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JAY HALEY — PIONEER IN STRATEGIC FAMILY THERAPY

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Summary: This paper presents the figure, biography and heritage of Jay Haley (1923– 2007). He was one of the pioneers of family therapy. He worked for many years with other leading pioneers such as M. H. Erickson, N. Ackerman, G. Bateson, V. Satir, S. Minuchini P. Watzlawick, forming the foundations of contemporary psychotherapy. Together with Don Jackson and Nathan Ackerman, he founded the first family therapy journal “Family Process”. He was the director and co-creator of leading family therapy institutions: The Child Guidance Clinic at the University of Pennsylvania in Philadelphia and The Mental Research Institute (M.R.I) in Palo Alto, CA. Haley was co-Director of The Family Therapy Institute of Washington D.C. He was one of the pioneers to form the basics of strategic therapy: planning the therapy, solution oriented and short-term approach. He worked with unconscious processes that occur in families and their impact on functional or dysfunctional working of the system. He introduced new useful terms to the therapeutic practice: stages of family life, perverse triangle, paradox and double bind. It is especially the double bind that helps understand the ongoing communication difficulties within families. Moreover, Haley defined some basic directives for family therapists: the necessity to work in a good cooperating team, permanent access to group supervision, and the necessity to plan and foresee the systemic results of one’s own activity.

In this paper, I will present the profile of Jay Haley along with the assumptions, the development and the achievements of the approach called strategic family therapy, of which major architect was Haley himself. The principles of this approach were formulated in the second half of the seventies and at the beginning of the eighties. Due to its effectiveness, the approach has been dynamically evolving until today. Clear explanations of the reasons why families become trapped in symptomatic helplessness present its major advantage, not to mention in particular precise instructions formulated for the benefit of specialists on how to help a family function better.

Haley is one of the personalities who had the greatest influence on the development of family therapy in the second half of the 20th century. For many years, he has cooperated with other eminent personalities having a strong influence on modern psychotherapy: Milton H. Erickson (1901–1980), Gregory Bateson (1904–1980), Virginia Satir (1916–1988) or Salvador Minuchin (born 1921).

Jay Douglas Haley was born on 19th July 1923 in a town, non-existent today, in Wyoming, USA, where his father sought employment on oil fields. The family physician showed up late while Haley’s mother was giving birth to him, so his father had to deliver the baby. Haley’s mother said that he had not done it right. This, (according to Haley) also led to the birth of family therapy [1]. Haley’s family had two sons and two daughters. His mother was a teacher and the father worked as a clerk for most of his life.

Haley graduated from Stanford University in 1953 earning his M.A. degree in communication. In the fifties of the last century, interpersonal communication appeared to be a new and promising field of investigation. After graduation, he joined an interdisciplinary group that had been set up a year earlier by Bateson in Palo Alto, California. The group focused on examining the specific features of communication processes in families of persons with diagnosed schizophrenia. John H. Weakland (1919–1995) and a psychiatrist, William F. Frey (1924–2014) were also a part of that team, and a few years later, another psychiatrist, Don D. Jackson (1920–1968), joined the team. Jackson will later become the first supervisor of Haley, supporting his work with schizophrenic patients and their families. Jackson was a student and supervisee of a psychiatrist and psychoanalyst, H. S. Sullivan (1892–1949), who was highly esteemed at the West Coast of the USA, in particular in the field of schizophrenia issues. At that time, four (independent) teams only run studies on the relationship between family environment and schizophrenia [2].

In 1954, Haley participated in the workshop conducted by M.H. Erickson in San Francisco. Since that year, together with Weakland, he has commenced long-standing studies under Erickson in Phoenix, Arizona, where he has been learning hypnosis and a concept that could be nowadays referred to as a systemic reflection. He sets up private practice, runs family therapy, all of which took pioneer courage in the times of psychoanalysis hegemony, as it was fundamentally inconsistent with the theory and practice generally applied at that time. Haley's attitude towards life was characterized by innovative approach and the urge to challenge the established solutions.

In 1956, in the article "Toward a Theory of Schizophrenia" [3], Bateson, Jackson, Haley, and Weakland used the term "double bind" for the first time to describe the context of communication within the families of persons with diagnosed schizophrenia [4]. They named and described the mechanism of communication where the victim of the double bind interaction is being punished irrespective of whatever he or she does and (due to a crucial life function of the relationship with the person creating such double bind) is not able to leave the space (relationship) where the bind exists. Today, while describing such mechanism of communication, hierarchy in a family is sometimes considered and the division between the role of a perpetrator and a victim is described, however the interdependency of the participants of the exchange is underlined more frequently. According to Elkaim, Haley compares the double bind with the situation of people caught in a revolving doors, where it is not essential who puts more energy, who is pushing who, but rather the fact that inside the doors everybody circle around [5].

The double bind is a dilemma in communication in which contradictory, conflicting with each other messages are being communicated at the same time. Inconsistency of such messages may be formulated in specific words or build by an expressive inconsistency of verbal and nonverbal message. Such communication pattern is unconscious for all participants of the exchange and contains a paradox; therefore, the elements make it similar to some forms of hypnotic communication. A story about a mother who gives her son two ties is a metaphoric example perfectly illustrating the essence of the double bind. The well-mannered son goes to a mirror and puts on one of the ties. When he looks at his mother, he hears her say — "I was sure that you would not like the other one". Obviously, if he puts on the other tie, the mother's response would be the same. If he puts on two ties, he could have heard from her — "I tried so hard to find the gifts for you and you mocked me". Whatever he does or does not,

nothing good will come out of it. This example was many years later commented on by Frank Farelly (1931–2013) stating that the right solution is the following response of the son — “In fact, I like neither of them, but I will wear them both as I love you” [6]. Certainly, such response means going beyond the area where both solutions lead to unpleasant emotions, e.g. the feeling of guilt. A therapeutic solution may be if a patient in adult reality is not attached to the area on which the patient was for many years dependent and demonstrates one of the potential courses of therapy.

In 1957, Haley commences supervision at M.H. Erickson, he works with whole families and, as he states, he starts to think systemically.

In 1958, Jackson, the psychiatrist, Jules Riskin and Virginia Satir (1916–1988), establish the Mental Research Institute (M.R.I.), in Palo Alto, California, a facility aimed at studying relationships between the patterns of interactions in families as well as health and disease. Two years later, Haley joins the team. M.R.I. thrives and attracts many outstanding experts from various fields, such as – Frey, Weakland, and later also a psychologist and philosopher, Paul Watzlawick (1921–2007). When Bateson leaves the team, Haley takes managerial position at M.R.I.

According to Nichols and Schwartz, The MRI model and Haley’s work had a major impact of Milan Associates (Mara Selvini Palazzoli (1916–1999), Luigi Boscolo (1932–2015), Gianfranco Cecchin (1932–2004), and Giuliana Prata), thus a majority of European thought within this field, as Milan (except for Heidelberg — Helm Stierlin, born in 1926) was a key centre initiating the theory and practice of family therapy on the old continent [7].

In 1959, Bateson held in cooperation with Erickson a conference on couples and family therapy. Erickson was then regarded as one of only a few experts in this field. Bateson and Haley benefited from the ideas and the experience of M.H. Erickson (and certainly, he benefited from their competences). However, Erickson had worked with couples and families before he met Haley, so Haley undoubtedly treated Erickson with respect due to the teacher.

In 1962, in cooperation with a psychiatrist and psychoanalyst, Nathan Ackerman (1908–1971) and Jackson, they establish “Family Process”, the first magazine dedicated to family therapy. Haley was the editor of “Family Process” for the first ten years [8].

Haley left M.R.I. in 1967 and invited by Minuchin, he became the director of the Child Guidance Clinic, University of Pennsylvania in Philadelphia, which he managed for 10 years. There, he worked with both Minuchin, a psychiatrist born in Argentina, and Braulio Montalvo (1934–2014), a psychologist from Puerto Rico. Patients of this facility were mostly low-income and poorly educated families, frequently from ethnic minorities with unsatisfactory knowledge of the language. Working with this particular group of people, significantly different from an average, educated middle class psychotherapy recipient made Haley and the team abandon intellectual complexity in favor of simplicity, efficiency, and time saving.

In 1974, together with his second wife, Cloe Madanes (born in 1940) he co-established the Family Therapy Institute of Washington D.C., a leading family therapy training team.

He had three children (Kathleen, Andrew, and Gregory), four grandchildren and one great-granddaughter. He spent his last years in California with his third wife, Madeleine Richeport Haley, being in that relationship for twelve years. Jay Haley died in sleep on 13th February 2007 at the age of 83. He asked their students to do something nice for their relatives and families rather than organize a funeral ceremony for him [9].

He is a popular author of almost twenty books, one of them published in Polish — “Niezwykła Terapia” (“Uncommon Therapy”, first edition — 1995).

Since the very beginning of his professional path, he has dealt with families. Communication was his great interest. His whole life, he worked in interdisciplinary teams, frequently composed of individuals of “complicated nature” which constantly required the skill to seek compromise and consider various, mostly contrary approaches. These three aspects are apparent in his approach. In his work, he demonstrated how therapists could, as a result of changes in social space, mainly within a family, improve the functioning of the system.

Strategic family therapy

According to Haley, strategic therapy takes place when a therapist defines a goal of his/her work and strives to achieve this goal [10]. The goal should be achievable, acceptable by the family and rather short-term. After achieving the goal, the work may be terminated or another goal can be set. Strategic therapy is not so much a specific school of therapy, but rather an orientation — activity of a therapist who takes responsibility for building the strategy of change [11].

Basic assumptions concerning families and their functioning

According to Haley, a family is a social group with a shared history and a shared future [12]. Interpersonal events within a family are perceived and described by a circular model (not the cause and effect model). The recurring sequences of behavior between the persons belonging to the system are significant. The sequences of behavior are controlled by the rules that can be identified (by a therapist) and as a result of the intervention undertaken by a specialist, changed (by the family) during the therapy process. The symptom is a part of the communication sequence of events between family members. It results from a current social situation within the given family. The past is of less importance. It has a systemic homeostatic function, stabilizing the system at the regressive stage of development. Owing to the symptoms, the system may survive a development crisis or a traumatic situation. It can be put metaphorically; the symptom is the expression of love of the identified patient for his/her family.

Functional and dysfunctional family

Haley avoided describing the standards of morality, the criteria of mental health, and naming behavior in terms of pathology. Instead, he used the terms: functional and dysfunctional families. In this approach, a functional family is a family that keeps the balance between the stability and the opportunity of change. Functional family has a clear hierarchic organization where parents manage and take responsibility for the family. Bonds at the same generation level are stronger than the trans-generational bonds. It means that the bonds between parents are stronger than the bonds between any parent and any of the children. The bonds between siblings are stronger than the bond between a child and one of the parents.

Whereas, a dysfunctional family is mostly focused on stability, maintaining the activity at the development level consistent with the situation of the family from the past. Such families

seem to ignore the time passing by and the consequences of it. Age regression prevails in the terms of the phenomena of trance [13].

In dysfunctional families, hierarchy is not clear and mostly reversed. Parents avoid responsibility; they tend to give over the control while children try to take it over. In dysfunctional families, trans-generation bonds are stronger than the bonds at the same generation level, which creates the diagnosis category called a perverse triangle [14]. This type of bond mostly lasts for the next generations and creates a trans-generational sequence of perverse triangles. It is characterized by the features as follows:

- one of the persons within the coalition is from another generation than the other one (other ones);
- the coalition is directed against another person within the family;
- the coalition is build and maintained unconsciously.

In functional families, parents do not build coalitions against each other, while parents-in-law (grandparents) respect the boundaries between them and the next generation.

Assumptions related to the therapy

Each family is unique and exceptional, thus each therapy strategy should consider the individuality of the system and the circumstances it deals with. The therapy is short-term, focused on a solution and the change of behavior. In one of his lectures, Haley stated that there are six therapy sessions on average. The persons still learning this approach need nine sessions on average to achieve the desired result. As sessions can be held once a month, thus therapy lasts six long months. Certainly, in some instances, more time is required [15].

The symptom has a systemic function; it serves the family, stabilizes it. Its aim is to support the family, not an individual, in keeping relative balance, which is in contradiction to the assumptions of the majority of schools that ignore systemic thinking [16]. The function of the symptom may be explained by reference to a current social context of an individual's functioning and thus the context is subject to the intervention of a therapist. If the dysfunctional patterns of a family activity do not change and the person diagnosed as the sick one gets better, its functions are taken over by another person from the system, e.g. another child and this child will become the patient.

It is assumed that each person within a family tries his/her best to deal with his or her difficulties. Unluckily, the strategies they use to get out of the trouble are inefficient. They are trapped. The task of the therapist is to introduce new strategies or invoke family resources and change the current situation that creates the symptom [17]. The therapist is interested in the present, i.e., current interaction patterns, but also the future, which is the opportunity to create healthy interaction patterns. Mostly, in the foreground of the family stage, the interaction between two persons is visible; one suffering from the symptoms and the other, who stays with him/her in evident emotional exchange, e.g., initiates the therapy, is concerned about the disease, and tells family stories. The other person stays in the background — the less visible one — the one who invariably shadow every troubled relationship [18]. The past as well as histor-

ical reasons for the current condition are not the subject of deeper reflection during family sessions. It is assumed that they are of secondary importance.

The insight and understating of the mechanisms by the family are not essential for the change, which contradicts many traditional approaches, presuming that it helps to understand oneself to make a change. Here, it is rather presumed that an action, an experience is the key to new behavior.

The goal of the therapy

In the strategic therapy, two main areas may be distinguished, where the therapist strives to make a change.

The prime objective of the therapy is to interrupt pathological sequence, which is the change of interactions between family members [19]. Change in the system leads to a change within an individual, withdrawal of the symptom or problem solving. Strategic therapists focus on creating the future where the family, within its resources and internal structure, will be able to solve own problems by itself. It is assumed that the problems conditioned psychologically do not occur at random, but depend on the family development cycle. Symptomatic change improves family functioning and allows the family moving to a stage of development that is compatible with the current family life cycle. It is the task of the therapist to help a family to move to the next development stage.

The second goal is to change the hierarchy and determine the boundaries so they are more functional for the system. The aim is to eliminate or reduce parents' inconsistency in taking and being responsible for the family. The therapist empowers the position of parents [20], striving to restore their competence and power in the system. Hierarchy correction within a family alleviates the risk of recurrence and returning to therapy and it makes it more likely that in future the family will be able to solve its problems by itself, without the necessity to seek help outside.

The stages of therapeutic work

The work is planned and divided into consecutive stages. Moving from one stage to the next is possible only after the goal from the previous stage is achieved.

a) Establishing contact

Strategic family therapy starts when the contact with the family is established. The therapist focuses on each person present during the session, one by one. He/she asks what the goal of the therapy is, learns how individual family members define their difficulties and how they picture overcoming the difficulties. He/she builds the atmosphere of cooperation. One person, sometimes two persons, may conduct the therapy. Moreover, a specialist sitting in another room and observing the work through a two-way mirror may support the therapist.

b) Diagnosis

Diagnosis refers to the system and not individuals. It involves describing dysfunctional interaction sequences within a family and determining the rules responsible for such sequences. A hypothesis is being formed, defining a systemic function of the symptom. Hierarchy in the system is also being diagnosed. Both, the problem and the goal of the therapy, are defined in details. The goal should be precise, described in everyday language, and achievable. It is recommended to make a diagnosis quickly; it is partly done already during the first meeting. Professional jargon of clinical psychology or psychiatry is avoided. The specialist neither interprets nor educates parents on how they should behave in their roles. The therapist formulates the diagnosis by himself/herself or in cooperation with a therapeutic team. Supervision is the key element here, in particular if the therapist works with a family individually. In larger teams, it is possible to work considering the comments of co-workers observing the therapy behind the two-way mirror.

c) Presenting the therapy plan and therapeutic directives

Directives refer to new behavior. The specialist should justify his/her suggestions so as the family is able to accept them and cooperate while fulfilling them. It is believed that they should support the hierarchy in a family that is found functional, not undermining parents' authority towards children, in particular not introducing the therapist as a substitute parent figure into the system.

d) Creating and practicing the strategy of behavior change within a family

The therapist encourages undertaking new activities during therapeutic sessions and, in particular, practicing the recommended tasks between consecutive sessions. Meetings mostly take place once a month, so the family has enough time to introduce gradually the changes to its everyday activity.

e) Observing the changes (or lack of changes) and adequate modification of directives or modification of the grounds for directives in order to build cooperation aimed at achieving previously set goal. The lack of changes is considered not so much as a resistance, but rather as a feedback for the therapist to modify the strategy or work with the family's motivation.

Therapy methods

One of the frequently applied techniques is paradoxical intervention. There are two basic types of paradoxical directives. The first one is prescribing symptoms — when a therapist recommends all family members to do intentionally what they have already been doing to maintain consciously the symptomatic (or problematic) activity. One of the intentions of the therapist in the case of such interventions is to expect that at least some persons will rebel the absurd recommendation, which in turn shall result in the expected change. Another potential effect of such strategy is getting the family to cooperate during a task performance. Creating cooperation will help the family transfer this type of experience to other areas, which mini-

mizes previous conflicts, blaming each other for failures or the feeling of guilt present within the system. This type of activity is called the paradox of cooperation.

The second type of paradoxical interventions is the directive of delaying improvement and recovery of the patient, which is essentially a different version of the message — “in fact we know what can be done to improve but I am not sure if you are ready to do so yet”. It builds motivation of the system to make a change. The family itself starts to urge the specialist and cannot wait for his/her directives rather than feels the pressure and fights with it [21]. Both directive and non-directive methods are applied. The specialist tests the readiness of the family to cooperate as well as its style of responsiveness. When the family is ready to accept direct suggestions, then such suggestions are being formulated. However, if it turns out that formulating such directives is not accepted, then the specialist applies non-directive interventions.

Between the sessions, the therapist recommends the performance of some tasks. The directive given to a wife of the patient who suffered from panic episodes associated with his fear of a heart attack may be a good example [22]. As such chronic symptoms frequently bind the activity of a family; they make its members concerned and furious at the same time, the therapist decided to start family therapy. During an individual session, the wife was directed to visit various funeral parlors in town and collect their literature. When the husband complained of his panic about his heart, she was to quietly distribute the mortuary literature in various places at home and she was to repeat it consistently after each sequence of her husband’s complaints. As a result of the intervention, her husband changed his behavior and he recovered from his panics. The couple changed the patterns of interaction and other emotions existing between them manifested. These emotions were then the subject of work during the next session.

There are also therapeutic rituals applied during the therapeutic work, which means that a family performs a carefully planned and prepared task — frequently out of the consulting room — between the sessions. They may have various objectives. Some of them build family co-operation, others make it possible to say farewell to the past or facilitate building new patterns of interaction more adequate to the current stage of development [23].

One of the tools Haley frequently used was clinic hypnosis. He believed that it shortens the therapy process. He willingly used metaphor, in particular when the family used it. In this approach, metaphoric communication referring to the frontier between consciousness and unconsciousness is considered a useful tool [24].

The symptoms are being redefined; they are assigned positive functions, serving the family.

The activity of the therapist

This type of work presents challenge to the specialist, as he/she has to be creative and flexible. The therapist takes responsibility not only for the suggested change strategies but also for the therapy atmosphere that should encourage openness, trust, and experimenting with new experiences.

The therapist should have the skill of planning the therapy, and building strategy considering individuality of the family he/she works with. He/she should predict the family response

to therapeutic directives and modify them according to the system's response. It is recommended to plan consecutive sessions, in particular the first meeting, to establish cooperation with the family and appreciate the efforts (aware or unaware) of each of the persons present at the meeting and acting for the common good of the family.

It is required for the therapist to be able to change dysfunctional behavior, while only understanding why things are the way they are is considered far from satisfactory.

The specialist perceives himself as the one working for the benefit of the family (and not an individual) as well as accepts the level and the depth of change that the family is ready to accept during the therapy.

Well-trained therapist should know how to work with the family individually, and then he/she takes the responsibility for the therapy individually. However, access to supervision is required. In fact, it is recommended to discuss the work on an ongoing basis and expose it to external reflection, or supervision. Where possible, the work may be performed by a team composed of two therapists, supported by an observer. The therapist should accept and face the role of an expert. He/she is endowed with this role by the family who seeks help in solving problems [25].

Recapitulation

The criticism of strategic family therapy

Critics of this approach, focus their objections mainly on the idea that the therapist formulates (in a directive way or non-directive way) directives for the family stating what should the family do to make a change. It is also alleged that the importance ascribed to emotions, reflecting on emotions and their expression during the therapy is not crucial enough, which, for instance, could mean that parents dealing with the behavior of a teenage son would not be encouraged to talk about their helplessness, sadness or anger. Critics also focus on the fact that it is recommended to formulate individual strategy for each family instead of referring to wider and more general theory explaining the mechanisms of pathology, mental health and the paths leading from disorder towards improved functioning.

It is also stressed that the approach is difficult for the specialists, as it requires learning in a team; in many aspects, it stays in opposition to the assumptions of traditional schools and requires team-based learning.

Similarities and differences between strategic family therapy and the work of M. H. Erickson

For almost twenty years, Haley was a student and co-worker of M.H. Erickson. He treated him as his mentor and teacher. No wonder that the years of mutual work and influence led to the infusion and the intertwining of ideas while many assumptions of strategic family therapy originate from Erickson's works; treating unconsciousness as a source of creativity, marginalizing the importance of the past and insight, focusing on working with the symptom, possibly in short-term perspective. It is assumed that the client chooses the best currently available solution. Thus, the therapy is extending choice alternatives, in particular by the resources rooted in the unconsciousness. There are many similarities in methods of therapeutic

interventions; using the trance work resulting from the experience that hypnosis facilitates the process of reaching for internal resources [26]. Referring to paradox, utilizing, in particular utilizing the resistance. There are so many similarities that today the strategic family therapy is considered as a modern extension of Erickson's therapy in relation to working with families. In the firstly published in 1972, "Uncommon Therapy", Haley used the term Erickson's therapy for the first time and described its principles in detail. The publication lived to see many editions; it was translated to over several dozen languages and it contributed to the popularization of this approach.

Haley outlived his master by 27 years, continuing creative work over the theory and practice of strategic family therapy. It also permits to note crucial differences between the professional activities of these two personalities so important to the development of psychotherapy. Differently from Haley, M.H. Erickson mostly perceived himself as an agent of an individual and not the family, he did not insist on the participation of the whole family, focused his attention on the interactions in diads and not the coalitions, and frequently blocked the communication or contact between family members, especially when he considered the relations violent [27].

Haley's contribution to the development of psychotherapy

Haley had an apparent impact on the achievements of M.R.I. and the school of Milan. Strategic family therapy has also a lot in common with the structural Minuchin therapy, which should be of no surprise as they worked together in one team for many years; they were friends, while Minuchin called Haley his teacher [28]. They both stressed the importance of boundaries and hierarchy. Besides initiating and developing of the strategic family therapy, Haley introduced a term "family life cycle", widely used today by family therapists. At each stage of family life, the moment of moving to the next stage is the crucial step in the development of an individual and a family [29]. He mentions six stages:

- the courtship period;
- marriage and its consequences;
- childbirth and dealing with the young;
- middle marriage difficulties;
- weaning parents from children, retirement;
- old age difficulties.

Haley claimed that the proposed division is culturally conditioned. In another time and place it may look different, but the reference to the concept of family life cycle phases itself helps the therapist to create an effective strategy for change. He stressed that it is crucial if parents support the process of autonomy and building new principles related to the boundaries when their children leave home [30].

We also owe the concept of double bind to Haley (and his co-workers from Palo Alto). He has also formulated therapeutic principles of paradox use for therapy purposes (along with M.H. Erickson). Haley himself considered the introduction of clear rules to therapy, as well as skills and techniques supporting the change in families, his achievement [31].

Haley eagerly and passionately shared his longstanding experience and professional competence. It was apparent that he loved to learn. I was fortunate to participate several times in the workshops conducted by him. They were full of humor, smartness, and courage in presenting ideas, but most of all deeply imbued with the conviction of the great importance of work with families to mental health.

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