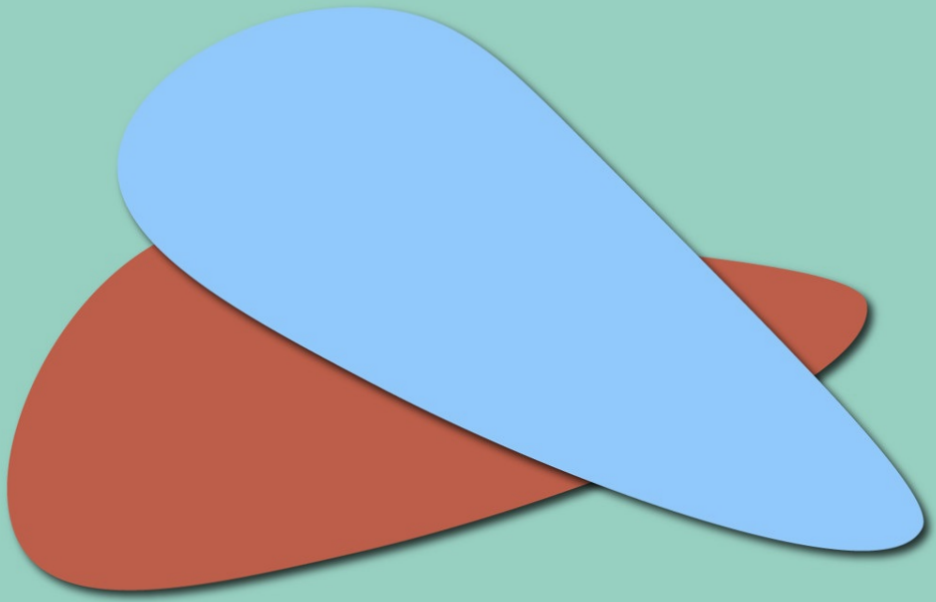
Psychotherapy Guidebook

Triad Therapy



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DEFINITION

Triad Therapy involves three active social roles in treatment. The triad consists of: those who personify the problem, who have it now — (called P); those who personify the absence of the problem, who never had it or had it so long ago that it doesn't matter — (called N; and those who personify the solution to the problem, used to have it but now do not — (called EX).

Ns are often members of some helping profession, but not always so, and there is no absolute reason why professionals cannot play other roles in the triad, that is, either have the problem or be EXs.

When social roles are defined as P, N, and EX in terms of the principal therapeutic problems, then most traditional psychotherapies are readily seen to be dyadic: P and N are in communication but EX is missing. Struggling self-help groups may represent P and EX with an insufficient strength in N.

Well-balanced triads, professional and amateur, have two therapist roles (EX and N) that can disagree as regards P (and other important issues). Such disagreement is not felt to constitute a disadvantage, i.e., N may strongly

feel that P should apply more willpower, whereas EX holds the opposite view that willpower isn't necessary. The resulting impact of these seemingly contradictory philosophies, however, is to focus on change and to convince P that change both should and will come.

HISTORY

Although the entire mental hygiene movement was launched, single-handedly, by an ex-mental patient, (Clifford W. Beers, founder (1909) of the National Committee for Mental Hygiene and (1928) of the American Foundation for Mental Hygiene. Author of *A Mind That Found Itself*.) the role of EX began to lose status and influence through the ramifications of professionalism that followed. The history of successful self-help groups such as Alcoholics Anonymous can profitably be studied in terms of triads that contain a few understanding professionals playing the key N role. Other professionals have at times attacked fledgling amateur efforts, forcing them to turn to more understanding segments of the community that offer N support.

The earliest implication of three-role theory of rehabilitation is contained in the "law of retroflexive reformation" of Cressey (1955), which states: When criminal A joins with noncriminals to rehabilitate criminal B it is A who is rehabilitated the most. This formulation has become fundamental to systematic understanding of self-help of all kinds but fails to provide equal

insight into the primary question as to whether “criminal B” gets rehabilitated at all.

In 1960, Slack published a study that involved paying the patient and reversing the usual client-counselor roles. Dramatic success in cooperation and identification with the therapist (employer) was achieved with otherwise unreachable cases. In 1972, Triad Theory was formulated as a general theory and as a method of therapy and rehabilitation (Slack, 1972), and in 1976, it was documented as a method for “turning around” an Alabama reform school (Slack, 1976).

TECHNIQUE

Triad Theory can be used to correct weaknesses in existing groups or to construct new groups. In either case, persons representing all three roles must convene regularly. To convert a traditional P-N dyadic therapy group into a triad, the therapist must add several individuals who, in his opinion, have achieved personal solutions to the basic problems of the group. These EXs can then restate and delineate the problems using their own backgrounds as examples; they can act as role models to personify the desired change in Ps, and can suggest techniques and solutions based on firsthand experience. Note that none of these functions can be served by the therapist as N. His role, a vital one, is to support EXs to prevent backsliding and to maintain focus on

the presenting personal problem. N must also help maintain a supply of Ps. Without N, EX and P might never get together: N is often the social engineer of the encounter. N should also work to encourage access to the prerequisites of his own role by EXs, since shift from EX to N motivates P to EX. For example, wise drug-rehabilitation programs (as in Daytop Village, for example) will routinely give the ex-addict many management privileges and responsibilities that would otherwise be reserved for nonaddict professionals and other hired staff. Shared authority provides a powerful incentive for the newly admitted, not-yet-ex-addict to stay drug-free during the difficult early period (Slack, 1974).

Method and technique depend on role: EX can do and say many things to P that N wouldn't think of saying. After all, EX has "been there" and knows, firsthand, what P is going through. Yet, without N to provide affirmation and support for EX, P may conveniently fail to see any advantage in EXs role over his own. It sometimes seems to N that EX need not worry about technique at all but just has to be true to himself to succeed. On the other hand, EX may feel the need to improve N's therapy technique, i.e., instruct N on how not to be taken in by Ps rationalizations.

One decided advantage of Triad Therapy is that each role has one other to turn to for advice on how to deal with the third. The "therapist" has a "supervisor" and the "patient" an advocate. These checks and balances

improve the performance of all members. Dyadic instruction (such as this essay) is not as effective in developing therapy technique.

Personal problems are often misunderstood by those who have never lived through them. The same holds for states of being, such as “poverty” and “delinquency.” Unchangeable conditions, such as blindness, chronic illness, or mental handicap, may seem to be personal problems to outsiders, but insiders know that these are givens not problems. If one labels one’s own brain damage as “a problem,” then one is likely to look for solutions to it. If, on the other hand, one accepts the damage, one can move on to find solutions to the real problems that are the consequence of the damage — problems that other brain-injured persons have solved in their own lives.

Likewise, being too short or too tall, being foreign born, having a high I.Q., having an alcoholic father, being a homosexual, having a physical handicap, being an orphan, or becoming bald are not, strictly speaking, “problem roles” for triads since, defined this way, few if any persons can be found who “used to have the problem and now do not.” However, such states of being as homosexuality or belonging to a discriminated minority are excellent reasons for banding together in triads to deal with problems caused by the unchangeable state of being. Many of these resulting problems have excellent solutions personified by persons in the respective states. Thus, homosexuality is not itself a problem because there are no EXs, but alienation,

haughtiness, and shame are problems from which many homosexuals have totally recovered.

As triadic organizations mature, more and more EXs move into the N role, getting totally away from the personal problems and stigmas of the problem role. Being an N, then, is not the same thing as the literal fact of never having had the problem. The role of N encompasses those who, to the extent to which it is possible, are indistinguishable from those who never had the problem. Perhaps these recovered Ns are better off (i.e., more self-actualized) than those who never had the problem. Mature self-help groups need not recruit outsiders for the key N role but can fill it from their own ranks.

What causes therapeutic change within the triad? Is it due to imitation, to the rewarding of behaviors or the development of trust and understanding? As outsiders, we would rather not say. In triads, persons are entitled to explain what is happening in their own terms, whereas "objective" explanations might not fit particular internal happenings.

Like dyads, triads must be free to choose their own theories and to organize themselves for any reason whatsoever. Professionals must try not to "control" triads. Free speech and assembly are required. That speech may be very free and assembly very frequent does not mitigate the rights involved.

APPLICATIONS

Because it organizes groups to solve problems, Triad Therapy has the opportunity to improve the larger social microcosm as well as enable the individual to change his role.

Triad methods were employed at a teen-age reformatory in Alabama where they enabled the elimination of a notorious “detention” facility and the misuse of solitary confinement on a mass basis (Slack, 1976). Currently the methods are being applied at a community treatment program for delinquent boys in Melbourne and at a Victorian Youth Training Center for girls, both in Australia. Also, plans are under way for application in an adult correctional institution in New York.