

STRATEGIES OF PSYCHOTHERAPY

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Strategies of Psychotherapy by Jay Haley

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JAY HALEY

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If you wish to learn from the theoretical physicist anything about the methods which he uses, I would give you the following piece of advice: Don't listen to his words, examine his achievements. For to the discoverer in that field, the constructions of his imagination appear so necessary and so natural that he is apt to treat them not as the creations of his thoughts but as given realities.

ALBERT EINSTEIN

Strategies of Psychotherapy

BY JAY HALEY

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Jay Haley: STRATEGIES OF PSYCHOTHERAPY

ERRATUM

Page 189: In the second paragraph, line 9, reference number 2 should read 32.

Foreword

JAY HALEY is not a psychiatrist, a psychoanalyst or a clinical psychologist. It will be difficult, therefore, for many psychotherapists to overcome their biases against the unlabeled (or the untouchables) and read this work with the special blend of skepticism and curiosity required of him who would learn something new.

Haley is a Communications Analyst, and more than any preceding worker he has utilized the insights of communication analysis to discover a common factor in various methods of psychotherapy as well as to devise psychotherapeutic interventions which can be strikingly effective. He is very much concerned with the need for an efficient and economical approach to emotional problems and for a descriptive system that takes into account all those others who are involved directly or tangentially in a pathological system. For readers unacquainted with him, it should be pointed out that Haley has a considerable background in the subject he writes about. For some years he has been a Research Associate with the Veterans Administration Hospital, in Palo Alto, as well as with the Department of Anthropology of Stanford University, and the Palo Alto Medical Research Foundation. His research in the field of psychotherapy has included therapy with schizophrenics and with families, and he has had a private practice as a brief therapist and marriage therapist for some years. He has taught classes in the clinical use of hypnosis for physicians and psychiatrists, given brief psychotherapy seminars at psychiatric clinics and the Mental Research Institute, and lectured on brief psychotherapy, therapy of schizophrenics and family therapy at various psychiatric hospitals. He has given papers at a number of psychiatric meetings, including meetings of the American Psychiatric Association in Mexico City and Philadelphia, the American Society for Clinical Hypnosis in Chicago, and American Orthopsychiatric meetings in San Francisco and Los Angeles. Currently, he is a Research Associate with the Mental Research Institute investigating the processes in families and he is editor of the new journal *Family Process*.

There will be cries of pain and outrage from some quarters about Haley's approach and this is as it should be. In this business we all have a responsibility to be each other's keeper. Let me anticipate two particular areas that will seem unacceptable to many psychotherapists: the questions of "insight" and "manipulation."

No matter how much we would like our patients to verbalize the dy-

namics we implicitly or explicitly teach them, the fact is that the patient benefits from a change in his *behavior*. As far as I am concerned, if one judges the depth of therapy by whether the patient has real insight or not, it is a matter of taste. Future research may settle this question, but currently it is one of the great unsolved problems.

Therapists may range from indignation to squeamishness in their reactions to the notion of deliberately manipulating the patient as presented in the section on directive therapy. I would caution those who have not tried the kind of techniques Haley describes, or that I have described in another publication,^{*} to either try this kind of intervention or speak to a friend who has weathered such an encounter. When Freud discovered transference, he discovered that the patient and therapist were involved in an interactional game that required skill on the therapist's part if both he and the patient were to benefit by the encounter. If the therapist is genuinely interested in helping the patient, and if he is experienced so that he can bring his skill to bear in at least a partially predictable way, then the style of the game he plays with the patient can vary widely and still be helpful. Therapy becomes manipulative, in the opprobrious sense of this term, only when the therapist is using the patient for various covert financial and/or power reasons that have little to do with the patient's best interests.

It is an honor to have been asked to write the foreword to this book—especially since I believe it to be unique. We have all been in need of it for some time.

DON D. JACKSON, M.D.

^{*} *Contemporary Psychotherapies*, edited by M. Stein. Free Press, 1962.