on why you prescribe it. This is, in fact, a *therapeutic double bind*.

The therapist may prescribe the failure of the therapy ("I think this therapy will fail!") or the recurrence of the symptom ("Oh, do not be overjoyed with the good results, in my experience, fast results give quick recurrences!"). Prescribing failure may put the owners in an inescapable situation: to resist a failure prescription, they have to cure the system.

He may threaten the people with a very difficult and very effective procedure (that is not explained) and propose in its place a milder one to begin with ("I know something that's very effective, but it's very demanding. You will have to ... No, that would be ... too difficult, even for a very good trainer. I prefer to ask you just to make the dog sit before you caress it! Can we agree on that?").

He may counsel a paradoxical procedure ("I think you do not show enough love to your dog. You caress him, that's right, but he's asking you to take him in your arms. So please, do it, as often as possible. You will be rewarded by kindness and love in return!"). The aim is to increase the problem until the owner reverse the procedure. Please do not do it with dangerous dogs!

The simplest procedure may be the more effective ("For the following month, I will ask you just this one thing: caress the dog at least 45 minutes a day (more is OK), but never (never) when he's asking for it!"). As it is an impossible prescription, they will not do it, but they may just decide when to caress the dog, and retake the initiative of the interactions.

Ask the people to write it in capitals on a paper and put it on the fridge.

1. Target therapy.

With reluctant and resistant owners, the therapist may find it effective to give an easy to get target in a determined frame of time. The target is agreed by everybody. At least, there will be a consent on this objective. A step by step procedure is described and so everybody will proceed the same way. If possible, alliances will be created between the disagreeing owners to get to the target. This negotiation has to be done with both owners and both have to gain something from it (nobody has to lose something). ("What we will do is just ask the dog to sit down for a 5 seconds before eating. After two days, we will increase it to ten seconds. And then, after 1 week, we will ask it to sit down for 30 seconds, ...").

2. The magic touch.

Sometimes, people will not do anything of what you have prescribed and will not give any medication, but the system is improving nevertheless. It may be something you have said or the way you said it that changed the people's beliefs, and the paradoxical communication disappears. For a lady who was spending her holidays only for her male dog, I said that everybody knows that parents have to take at least one week of holidays without their children, so maybe she has to leave the dog in a kennel or with friends for at least one week a year. She did it and two months later, the dog was not aggressive anymore. That is not the thing that did the trick but this metaphor changed

the way she saw her dog and it changed her communication patterns, clarifying them enough to make the system functional.

Conclusion

When you diagnose a hierarchical problem, you face a systemic problem. Maybe the dog is pathological, maybe he is suffering from hypersensitivity-hyperactivity syndrome, or anxiety, or impulsivity, or hormonal imbalance, or anything. Maybe he is not. You will have to correct the communication patterns and rituals. You will not be able to do it without the owners, with or without their consent, enrolling them in a direct or indirect procedure. But do not fool yourself, you will not be able not to influence them, not to manipulate them, so do it with purpose and ethics.

References

- Bateson G., Jackson D. D., Haley J., Weakland J. (1956). Toward a theory of Schizophrenia. *Behavioural Science*, 1, 251-264.
- Bateson G. (1972). *Steps to an Ecology of the Mind*. Ballantine Books. New-York.
- Benoit J.-C. (1988). *Dictionnaire clinique des thérapies familiales systémiques*. Editions ESF, Paris. 121-126.
- Elkaïm Mony (1995). *Panorama des thérapies familiales*. Editions du Seuil, Paris.
- Ferreira A. J. (1960). Double-Bind and delinquent Behavior. *Arch. Gen. Psychiat.* 3, 359-367. Am. Med. Assoc.
- Haley Jay (1979). *Nouvelles stratégies en thérapie familiale*. Editions Universitaires J.-P. Delarge, Paris.
- Minuchin (1979). *Familles en thérapie*. Editions Universitaires J.-P. Delarge, Paris.
- Minuchin Salvador (1993). *Family Healing*. Free Press, New York. (1996) *La guérison Familiale*. ESF, Paris.
- Muller G. (1996). Anxiety and Hierarchy. ESVCE and SAVAB meeting, 6th of October 1996, Brussels. Oral communication.

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