

CHAPTER III

THE STRATEGIC APPROACH OF JAY HALEY

1. INTRODUCTION

Bateson, Jackson, Weakland, and Haley had studied the communication patterns of families with a schizophrenic member. The result of this project gave rise to the double-bind theory of communication within the families of schizophrenic patients.

In 1962, Haley joined the “Mental Research Institute” (MRI) in Palo Alto, California. He was also the first editor of the journal “Family Process”¹⁾.

During the 1960’s, Haley left MRI and collaborated with Salvador Minuchin at the Philadelphia Child Guidance Clinic ,where he was strongly influenced by the structural approach.

Since 1967, Milton Erickson has played an important role in Haley’s forming. Erickson was especially known for the use of hypnosis and paradoxical interventions in therapy.

Haley is viewed as a family therapist who had developed his Strategic approach from communication theory. He is also known as the person who rejected the term schizophrenia, along with a genetic and biological explanation of it.

2. ESSENCES OF THE STRATEGIC APPROACH

2.1 Introduction

Haley²⁾ has distinguished four elements of communication: a sender, a message, a receiver, and a context within which the communication occurs. These four elements are always present in functional communication. During all communication, relationships are defined, and within a relationship, it is impossible not to

communicate. If a person tries to not define the relationship, one of the elements of communication is denied³⁾.

According to communication theory⁴⁾, it is impossible for a person not to communicate. During communication, relationships are also defined: "...It is impossible for a person to avoid defining or taking control of his relationship with another"⁵⁾.

Defining relationships and controlling this defining are important aspects of Haley's theory and therapy.

2.2 Communication and metacommunication⁶⁾

During communication, content is conveyed to a person, and the way it is communicated qualifies that content. Thus, how something is said, determines how what is said must be interpreted and, hence, defines the relationship between the sender and the receiver of the message. A verbal message, "I am glad to see you" is qualified by facial expression, tone of voice, etc. This metacommunication which qualifies the verbal message, can confirm the message, in which case the message is congruent. Consequently, the relationship between the two persons is clearly defined.

An incongruity arises if the communication and the qualifying metacommunication do not agree. This contributes to an unclear definition of the relationship between the members.

Incongruent communication results in unclear relationships and disturbed ways of mutual control of defining these relationships. Incongruent communication is an important characteristic of dysfunctional families⁷⁾.

During the interactional stage of the first conversation, the structure and hierarchy of the family can become visible through observing the sequence of interactions within a family.

2.3 Control of defining the relationship

Haley⁸⁾ believes that a power struggle arises about who is in control of defining the relationship if the receiver of the message is not

pleased with the sender's definition of the relationship. This power struggle is defined as "...the struggle to control the definition of the relationship,"⁹⁾ and not as a power struggle "...to control the other person"¹⁰⁾.

For example, by his/her very actions, a person who acts as if he/she is helpless, defines the relationship in which he/she will become involved, i.e., as one in which he/she makes him/herself dependent on the other person.

Haley¹¹⁾ distinguishes symmetrical, complementary, and meta-complementary relationships. In a symmetrical relationship, the persons are on a relatively equal footing regarding the power, and status of each member. In a complementary relationship, there is mention of inequality. For example, in the case of a professor and a student, the former is in a position of power, and the other is in a subordinate role.

In a meta-complementary relationship, person A will act helpless, and person B necessarily will take the lead, and responsibility within the relationship. By his/her action, person A puts him/herself in a secondary position, while, at the same time, he/she is the one who defines the relationship and, thus, is also in the superior position.

If two persons have defined a relationship, they will try to maintain it, as defined, through mutual control. Should person A try to redefine an already defined relationship, person B, by controlling the definition of the relationship, will try to stabilize the relationship [as it is].

According to Haley's First Law of interpersonal behavior, as explained above, it is accepted that a family will attempt to negate a therapist's therapeutic attempts because they clash with the *status quo*¹²⁾. The strategic approach is characterized by paradoxical procedures, where a family is encouraged to intensify the existing (problematic) behavior.

The double-bind theory is described by Bateson, Jackson, Haley and Weakland¹³⁾ as a paradoxical communication which arises in the family of a schizophrenic, and which avoids defining relationships.

The parents avoid defining their relationship with their child, and [then] it is impossible for the child to define his/her relationship with his/her parents¹⁴⁾.

2.4 Hierarchies and triads

Haley¹⁵⁾ emphasizes the existence of a clear hierarchy within a family. It seems that a hierarchy is present in each family, but that it can be specific to each structure. A hierarchy is maintained by all participants.

A family has a complex hierarchy because of the divergence of skills, intelligence, etc. The most general hierarchy involves the different generations within a family¹⁶⁾.

In the Western World, the status and authority of the grandparents seems to be less than that of the parents. In nuclear families, grandparents are placed in the role of advisers, and the parents occupy a position of authority. In contrast to this, the grandparents in a traditional family in Asia, have more authority than the parents.

Each family must clearly define for itself the aspects of hierarchy and authority. Haley¹⁷⁾ concludes that, if an individual has a symptom, it reflects an unclearly defined hierarchy within the family.

This disorganization arises because of the lack of clarity of the positions of the family members, or because of coalitions which are formed across the boundary of the hierarchy. Two family members on different levels of the hierarchy form a coalition against a third person, e.g., if a father forms a coalition across the boundary of the hierarchy with his son against the mother.

When a hierarchy is unclearly defined, a power struggle can develop to acquire clarity regarding the hierarchy.

Haley¹⁸⁾ mentions the case of a child who had shown outbursts of anger. In terms of an unclear hierarchy, it can be observed that the

mother takes the lead and, at the same time, she treats her son as her equal or peer.

Haley shows a positive correlation between an individual's symptom and the extent to which the person is involved in dysfunctional hierarchies. For example, in a family with a psychotic child, it appears that the grandparents overstep boundaries, and are involved with the family, the parents are in conflict about their child, and the psychotic child is protected by an over responsible child (parental child); this comes between the two, if the parents and the patient are involved in a conflict. The boundary and hierarchy in the family are vague and this has created great confusion.

2.5 Sequence of interactions

One way in which the hierarchy within a family can be analyzed is through observing the sequence of interactions. By observing the sequences within which persons participate, the organization and hierarchy can be evaluated.

An example of such a sequence of interactions is described¹⁹⁾:

1. The child shows difficult behavior.
2. The mother intervenes to punish the child.
3. The grandmother, in her turn, again accuses the mother because she treats the child so hardheartedly.
4. The grandfather chooses sides with the child, comforts him, and the mother completely distances herself from the situation.
5. At a certain stage, the grandmother feels that she no longer has control over the child and accuses the mother of not fulfilling her duties.
6. The mother, once again, punishes the child, and the entire sequence of interactions repeats itself.

A therapeutic aim in the above case would be to repair the hierarchy by changing the repeated rigid sequence. The mother must apply the discipline, and the grandmother must move to the

periphery, while the individual members' needs for autonomy and care must be more effectively met.

“Pathological behavior appears when the repeating sequence simultaneously defines two opposite hierarchies, or when the hierarchy is unstable because the behavior indicates one shape at one time and another at other times”²⁰⁾.

2.6 The dysfunctional family

A family has a lifestyle and goes through specific stages of development²¹⁾. According to Haley,²²⁾ a functional family does not experience problems with flexibility regarding the changes which occur. However, the more rigid the family, the more pathological or dysfunctional it is. In a functional family, a child learns to have symmetrical and complementary relationships, while he/she also has a clear definition of relationships and learns to communicate congruently. A child who is initially very dependent, systematically becomes more independent, and later leaves the home to form his/her own family. If a family cannot deal with internal and external changes, the family as such becomes rigid and pathological, and not the individual.

2.7 The meaning of the symptom

In agreement with the view that all behaving is communication, and that there is control over defining a relationship whenever something is communicated, a symptom is seen as a way of maintaining control over the relationship²³⁾.

Haley²⁴⁾ mentions the example of a woman who was an alcoholic. Despite the humiliation and hardship which the excessive drinking creates, she has controlled the relationship with her husband through the symptom. He can't upset her, can't make a date with her, and can't leave her alone for fear that she possibly will drink. She denies this control she exercises with the defense that she is not responsible for her actions.

“The primary gain of the symptomatic behavior in a relationship could be said to be the advantage of setting rules for that

relationship. The defeat produced by symptomatic behavior is that one cannot take either the credit or blame for being the one who sets those rules”²⁵⁾.

From this approach it appears that the symptom/problem of the individual is an activity which communicates something to a therapist and has a function within the interpersonal network [of the family]. According to Stanton²⁶⁾, by means of the symptom, an individual regulates the transactions and interactions within the family, with the aim of maintaining homeostasis.

Haley²⁷⁾ explains how the function of a symptom is observable in a family with a disturbed youth. The social function of the symptom implies that the youth’s behavior is a way to help the family members stabilize their behavior. In a family where, e.g., there is dysfunctional communication, and where marital problems appear, and the family is close to the “empty nest” stage, because of their problems, the youth might be allowed to remain in the family. The problem compels the family members to stabilize [their behaviors] within their established pattern. The function of the problem is that the parents can communicate through and about the child and avoid their own problems.

The symptom also has a metaphorical function²⁸⁾. For example, stealing, as a symptom, can be a metaphor for dishonesty in the family, or aggression by a youth can indicate a problem within the family of dealing with aggression. An attempted suicide by a youth can refer to relevant problems such as a murder, or a death²⁹⁾.

A therapist must be able to understand the “function” and significance of the symptom.

Madanes³⁰⁾ explains that psychopathology in children is an indication of incongruities in the hierarchical organization of the family. Although the parents ought to be in the position of authority, a child with problems is placed in an exceptional position. Parents must be careful not to expect too much from their child, to lessen tension, and to continually refer to their child’s actions. Thus, a child acquires a position of power in the family.

From information acquired from studies of families, Madanes believes that a child's problem is a way of giving metaphorical expression to the parents' problems, and symptoms.

“Whether a child's behavior provokes helpful, protective, or punitive acts from the parents, it focuses the parents' concern on him/her and makes the parents see themselves as parents of a child who needs them, rather than individuals overwhelmed by personal, economic, or social difficulties”³¹).

“The more the parents attempt to change the child's behavior, the more the function of the child's protectiveness is maintained”³²).

The effect which the symptom offers protection to the parents is to sometimes prevent the parents from finding a solution to their own problems.

If a child's problem expresses the parents' underlying problems metaphorically, it is necessary that the parents deal directly with this problem in such a way that the child's symptom is no longer needed as protection.

The aim of therapy, then, is to repair the hierarchy, i.e., with the parents, as authority figures, who help and protect their child, and not the child, who indirectly protects his parents. To repair this hierarchy, thus, it is important that the parents, alone, or with the therapist, solve the child's problem. The therapist must not do this alone because then he/she would occupy a higher position in the hierarchy than the parents.

A therapist starts with the assumption that the symptom is an analog or a metaphorical expression of a problem and, at the same time, it also is an attempt to solve it, although it does not offer a final solution.

A family does not need to be aware of the pattern of communication which is present. Thus, an interpretation of it to the family is not necessary.

3. THE STRATEGIC APPROACH TO DIAGNOSTICS

3.1 Introduction

A great many therapists from various approaches make use of the conversation only to diagnose the family structure, the function of the symptom within the family, the interactions, and the communication within the family.

Haley³³⁾ prefers that all persons involved in a household be present during the initial conversation. As a therapist who is going to work with strategies, Haley³⁴⁾ has structured the first conversation into the following stages:

A social;
a problem identification;
an interactional; as well as
a contract-entering and aim-determining stage.

3.2 Social stage

During the social stage the family members meet and choose their own preferred places. The aim of this stage is to put the members at ease and give the therapist an opportunity to learn to know them, and for the family members to learn to know him/her. Among other things, the therapist identifies the spokesperson for the family, the atmosphere among the members, the mutual relationship between the parents, among the parents and children, and among the children.

The way the family members organize and position themselves in the room provides information regarding the organization within the family. A therapist must be able to identify this. For example, placing the identified patient between the parents can contribute to a hypothesis about the function of the symptom within the marriage relationship. In the case of a father who moves on the periphery of the family, it can occur that during the place taking, he excludes himself from the family.

3.3 Problem identification stage

An exploration of the problem follows the social phase. Haley³⁵⁾ offers a detailed description of how a therapist begins this phase. The spokesperson for the family, who is pointed out by the members themselves during the previous stage of the conversation, is consulted first. For the therapist, the hierarchy within the family is an indication of the order in which family members must be consulted to formulate the problem.

Specific guidelines were laid down to bring about a successful problem identification phase:³⁶⁾

- (i) The therapist must not make any interpretations, or comments while the family members are formulating the problem.
- (ii) The therapist must avoid the appeal for advice at this stage.
- (iii) Facts and opinions are avoided, and not much attention is given to the opinions about a matter.
- (iv) The therapist must be attuned to helpfulness, and to the essentials of a matter.

The problem identification stage is followed by the interactional phase.

3.4 Interactional phase

During this phase, a therapist activates interactions among the family members to be able to evaluate the family's organization and structure.

During the first two phases of the initial conversation, the therapist occupies a central position, but during the interactional phase, the family members must be given the opportunity to interact with each other so that the therapist can formulate or verify hypotheses. A therapist observes the family's organization, and the sequence of activities. The family cannot describe these activities, expressions etc. to the therapist; therefore, the therapist must structure assignments (tasks) in such a way that they become discernible during the interaction phase of the conversation.

For example, an assignment given to the mother of a single parent family who complains that her daughter tells many lies, is to talk with her daughter about a specific lie which she has told. The therapist observes how this is dealt with, if the grandmother interferes, if the child is defensive, if the mother is accusative, or if the mother's inability to communicate with her child is shown.

During this phase, a therapist tests his/her various hypotheses by activating interactions within the family, and then evaluating the organization, and structure of the family.

The interactional phase, i.e., most of the conversation, is followed by [the phase of] formulating the aim, and entering a contract.

3.5 Formulating an aim and entering a contract

During this phase, the therapist has the aim of entering a contract with the family, and determining an aim of what changes must be made.

Haley³⁷⁾ recommends that the problem be used as the family has presented it, to bring about change in the family, [but] instead of this, to omit family problems if, e.g., the child needs to be protected against his/her parents. If the therapist wants to protect the child against his/her parents, the consequence can be that they more aggressively try to show their lack of guilt, and indicate that, in fact, their child is a difficult person. This prejudice against their child is continued at home.

The therapist can give a task, or assignment (directive) at the end of the session which the family can do at home before they return for the following appointment.

After the conversation, the supervisor and therapist evaluate the events regarding the influence of the therapist, and the role he/she has played, a hypothesis of the family structure is formulated, and further planning is done.

This planned and structured conversation provides guidelines to the therapist on how to acquire relevant information which is necessary

to make an analysis of the family structure and organization. This seems to be very useful, also for a beginning therapist.

4. THERPEUTIC INTERVENTION

4.1 Introduction

According to the strategic approach, a family is viewed as a complex system with various subsystems which are organized hierarchically. The organization of the problem is viewed as an analog for the organization within the family structure³⁸). By changing the organization of the problem, isomorphic changes are brought about in the total system. The symptom is used as a fulcrum to bring about change.

4.2 Tasks and assignments (directives)

“Emphasis on directives is the cornerstone of the strategic approach”³⁹). Assignments and tasks, the most important intervention of the strategic approach, implicate any input which the therapist might make with the aim of reorganizing the structure of the family regarding problems of hierarchy.

In a family in which the parents are continually interrupted by their daughter, the instructions given to the parents, are that they must carry on a conversation without their daughter interrupting. If their daughter should try to do this, can be pointed out to the parents.

The organization and hierarchy of a family can be changed by modifying the positioning of the family members. In a family where a son is overprotected by his mother and sister, and even sits between them during the conversation, the son can be placed next to the male therapist, e.g., to observe how the women resolve this, or enter a conversation with the male therapist regarding matters which do not fall within their field of interest.

The aim of the assignments and tasks is to bring about a change in interaction. Intensification occurs in the relationship between therapist and family. The therapist even remains “present” with the family between sessions via the assignment which is given.

The ways the assignments are disregarded, or executed provide additional information about the organization of the family system. Thus, it is necessary that the family report back to the therapist about executing the tasks or not⁴⁰⁾.

Should a family not execute a task assigned to it, the therapist also uses the situation to maintain control over defining the relationship. This can be done by explaining that they have let an opportunity slip through their fingers. “It is not that they have failed the therapist, but that they have failed themselves”⁴¹⁾.

Haley⁴²⁾ distinguishes between assignments and tasks which are directly focused on the reorganization of the sequence of interactions, and on paradoxical interventions.

A task and assignment directly aimed at restructuring family interactions arises, e.g., in the case of a child who has manifested arson as a problem⁴³⁾. The therapeutic aim was to improve the relationship between mother and patient, while the over-responsible child (parental child) must be excluded from the relationship. The task assigned to the mother is to teach her child how to light a fire without the parental child being present.

To formulate an appropriate task for a family, it is necessary that the therapist understands the sequence of interactions within the family and identifies the function of the symptom within the sequence. The problem and the sequence of interactions are combined with each other in formulating the task and assignment.

In addition to the above tasks and assignments which are directly focuses on restructuring a family, there are therapeutic interventions which are directed in paradoxical ways to changing the family structure.

4.3 Paradoxical interventions

“Paradox is a term for describing a directive which qualifies another directive in a conflicting way, either simultaneously, or at a different moment in time”⁴⁴⁾.

According to Haley,⁴⁵⁴⁾ a paradox is not merely a contradictory assignment (directive). It is an assignment which gives a message on different levels, such that one message qualifies the other. This occurs in the case in which the therapist gives a family member the assignment to act spontaneously. The two messages given are to simultaneously comply with the therapist, and to be spontaneous. The latter, however, is not possible if this amounts to carrying out the therapist's directive. The implication of such a paradoxical assignment is that the person to whom it is given is not allowed a choice about carrying it out.

The primary aim of a paradoxical intervention is to acquire control over defining the relationship. Thus, it is logical that this is especially useful in bringing about change in a family structure which is rigid. In such a case, the family works against such change by maintaining control over defining the therapeutic relationship. A paradoxical intervention removes the locus of control from the therapist.

In the case, e.g., of a depressive man, Haley⁴⁶⁾ gave him the assignment (directive) to pretend that he is depressive. His wife must judge if he represents this correctly. The control over defining the relationship is vested in him. By being helpless and depressive he can maintain control. The paradoxical assignment implies that, if he remains depressive, he carries out the therapist's directive. The sequence of interactions, and the struggle for defining the relationship is solved in this way.

The use of paradoxical interventions rests further on the supposition that a family will resist any restructuring attempts which directly work against the existing family structure.

Haley⁴⁷⁾ distinguishes the following stages of paradoxical interventions:

- (i) The therapeutic relationship must be defined as one that brings about change.
- (ii) A clearly formulated problem.
- (iii) A clearly formulated aim.

- (iv) A method and plan must be presented to the family and if possible the therapist must be able to provide the rationale for the method.
- (v) The person in the family who is viewed as the authority regarding the problem must be tactfully disqualified by the therapist.
- (vi) The therapist must present the paradoxical intervention to the family without any hesitation.
- (vii) During the reporting back the therapist must continually stress the paradoxical directive even in cases where the family unwillingness appears or when change begins to occur.
- (viii) The therapist must avoid taking any credit for changes that have occurred in the family.

The Milan Group, under the leadership of Mara Selvini Palazzoli, built further on the same premises on which Haley's strategic approach rests. This approach is discussed in the following chapter.

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