Remembering Jay Haley

Michael D. Yapko

When Jay Haley passed away quietly in his sleep on February 13, 2007 at the age of 83, the therapy world lost one of its most brilliant, enigmatic and influential pioneers. Jay’s wife, Madeleine Richeport-Haley, anthropologist and co-author of many of Jay’s recent works, survives him. He is also survived by his three children, four grandchildren and one great-grandchild.

Providing some facts about Jay’s life is the easy part of this tribute. The more difficult part is helping readers get to know the extraordinary man behind the achievements. Jay was born in Midwest, Wyoming on July 19, 1923. He moved to California at the age of four, grew up and served in the Army, then went to UCLA where he researched films. His research led him to seek out anthropologist Gregory Bateson, the only person he was aware of doing the kind of film analysis that interested him. While Jay was working on his Master’s degree at Stanford, Bateson received some grant money to study communication and hired Jay as well as John Weakland to work on the project. Between 1953 and 1962, Bateson, Haley, Weakland, Don Jackson and William Fry conducted groundbreaking research into the nature of communication processes, especially paradoxical communications and the role of context in making meaning. The team developed the controversial Double Bind Theory of Schizophrenia and developed an elaborate communications and systemic foundation for viewing mental illness. This was revolutionary thinking at the time, and directly led to the development of the field of family therapy. He was the founding editor of Family Process, the first journal in the field of family therapy. He was also the co-founder of the Family Therapy Institute of Washington, D.C.

The notion of symptoms as interpersonal tactics gave rise to strategic therapy, which Jay developed, taught and wrote about prolifically, influencing therapists’ ways of thinking about the process of psychotherapy in profound ways.

For newcomers to the field and those who never had the chance to meet or study with Jay personally, his genius will be found in his many books and video presentations. He was a prolific writer with nearly two dozen books to his credit,

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as well as many articles and book chapters. (The most recent book, *Directive Family Therapy*, is currently in press with Hayworth Press.) Maddy and Jay also produced many training films on various aspects of conducting therapy and the supervision of therapy. Even though Jay was officially retired, he was almost as busy as ever. He and Maddy were eternally mid-project, whatever the current project might be. He was also teaching at Alliant International University in San Diego, meeting regularly with a small group of therapists-in-training.

Jay’s enthusiasm for the merits and intricacies of therapy never waned, even when his keen insights were channeled in the direction of being a sharp-tongued critic of some of therapy’s silly foibles. In some ways, it was Jay’s ability to see the innate contradictions and incongruities within the field and articulate them with a dry wit and mischievous style that endeared him to so many clinicians literally all over the world. In 1969, Jay published a paper in the *American Journal of Orthopsychiatry* called “The Art of Being a Failure as a Therapist.” He described ways to fail, including advice on dismissing the presenting problem as unimportant, refusing to treat the presenting problem, and using labels that don’t translate into good therapy. He described exactly what he saw too many therapists doing, prodding professionals in ways that time has subsequently shown them that he was right to do. He was a man ahead of his time - and was thereby the catalyst for the development of modern, outcome-oriented therapies.

Jay’s list of friends and admirers reads like a *Who’s Who* of the therapy world. He had a very special relationship with Jeff Zeig and The Milton H. Erickson Foundation, having been the pivotal person to catapult Milton Erickson’s work into a high orbit with the publication of his 1973 book, *Uncommon Therapy: The Psychiatric Techniques of Milton H Erickson, M.D.* Jay’s strategic family therapy orientation and developmental perspective were deeply embedded in the book, and sparked the enthusiasm of generations of family therapists, goal and solution-oriented therapists and practitioners of hypnosis. Jay loved getting cards and letters from therapists, which he regularly did, who gushingly told him the only reason they became therapists was because of that book. (When I told him not long ago that I still read it every year just to remind myself what genius is about, he quipped he thought everybody should read it every year—and buy a new copy each time!)

Jay was the first recipient of the Milton H. Erickson Foundation’s Lifetime Achievement Award, and in 1999 The Foundation organized a festschrift for Jay. To hear Salvador Minuchin describe his long and distinguished involvements with Jay, as well as recollections offered by other valued colleagues and friends, was a thrill. If you want to get a sense of the company he kept and the extent to which people admired and loved Jay, you can get the published proceedings of the meeting in the book edited by Jeffrey Zeig called *Changing Directives: The Strategic Therapy of Jay Haley* (2001). The following interviews were published in this book, and the first of the two interviews was also published in the *Erickson Foundation Newsletter*. These are reprinted here with the kind permission of The Milton H. Erickson Foundation.

**Background**

Jay Haley is one of the most influential figures of all time in the field of psychotherapy. The occasion of this festschrift in his honor provides us an opportunity to acknowledge his enormously valuable contributions, especially his helping us to understand problems in interpersonal terms and the value of intervening actively and strategically for our clients’ benefit.
Haley has written 19 books on therapy, including *Strategies of Psychotherapy, The Power Tactics of Jesus Christ, Uncommon Therapy,* and *Learning and Teaching Therapy.* He was also the founding editor of *Family Process.* Haley’s books have been translated into dozens of languages, and he continues to be invited to present his ideas all over the world.

Haley was the first recipient of the Lifetime Achievement Award of the Milton H. Erickson Foundation. His analysis and presentation of Erickson’s work were instrumental in making Erickson’s ideas and methods widely available to the mental health profession.

At the time of the first interview with Michael Yapko, Haley was Co-Director of the Family Therapy Institute of Washington, DC, a leading training center in strategic and interpersonal approaches to family therapy. The interview was conducted at the Fourth International Congress, held in San Francisco in December 1988. It was published shortly thereafter in the *Erickson Foundation Newsletter,* then under Yapko’s editorship. At the time of the second interview, just over 10 years later, Haley had recently married anthropologist Madeleine Richeport-Haley, and moved to southern California. The second interview was conducted in Haley’s home in January 1999.

Haley is a modest man with some strong opinions. His dry wit and ability to sense and articulate the ironies of the therapy business are simply unparalleled.

Part 1

YAPKO: I’d like to get specific biographical information about you, including when and where you were born, your early years, and the things that led you to develop your interest in psychotherapy.

HALEY: I was born a long time ago! (Haley laughs.) I was born in Midwest, Wyoming. I moved out to California when I was four years old. I went through the Army, then went to UCLA, and I got involved in research on films. I looked up Gregory Bateson because he was one of the few people to analyze films. He had analyzed German propaganda films. We got into an argument about a film, and he hired me for his project. I was doing my Master’s at Stanford at the time, and was doing my dissertation on film. He had just received some grant money on the subject of communication. He hired John Weakland, who, as a film researcher, studied Chinese film, among other things. So, we started that project and studied all kinds of behavior, including animal behavior and so forth, and then we got involved in studying schizophrenics and their communication. That seemed a good way to get funded, so we got a grant. That led to the “double-bind theory” and family therapy.

YAPKO: That’s a lot of ground you just covered in a pretty short period of time! What was the turning point for you in terms of making a leap from film analysis to therapeutic communication?

HALEY: Well, I was very interested in the Freudian metaphors of movies at that time. One of the reasons that Bateson and I argued is that I didn’t think he’d taken seriously the castration issue in the film he was studying. It was about a young boy with a knife - an interesting castration idea - and Bateson wasn’t supporting it. But, anyhow, he hired John and me to investigate looking for paradoxical communication. One day a resident said that if we were interested in communication, I ought to talk to a patient of his who was a “word salad” schizophrenic. We became fascinated by his communication and began to study it.
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We were housed in the VA Hospital, but we weren’t studying psychological material from the hospital; we were studying animals at the zoo, training guide dogs for the blind, and ventriloquism. And once we started with this patient, we began to deal with some patients from the hospital. This first schizophrenic I interviewed was a migratory laborer with a third grade education. I remember asking him what his mother was like, and he said, “Skinny as a wolf, tricky as a cat with a long tail like a scorpion that stings.” That’s pretty good! I saw him every day for five years. That’s how we did therapy in those days. I finally got him out of the hospital.

Then John and Bateson started with patients. Bateson was the hospital ethnologist and his job was to deal with minorities. Some anthropologist had visited a VA hospital in Los Angeles and saw an Indian and began to talk to him and told the staff he wasn’t crazy, he was just acting like an Indian! So, the VA decided they should have an anthropologist or an ethnologist in the VA hospital. So, they had one in Los Angeles, and Bateson was the one in Menlo Park. That was his job, dealing with minorities. The primary minority there was Irish. That’s what got him into alcoholism because many of them were alcoholics. The project began in 1953 and in 1956, we published the “double-bind” paper. I had published one other paper on paradox in therapy in 1954, so we had two papers in four years. Then, from 1956 to 1962, we published 70 publications, including a couple of books. All of a sudden, we started writing and everything began to make sense! It was a very productive project; we were together 8 hours a day for 10 years. John Weakland and I just did a videotape conversation with each other about working with Bateson. We called it Remembering Bateson.

The way we got into family therapy was when I was seeing a patient who thought his stomach was full of cement. I remember saying to Erickson, “I have this patient who thinks his stomach is full of cement. How would you deal with him?” Erickson said, “I’d go over to the cafeteria and check the hospital food!” I thought that was too superficial a response. But, later when I checked the hospital food, it was pretty bad! Erickson was so practical at times. I had been interested in the oral aspects of the patient and the symbolism of his mother’s milk and all that. It was an oral period in psychiatry. Anyhow, I was seeing this patient and every time his parents visited him, he would fall down on the hospital grounds in a faint and couldn’t get up. Then the parents would call the ward. The ward would send an aide over, and the aide would say, “Get up.” The patient would get up and go back to the ward. But, he couldn’t be with his parents for more than a few minutes! Yet his idea was that when he got out of the hospital, he would have to go home and be with his parents. I wondered how he could go home with his parents if he couldn’t be with them for more than 5 minutes? So, I brought the parents in with him in an interview, and he stood up against the wall like he was crucified. It was an interesting session, and it was the first family interview we recorded. I still have a recording of that one. We realized the double-bind Bateson was hypothesizing about having happened in the childhood of the schizophrenic was happening currently - if you look at the communication. So, we made a tremendous shift from etiology and childhood experiences as causal to psychopathology to the current social situation as causal. That was the family whose supposedly “psychotic” son sent his mother a Mother’s Day card which said, “You’ve always been like a mother to me.” The mother brought it with her to a session, saying, “There’s something wrong with this.” It was that
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paradoxical level of communication that interested us. So, I started seeing that family regularly for a long time, and then we all started seeing families.

YAPKO: The kind of psychodynamic training you had gotten was a framework you approached this project with, but it fell by the wayside pretty early on, it seems.

HALEY: I had picked up psychodynamic ideas not from any proper training, but from my reading. I was particularly interested in relation to fiction and metaphor and myths. I think it’s [psychoanalysis] still the best framework for analyzing fiction and myths.... So, I got involved in it that way, not in relation to therapy at all, because I wasn’t really involved in therapy. But then, when we started working with schizophrenics, we were supervised by Don Jackson. Bateson brought him in because we needed supervision. If you talk extensively to a schizophrenic, you end up doing therapy with him, and we knew nothing about how to deal with them. Jackson had been personally supervised by Sullivan and was the authority on the West Coast on schizophrenia. He began to supervise us with those patients. He brought a different view; he brought a Sullivanian view, rather than the psychodynamic view. All family therapists were influenced by Sullivan. We did a survey for GAP, when I was on the committee of 300 family therapists and almost all of them had some contact with Sullivan. He had tremendous influence, even though he wouldn’t see a family. He wouldn’t sit in a room with the mother of a schizophrenic.

YAPKO: Do you recall your first meeting with Erickson?

HALEY: Sure. He came to town to give us a workshop in 1953. We were studying anything to do with paradox at the time. I said to Bateson I had heard a hypnotist was coming to town and I’d like to take a seminar with him and see if hypnosis was interesting paradoxically. He asked who it was and I said, “Milton Erickson.” He said, “Well, I’ll call him.” That’s how I found out that Bateson knew Erickson. Bateson knew everyone. He knew every major social scientist in the field. So, he asked Erickson if I could attend, and Erickson said, “Sure.” So, I went up and took that seminar. He gave a talk to his audience of about 20 and he asked whether one of us would like to volunteer to come up and be a subject. I felt the muscle in my thigh twitch and almost pull me up to my feet! At that moment, the guy in front of me stood up and went to volunteer. But if he hadn’t, I would have gone. I never had anything happen like that before. How it happened, I don’t know. I sure felt that muscle twitch and pull me up to my feet!

YAPKO: Was your immediate reaction to him positive, negative, or neutral?

HALEY: Pretty positive. I was impressed with him. But I was also biased in the sense that Bateson liked him, spent time with him, and recommended him. He was scary. Everyone was scared of Erickson because they never knew what he was doing to influence you. He was so agile of the mind that he got bored doing any one thing, so he was always doing two or three things at once. As you’re chatting with him about a case, he was trying to get you to move a hand on a table, or turn the
other way. I remember one time, we had dinner in San Francisco, and John reached out for his glass of water and his hand stopped. He said, “Milton, I can’t reach for that glass of water and I think you have something to do with it.” Erickson said, “Would you like to have the water?” John said, “Yes.” Erickson said, “Well, you can have it.” And John reached over and took the glass of water and drank it. How he did that I don’t know. It was something he might spend 20 minutes to a half hour setting up while he was talking about other things.

YAPKO: So, your perception of his mental “play” was how he could achieve specific responses in people?

HALEY: He was constantly practicing; if he turned this way, would you turn this way? Would you go the other way? He used to say that if he went to a party in college and he could get a person sitting over here to move over there without asking them to, then the evening was a success.

YAPKO: When did you know that it was going to be enough of a focal point in your career to say the things that you said in Strategies of Psychotherapy, and then Uncommon Therapy? That was a pretty large commitment on your part to make his work so well known and understood.

HALEY: Well, that year we began to investigate hypnosis as an interesting phenomenon. In fact, hypnosis was the first double-bind we ever found. Bateson had this idea of the double-bind, but we couldn’t find one. I remember when I realized that a hypnotist was directing a person to behave spontaneously that that was a double-bind. That was a classical paradoxical conflict. So, that got us interested, and we began an investigation.

YAPKO: That was your conclusion in observing hypnosis, and it really became a framework for so much else after that.

HALEY: At that time, we were studying schizophrenia and the issues in schizophrenic families. We got interested in the question, “How did the relationship between the hypnotist and his subject compare with the mother of the schizophrenic and the schizophrenic?” because there were similarities. For example, if the hypnotist was being resisted by the subject, he would say, “I want you to resist me.” If the guy’s hand got heavier when asked to have it lighter, the hypnotist would say, “It will get heavier still.” In the same way, we should see a mother say to her child, “I want you to resist me and be independent because it will help you” when the child was already trying to be independent. So, we got interested in sequences like that to see if they were similar.

In 1955, John and I went to spend a week with Erickson and talked with him many hours about similarities with schizophrenic communication and hypnosis, such as hallucinations. Erickson thought they were different, but he’d never thought about it, either. So, we did a lot of exploring and then we came back and went over that material and worked quite a bit with it. In the material was Erickson talking about cases, and we began to realize he was doing a special kind of therapy. At that
time, there was no therapy, except that which was based upon psychodynamic ideology. There was no behavior therapy; there was no family therapy. I was very much influenced by Zen in terms of an ideology about life. Ultimately, I realized that Zen practices and Erickson’s therapy were similar in many ways. So, I could see that he had something that was an alternative to the existing therapy that really wasn’t all that successful. We went back again and again to talk to him about therapy.

In 1956, I went into practice. I had been teaching hypnosis to local psychiatrists and psychologists. I went into practice as a hypnotherapist, set up by Don Jackson, who was head of a clinic. I realized I didn’t know how to cure anyone. I knew how to hypnotize them, but not how to change them. I had a few successes that puzzled me. So, I went down and spent a week with Erickson just posing cases to him, and that’s how I began to work with him for years, going over cases: I’d say, “Now, what would you do with this kind of problem?” and he’d always surprise me. I had a woman who lost her voice, who couldn’t speak above a whisper and there was nothing physically wrong. So, I said to Erickson, “What would you do with this woman?” Milton said, “I’d ask her if there was anything she wanted to say!” His comments often came off sounding impractical, until you started to think about it.

YAPKO: When you wrote *Uncommon Therapy*, that was certainly a landmark, a turning point—I imagine, for you professionally, as well as for making Erickson so much more well-known to everyone else.

HALEY: Well, when I wrote *Strategies of Psychotherapy*, which was really the Bateson Project ideas about therapy, I decided I was through with therapy. I wanted to get out of it and do research on other kinds of things on films and families. So, I started a project researching families, experimenting with them. Then *Strategies of Psychotherapy* became popular, and people started to invite me to talk. So, I got back into therapy because I was driven to talk about it in order to make some money. That book got me established. So, the more I got into it, and the more I did more practice and began to teach, the more interested I got in Erickson and his specific kind of therapy. By that time, behavior therapy was beginning. In fact, two of the behavior therapists who began behavior therapy were Krasner and Ullman, who were in the same research building as the Bateson Project at the VA Hospital in Menlo Park.

As for *Uncommon Therapy*, I got some time off and I got enough money to spend a year writing it. I thought that would do it. Actually, it took that year and four more before I got it done. It was a tremendous job. I had to go through all the recordings of all the conversations and transcribe them. Then I had to isolate out the cases and organize them. Then I had to put them in some kind of a framework. It was a tremendous job. First, I was beginning to write things down in terms of how to handle symptoms; then finally, I fell on this idea of the family life cycle, which was a brand new idea at the time. Nobody had thought of it. I saw, then, that his therapy could fall together that way. So I used that framework and then I began to lecture about that. Now, it’s taken for granted, the family life cycle, but that was a new idea at the time.

YAPKO: The book triggered all the interest in Erickson and created the focus on his approaches and what is now known as Ericksonian psychotherapy. It eventually
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led to the First International Congress and now here we are at the Fourth (1988). How did you feel about this? Did it ever feel like a monster out of control to you? Were you glad that he was getting recognition, because it was what you helped start? Were you ever thinking that all the focus on Erickson was an overreaction? I’m really curious about what your internal experience was to all the hoopla.

HALEY: Well, the contemporaries of Erickson thought of him as the best among equals. There were a number of therapists who thought they were just about as good as he was. The younger generation of therapists think of him as “The Guru,” and think of him as magical or whatever. I’m of the older generation who thought of him as a man who knew his business as a therapist. He worked at it, he practiced it, he experimented with it, and he innovated remarkable procedures.

When I finished Uncommon Therapy, I was really into other things. I was working with the poor and with families in Philadelphia. I’d had enough of Erickson. You know, I felt that I gave a good description of his work and since that was now done, I’d go on to other things. On the Bateson Project, we studied many different therapists. Erickson was one of a number we studied, but he was the one I devoted most of my time to. At that time, Erickson wasn’t that well-known. He was still going somewhere every couple of weeks to give a seminar, but it was usually an invitation to do hypnosis. People didn’t really know what he was doing as a therapist, which was his most interesting aspect to me.

Granted that he introduced the idea of interpersonal hypnosis which is unusual, to say the least, after a few thousand years of descriptions of individual hypnosis. But it was after I began to get involved in other things and really wasn’t seeing much of him that he became “The Guru” and people began to visit him. I encouraged my students to visit him, but I was less and less in contact with him in the 1970s.

YAPKO: Address the internal feeling part of my question. Did you like it that he was gaining recognition, or not like it? Or did it not matter to you either way?

HALEY: Oh, I thought it was good that he got the recognition, not only for the field of therapy, which could use him because there’s so much that’s not so good in it, but because he worked so hard and deserved it. This man was seeing patients from 7:00 in the morning until 11:00 at night and giving seminars every couple of weeks, and was always teaching. He’s probably the most recorded therapist there ever was. He gave freely of his time with anyone who was interested in his work. He was a very dedicated teacher. So, to see him get all that recognition was great!

One of the reasons I didn’t see him so often during the 1970s is that I was feeling sad about him. When I knew him, he was a physically strong man, and very articulate. He was one of the few therapists who said it was extremely important to control your physical movement, and to control your voice. For example, you need to be able to have a slight inflection in your voice which will itself be a message. If you tell someone to “wake up” with a little questioning inflection, they won’t wake up because it’s a question. He could do the most subtle kinds of inflections that you couldn’t recognize, but the subject could tell that it was a question. What made me so sad is that when he got older he lost some of his speech because of his polio and he lost his movement. To other therapists, it might not matter, but it was so important to him.
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I remember I visited him once and said, “I would like to set up a video camera and film you in the office with someone changing the tapes. Would you be willing to do that?” He said, “No. My therapy would be misunderstood and someone would have to edit those tapes.” I didn’t say I’d edit them because I’d had enough of editing Erickson at that time. So, I said I thought it would be valuable just in terms of an archive. He said there was a more important reason: He didn’t want to be remembered as a little old man who couldn’t talk well. If he was on the video, that’s how he’d be remembered. I said, “Okay.” Then Herb Lustig, whom I knew in Philadelphia, said he was going to go and film Erickson. Erickson agreed to let him film! Once he did that, then he agreed to let other people come and film. All the films of him sitting in a wheelchair have occurred since then. There was a period when he didn’t really want that, though.

YAPKO: You have said, on previous occasions, that you regret his decision to be filmed in his later years. It really is such a sharp image of an aged Erickson, especially for people who have never seen him any other way.

HALEY: Well, it’s different. It’s a different person. I mean, he was a gracious, active guy who walked with a cane, but he was physically very active when I knew him. I think it’s a shame to remember him that way. If only there were earlier films, like the one I have from 1958 which shows him in his prime. The subject is a Stanford student. The Bateson Project brought in a cameraman and had Milton filmed talking to a young student and doing an induction. It’s not a good film because it’s a long distance camera shot, but it does show him in his prime. There’s a 1964 film, which I loaned around and will be putting a narration on because he does some extraordinary and intricate work with several women in a demonstration. But anyhow, if there were more films available of him in his 50s then showing the older ones wouldn’t matter so much. But people think of him in that way and it’s a shame.

YAPKO: Would you like to advance more of the solution-oriented type of work? What would you like to see as a part of a school curriculum?

HALEY: I think it’s like playing the piano, you have to practice it. And the earlier students start practicing it, the more they’ll have an idea of what they have to learn. When we were training people from the community to be therapists, we put them in with families within 2 weeks and they didn’t know anything, which is why we did live supervision to protect the family. But once they got in that room with the family, they got very interested in learning because they didn’t know what the hell they were doing! Whereas, if you just take a course in therapy, but you are not going to use it until 4 or 5 years from then, you really are not that involved. So I would put them into practice as soon as possible, which would probably require using older students because I think it helps if people are married and have children or at least are getting up in the late 20s or 30s.

But there’s another aspect about hypnosis—I don’t think you can teach clinical hypnosis without doing therapy. That is, I tend to think of three different hypnoses: 1) the personal hypnosis, where you go through a yoga experience or meditation experience, or whatever; 2) research hypnosis, where you’re trying to find the limits
of influence of hypnosis in various ways - in terms of deafness, color-blindness, or whatever; and then 3) there’s clinical hypnosis, where you’re trying to change someone. I don’t think that has anything to do with the other two types of hypnosis. To teach hypnosis clinically, you have to show someone how to do it with a patient and then watch them do it to a patient while you guide them in doing it. That’s how it was taught at the turn of the century - live supervision. And to teach them how to hypnotize, I don’t think means anything. It’s so different changing someone; the person’s motivation is different, the responses are different. I can remember when I went into practice and had some nice formal ways of inducing trance. I would get clients who came to be hypnotized and they’d sit down in a chair and go into trance when I said, “Hello.” I would wake them up to put them through the proper ritual! Then I realized that the setting determined how they were going to be and it really wasn’t necessary to hypnotize many of them at all! But you wouldn’t realize that if you were teaching hypnosis in a class. Anyhow, I don’t want to do therapy right now, and it’s one of the reasons I don’t teach hypnosis. I think you have to do it to teach it, and I’m trying to stay out of doing it. I think it should be included in the curriculum, but I think it has to be taught well by people who are competent clinically, not just hypnotists.

YAPKO: One of your favorite roles has been poking fun at the traditions of therapy. You like to get people to think about why they’re doing the things they’re doing, and to get them to ask the question, “What if I didn’t do it that way?” That’s a role you seem to relish.

HALEY: Well, it was so easy, really. Therapy was so dumb for so many years! I mean, for Freud to set up a procedure designed to change people and then ask the therapist not to direct them to change them in any way - that’s pretty crazy! It was set up to change people and then the analyst said, “I don’t want you to make any changes in your life during your analysis,” which would go on for years!

YAPKO: I laughed when you said that because it’s literally true! I was at the University of Michigan in a very analytical program, and that’s what they tell you, “Don’t make any life decisions for the next 9 years.”

HALEY: Yes. Don’t change; and now - let’s change! (Both laugh.) So, anyhow, it was pretty easy. It was fun, really. Years ago, I wrote that paper on analysis, “The Art of Psychoanalysis,” which was a big hit. I finally put it in Strategies of Psychotherapy to stop the reprint request. I got over 2000 reprint requests for it, which was a pain. I showed it to Don Jackson and I said, “Do you think it would harm people in analysis to read this?” And he said, “No.” If an analyst can’t handle that article when a patient brings it in, he shouldn’t be in the field! If he’s competent, he should be able to handle it. If he’s not competent, you shouldn’t protect him.” That is a sensible way to look at it, if you think about it.

YAPKO: At the first Evolution of Psychotherapy Conference (1985), you made a very flat statement that psychoanalysis is dead. And obviously, many people don’t see it that way. For the people who invest years in trying to understand things like
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the psychodynamics of borderline personality disorders and other personality disorders, what would you say to them about those things?

HALEY: It’s a waste of time. I’d say it’s a fashion problem. You didn’t hear about borderline personalities 6 or 8 years ago! It will be around for a few years or so, and then it will go away just like “schizoaffective states” and other such diagnoses. They’re really just talking about difficult people. You could define a borderline as halfway in the family and halfway out, but it’s not a diagnosis that leads you into an operation of any kind. It isn’t a good diagnosis. I think it’s wrong for them to take young people, call them “borderline,” and lock them up in hospitals until the insurance runs out, which is what they’re doing. I think those private hospitals, and there are 85 of them in one chain alone, are corrupting the therapy process. Therapists can’t get jobs doing therapy, so they go to work in one of these hospitals, then they try to do something with these families and they can’t.

Then, they get bitter or they feel as though they’re selling out in some way. And those hospitals make so much money! I just gave a talk at one, and the psychiatrist I was with said, “This is a non-profit hospital, but it has 12 million dollars in the bank!” They’re doing very well indeed.

YAPKO: In the same way that you, in essence, rejected the diagnosis of borderline personality, are there other diagnostic categories that rub you the wrong way? Another fashionable one, for example, is multiple personality disorder.

HALEY: Erickson was an enthusiast of that.

YAPKO: Was he?

HALEY: Well, usually he would only talk about two. I spent a lot of time talking to him about dual personalities.

YAPKO: And he meant it in the literal, multiple personality way - full dissociation?

HALEY: Yes. Only he didn’t think of it as pathological. They are two different personalities in the same body, was his view. I think I cut that out of Conversations with Milton H. Erickson. Diagnosis is an important issue. No one can cure a school phobia, but you can cure a school avoidance. And that slight shift in diagnosis makes the whole difference in therapy to me. I think the more terminology goes that way, the better it is. With schizophrenics, I tend to define them as either troublemakers or apathetic. The troublemakers are easier, because they force everyone to deal with them, the family, the community, everyone. The apathetic ones just sit in their living rooms and grow beards. Those are very difficult people to change, because the family is stable with them like that, and to get the family organized to do something about them is hard. So, I tend to think of them as easy cases or hard cases rather than whether it’s this kind of schizophrenic or that kind of schizophrenic.

YAPKO: Are there any that you’ve grouped into the “impossible” category? Are there any categories of disorder where you feel you simply cannot do anything
with the individual?

HALEY: Well, I can’t think of one. Certainly not on the basis of any category because the category isn’t the person. And you’re dealing with the person - not a set of ideas. But we don’t turn anyone away. Really, I think the difficult cases are, in terms of the diagnosis of the individual, the people most involved with the professionals. The trouble with dealing with a schizophrenic is that you have a lot of colleagues you have to deal with. The trouble in dealing with addicts is you have the courts to deal with. If you’re dealing with a sex abuse case, which could be relatively easy to solve in the family, you have the protective service agencies involved who have a whole separate set of ideas from yours. So, the most difficult cases are in relation to colleagues - they’re not in relation to the type of pathology.

YAPKO: Colleagues aside, a lot of people are going to hear this as, “...if you’re a competent therapist, you’ll be able to cure anybody.” Do you mean that?

HALEY: If you’re a competent therapist, you’re going to win some and lose some! (Haley laughs.) It doesn’t mean they’re incurable, it just means you haven’t found a way to cure them!

Once, I was talking to Erickson about manic-depressives, which was a rare diagnosis in those days. When we got Lithium, everyone was a manic-depressive because the diagnosis goes with the medication.

But in those days it was very rare. And he had a friend who was manic-depressive. I’m pretty sure that he said he was incurable, and that he could only help this guy be the way he was. I was speaking to Don Jackson about that one day, and he said, “Well, that doesn’t mean manic-depressives are incurable, it means Erickson’s approach doesn’t cure it.” It hadn’t occurred to me that Erickson’s approach could be limited in some area, because I was so admiring, you know? But Jackson was absolutely right! The way Erickson thought about manic-depressives prevented him from solving their problem. I think that’s the way it is; the therapist can fail for a variety of reasons, but that doesn’t mean the person is incurable.

YAPKO: Well, here is the last question. What does the future hold for Jay Haley?

HALEY: My problem is that most of what I’m doing, I’ve already done! I’m teaching, and even teaching what I’ve already taught! I’d like to do something different and interesting. I’m beginning to struggle with a play, a play on “The Looking Glass,” the one-way mirror. But other than that, I just go on doing the job of teaching, doing workshops and figuring out variations on this theme.

YAPKO: All right, let me lock down the biographical information. You got your Master’s at ...

HALEY: I got a B.A. in theater from UCLA, then I got a B.L.S. in library science from the University of California in Berkeley in order to work my way through Stanford. Then I went to Stanford and got an M.A. and struggled for a while to get my Ph.D. Then I got more and more involved in research and Bateson, and I never went back.
YAPKO: And the M.A. was in psychology?

HALEY: Mass Communication.

YAPKO: Any other relevant information you want me to include in this? Is there anything that you wished I would have asked, and didn’t?

HALEY: Nothing I can think of. I chose to be a respondent and just respond!

YAPKO: I appreciate you taking the time, Jay. Thanks for the interview.

PART II: 10 YEARS LATER (1999)

YAPKO: It has been almost exactly 10 years since our previous interview. I’d like to begin by asking you to provide a synopsis of the significant events that have transpired in your life in the interim.

HALEY: Well, I moved from the East (Washington, DC) to the West (La Jolla, California) and I got married. That’s quite a move!

YAPKO: Let’s talk about the festschrift in your honor taking place later this year. How do you feel about the fact that you have distinguished colleagues from all over the world coming together to pay tribute to your work?

HALEY: Actually, I’m embarrassed by it. I’ve put off doing it for a couple of years. It’s not that I’m overly modest, but it is awkward for me to have people talk about my merits. This is particularly so when I’ve been in opposition for so many years.

YAPKO: Recently, Salvador Minuchin wrote an article in the Journal of Marriage and Family Therapy asking where the family therapy was in many approaches that declare themselves to be family therapy. First of all, do you think that he was right? And, more generally, can you comment on the status of family therapy today?

HALEY: I think Minuchin was absolutely right. He was just presenting what an intelligent family therapist would present, and adding his unique views. Some family therapy spokespersons behave as if they haven’t ever done family therapy. I started to do a parody of their comments on Dr. Minuchin, but it was so difficult that I gave it up. There is something about the way they present their views that is already a parody. I think Minuchin did a good job for the field and did it very gracefully.

YAPKO: And the status of family therapy today?

HALEY: Family therapy continues to expand and to get more rigidified. I think the organizations have gotten tighter and require more extreme things in order to be a member. But, I was never an enthusiast about organizations for therapy. I don’t like it when a person in Texas must decide whether a person in Maryland can be a therapist or not. I’ve always preferred that people do credentialing, where each state handles its own therapists.
I think the state of family therapy is still developing, but it still has a number of
people trying to haul it back into an individual theory. I think the problem is that
most teachers are still trained in doing individual therapy, and they try to draft the
theories of family therapy to fit an individual model.

For example, family therapists who are competent usually can’t make any sense
out of group therapy. That’s just individual therapy performed on a small group of
individuals. Yet, that approach is becoming more popular, perhaps because most
compulsory therapy now requires a group. People not only get forced into a group,
but a group for 12 sessions or 52 weeks, whether they improve or not. Whatever
happens to them in the group, they have to continue to go for 52 weeks. Either they
do that, or they go to jail. I think that’s a bizarre kind of therapy.

YAPKO: Much of your professional life now revolves around working with your
wife, Maddy (Madeleine Richeport-Haley), on producing videos of therapy
sessions. Why is this such an important focus for you right now?

HALEY: Because I think people learn best from studying successful therapies.
Writing about them isn’t the same as showing them. Family therapy is so dramatic
that it’s exciting to observe. Individual therapy tends to be dull to sit and watch,
but if you put a family into live supervision, they come to life - both the observers
and the family - especially with a one-way mirror as a part of the process. Also, I’ve
always been interested in films, and this is one meaningful way of working on them.
Maddy and I have made documentaries on Erickson, family therapy, and on Bali.

One of the things we’re working on now is a film on supervision. We’re shooting
what happens behind a one-way mirror as the family therapist comes in and goes
out and communicates during the therapy. It’s an interesting task to try to make
sense out of supervision. The film is about how to teach family therapy, or any
therapy for that matter, and can accompany my recent book, Learning and Teaching
Therapy.

YAPKO: You don’t seem to be talking much about hypnosis these days. The last
time that we spoke, 10 years ago, you said that you really have to do hypnosis in
order to teach it, and if you’re not doing therapy, you won’t teach it. Why does
hypnosis merit special exclusion from your teaching?

HALEY: I think hypnosis was best taught by observing someone doing it. When
therapy went confidential, that stopped. But, then it came back with the one-way
mirror. I’ve done some interesting things now with a trainee doing hypnosis in a
therapy room while I call in from the observation room and make suggestions.
Doing that doesn’t seem to interfere with the hypnosis induction.

YAPKO: So, the premise of my question isn’t accurate. You are, in fact, still teaching
hypnosis?

HALEY: Occasionally, yes. And, if I was in practice, I would still use it. But, I feel
that you have to adapt whatever you do for the case that comes in. Some cases are
appropriate for using hypnosis and some are not. For example, if you have a family
structure that is a mess, and you’re trying to straighten it out, hypnosis isn’t going to be the easiest way to do that.

YAPKO: The festschrift presents an opportunity for you to look backwards. What stands out in your mind as being your most significant contribution to the field?

Haley: I think my most significant contribution is breaking therapy down to a practice of specific skills - of simple ideas, skills and techniques. This is quite different from the non-directive ideology the field had when I first got into it.

YAPKO: What are you most proud of in terms of your contributions?

Haley: I’m most proud of my books, naturally.

YAPKO: Which of your books are you most proud of?

Haley: Well, it’s hard to say because they were all done under different circumstances. I think *Uncommon Therapy* has turned a lot of people around in therapy, or changed their ways of doing it. But, my earlier book, *Strategies of Psychotherapy*, was the first introduction to the idea that you can describe therapy as more than one person in the room, as Harry Stack Sullivan had proposed.

YAPKO: Are there any things you wrote that, now when you look back over them, you feel you were wrong about or perhaps regret having written?

Haley: You know, it’s interesting you ask that. I’ve thought about how I’d answer that question if someone were to ask it of me. I don’t regret anything I wrote. When I look something over I’ve written, I see something which others now take for granted. But, at the time I wrote it, that certainly wasn’t so. Sometimes when you write something, later you’re sorry you ever put that into print. But, I just never had that happen to me.

YAPKO: What would you say is the most commonly held misconception about Jay Haley?

Haley: I would have no idea. I’m always surprised that there are any misconceptions of me.

YAPKO: Well, as I said earlier, a festschrift presents an opportunity to look backward. But, it also presents an opportunity to look forward. What do you look forward to in the years to come?

Haley: Surviving.

YAPKO: A rather modest goal ... (Both laugh.)

Haley: I would still like to do something that I never really did before. I have the
idea that we haven’t really properly described communication among human beings in terms of the literal, the metaphorical and the variety of communication compulsions people act out. For example, a married couple seems to follow rules that require them to behave in certain ways. Those rules have never been properly translated, in my opinion. Dr. Don Jackson tried to do that. [Note: Wendel Ray is now publishing the complete works of Jackson.] The fact that some of the rules just arise from the nature of communication is an area I would like to explore. I’ll get to it one of these days, I hope...

YAPKO: The climate for the mental health profession has changed pretty radically over the past few years. I’m sure you hear a lot about managed care, and I’m sure you hear a lot about the desire for empirical validation of each treatment modality. What do you think about these kinds of changes that have taken place? Do you feel that this is a progressive series of steps for the field, or do you feel that we might be hurting ourselves with unrealistic expectations or an inappropriate emphasis?

HALEY: I think we should send all the managed care people to social work school! Something should be done with them because to have business people determining how therapy should be done, and for how many sessions, seems bizarre. But, with all the years that have been spent studying therapy, I think that a managed care system could have some positive things about it, too. I think many therapists have no idea how to do therapy. They sit there in therapy and listen to someone for months or more. Now, therapists have to know how to formulate a problem, make an intervention, and then they have to check their results - or their results will be checked for them. So, some ideas of managed care are good. But, at the same time, when you have businessmen deciding on treatment they’ll choose what is cheapest, and what is most profitable, and that may be hiring the cheapest therapists who may be the most inadequate.

YAPKO: Do you think that family therapy has held up well in the research?

HALEY: I don’t know. I don’t read enough on family therapy in the research literature. I think there were some interesting problems being researched 20 or 30 years ago, some of which I hope are still being explored in the universities.

Researchers can still question whether a family with an abnormal member has a different structure than a family with all hypothetically normal members. It is never a question that has been satisfactorily answered. Yet, family therapy is built on the idea that if there is a different family structure, that is the problem. There is still a lot of research to be done in family therapy. To be honest, though, when I look at the family therapy journals, I have to search for something that is particularly interesting or relevant to therapy.

YAPKO: Your wife, Maddy, is an anthropologist. She looks at cultures and cultural issues from a very different perspective than a family therapist might. What kind of influence do you think Maddy has had on your way of looking at families?
HALEY: I’ve become increasingly concerned with issues of ethnicity because of Maddy’s influence. Also, my interest in the healers of the world has increased greatly because of her interest in the topic. We went to Bali together and were able to watch healers at work. It was very interesting to see how much of what they were doing could be translated into the same kinds of things we are doing. For example, they will deal with the family while focusing on an individual very similarly to the way things are done here.

There is a variety of ethnic groups that therapists have to be familiar with. Hopefully, they’ll speak English, but even if they don’t, we learn to work with translators. I know of a school that had an “Ethnic Day,” and there were 187 ethnic groups represented in that school! With so many different styles of life in the world, a therapist is never going to be an expert on all of them. But, hopefully, we can find ways to understand particular groups well enough to help solve their problems.

YAPKO: You talk about diversity. The therapy field itself has gone through an enormous diversification. There are literally hundreds of therapies now, even some therapies that can only be described as fringy and esoteric, such as people who are doing past-life regressions with their patients. Are you a fan of this level of diversity, or do you think perhaps we have been too lenient in letting certain practices be allowed to flourish?

HALEY: I think we have been too lenient in many ways. One of the problems is that there is no longer any orthodoxy in the field. When there is no orthodoxy, you can’t be a deviant. So, what used to be condemned as deviance years ago is not being condemned now. If they do something a little different in therapy, they immediately form a school with powers of influence, rather than saying it is just one more technique that a therapist should be able to use when necessary.

YAPKO: The Milton H. Erickson Foundation is going to be celebrating its 20th anniversary this year (1999). In large part, the work of Milton Erickson came to the forefront of people’s consciousness because of you. This celebration is a major contribution of yours as well.

HALEY: I think that’s probably true, but it isn’t only my contribution. John Weakland and I did much of our exploration together. Also, Don Jackson taught us a lot about therapy that paralleled what and how Erickson taught.

I think a lot happened in the 1950s. Therapy became more social and began to change and transform. Things are still changing, and we are still exploring. I think the most important idea that came in this century was that the individual wasn’t the appropriate unit of study, rather it’s the individual and others together. As Gregory Bateson said, “The mind is outside the person.”

YAPKO: What about the view that says it’s not only the individual that we should study, but even more reductionistically, the individual’s biochemistry? People seem enthralled with biological explanations of behavior.

HALEY: I’m not an enthusiast for attributing so much to an individual’s biochemistry.
Jay Haley

I think that it is important for certain problems, but I think that the overselling of medications is one of the worst problems in the field, and it is getting worse all the time. Some psychiatrists now don’t even seem able to talk to people - they only listen to decide which medications to prescribe. It’s a shame. When I was younger, psychiatrists used to get the best clinical training. But now, that’s no longer so. They don’t seem to seek out or get the best training. You don’t often find them at workshops on therapy, nor do you find them doing research on therapy. Things have changed.

YAPKO: This festschrift marks a very significant occasion celebrating your lifelong contributions to the field. Even though you are slightly embarrassed by it, I hope that you will revel in it, enjoy it, and really have a great time. Thanks for everything that you have done, and thanks also for doing this interview, Jay.

HALEY: Thank you!