

The
Power Tactics
of
Jesus Christ

AND OTHER ESSAYS
Second Coming

Edition

By JAY HALEY



The Power Tactics
of
Jesus Christ
and other essays
Second Edition

By
Jay Haley



Crown House Publishing Limited
www.CHPUS.com

Published by
Crown House Publishing Company, LLC
6 Trowbridge Drive, Suite 5, Bethel, CT. 06801
www.chpus.com

and

Crown House Publishing Ltd
Crown Buildings
Bancyfelin, Carmarthen, Wales SA33 5ND, UK
www.crownhouse.co.uk

©1986 by Jay Haley
Reprinted 2005, 2006, 2007

Second edition originally published by
Triangle Press, c/o W.W. Norton
500 5th Ave., New York, NY 10110

All rights reserved.

No part of this publication may be reproduced, stored in a retrieval system, transmitted or utilized in any form by any means, electronic, mechanical, photocopying or recording or otherwise, without permission in writing from the publishers.

13 Digit ISBN: 978-184590021-2
10 digit ISBN: 1845900219

LCCN: 86-50142

Manufactured in the United States of America

▣
▣ *Contents*
▣

▣	<i>Preface</i>	1
▣	<i>The Art of Psychoanalysis</i>	5
▣	<i>The Power Tactics of Jesus Christ</i>	19
▣	<i>The Art of Being a Schizophrenic</i>	55
▣	<i>The Art of Being a Failure as a Therapist</i>	81
▣	<i>In Defense of Psychoanalysis</i>	89
▣	<i>Towards a Rationalization for Directive Therapy</i>	103
▣	<i>How to Have an Awful Marriage</i>	117
▣	<i>Therapy – A New Phenomenon</i>	137

Enough research has been done by social scientists to corroborate many of Freud's ideas about unconscious processes. Yet there has been surprisingly little scientific investigation of what actually occurs during psychoanalytic treatment. Fortunately this situation has been remedied by a scholar on the faculty of Potters College in Yeovil, England. Assigned a field trip in America, this anonymous student spent several years here studying the art of psychoanalysis both as a patient and a practitioner. His investigation culminated in a three-volume work entitled "*The Art of Psychoanalysis, or Some Aspects of a Structured Situation Consisting of Two-Group Interaction Which Embodies Certain of the Most Basic Principles of Oneupmanship.*" Like most studies written for Potters College the work was unpublished and accessible only to a few favored members of the clinical staff. However, a copy was briefly in this writer's hands, and he offers here a summary of the research findings for those who wish to foster the dynamic growth of Freudian theory and sharpen the techniques of a difficult art.

Unfamiliar terms will be translated into psychoanalytic terminology throughout this summary, but a few general definitions are necessary at once. First of all, a complete definition of the technical term "oneupmanship" would fill, and in fact has filled, a rather large encyclopedia. It can be defined briefly here as the art of putting a person "one-down." The term "one-down" is technically defined as that psychological state which exists in an individual who is not "one-up" on another person. To be "one-up" is technically defined as that psychological state of an individual who is not "one-down." To phrase these terms in popular language, at the risk of losing scientific rigor, it can be said that in any human relationship (and indeed among other mammals) one person is constantly maneuvering to imply that he is in a

“superior position” to the other person in the relationship. This “superior position” does not necessarily mean superior in social status or economic position; many servants are masters at putting their employers one-down. Nor does it imply intellectual superiority as any intellectual knows who has been put “one-down” by a muscular garbage collector in a bout of Indian wrestling. “Superior position” is a relative term which is continually being defined and re-defined by the ongoing relationship. Maneuvers to achieve superior position may be crude or they may be infinitely subtle. For example, one is not usually in a superior position if he must ask another person for something. Yet he can ask for it in such a way that he is implying, “This is, of course, what I deserve.” Since the number of ways of maneuvering oneself into a superior position are infinite, let us proceed at once to summarize the psychoanalytic techniques as described in the three volume study.

Psychoanalysis, according to Potter’s study, is a dynamic psychological process involving two people, a patient and a psychoanalyst, during which the patient insists that the analyst be one-up while desperately trying to put him one-down, and the analyst insists that the patient remain one-down in order to help him learn to become one-up. The goal of the relationship is the amicable separation of analyst and patient.

Carefully designed, the psychoanalytic setting makes the superior position of the analyst almost invincible. First of all, the patient must voluntarily come to the analyst for help, thus conceding his inferior position at the beginning of the relationship. In addition, the patient accentuates his one-down position by paying the analyst money. Occasionally analysts have recklessly broken this structured situation by treating patients free of charge. Their position was difficult because the patient was not regularly reminded (on payday) that he must make a sacrifice to support the analyst, thus acknowledging the analyst’s superior position before a word is said. It is really a wonder that any patient starting from this weak position could ever become one-up on an analyst, but in private discussions analysts will admit, and in fact tear

at their hair while admitting, that patients can be extremely adroit and use such a variety of clever ploys* that an analyst must be nimble to maintain his superior position.

Space does not permit a review of the history of psychoanalysis here, but it should be noted that early in its development it became obvious that the analyst needed reinforcement of the setting if he was to remain one-up on patients more clever than he. An early reinforcement was the use of a couch for the patient to lie down upon. (This is often called “Freud’s ploy,” as are most ploys in psychoanalysis.) By placing the patient on a couch, the analyst gives the patient the feeling of having his feet up in the air and the knowledge that the analyst has both feet on the ground. Not only is the patient disconcerted by having to lie down while talking, but he finds himself literally below the analyst and so his one-down position is geographically emphasized. In addition, the analyst seats himself behind the couch where he can watch the patient but the patient cannot watch him. This gives the patient the sort of disconcerted feeling a person has when sparring with an opponent while blindfolded. Unable to see what response his ploys provoke, he is unsure when he is one-up and when one-down. Some patients try to solve this problem by saying something like, “I slept with my sister last night,” and then whirling around to see how the analyst is responding. These “shocker” ploys usually fail in their effect. The analyst may twitch, but he has time to recover before the patient can whirl fully around and see him. Most analysts have developed ways of handling the whirling patient. As the patient turns, they are staring off into space, or doodling with a pencil, or braiding belts, or staring at tropical fish. It is essential that the rare patient who gets an opportunity to observe the analyst see only an impassive demeanor.

Another purpose is served by the position behind the couch. Inevitably what the analyst says becomes exaggerated in impor-

*A “ploy” is technically defined as a move or gambit which gives one an advantage in a relationship.

tance since the patient lacks any other means of determining his effect on the analyst. The patient finds himself hanging on the analyst's every word, and by definition he who hangs on another's words is one-down.

Perhaps the most powerful weapon in the analyst's arsenal is the use of silence. This falls in the category of "helpless" or "refuse to battle" ploys. It is impossible to win a contest with a helpless opponent since if you win you have won nothing. Each blow you strike is unreturned so that all you can feel is guilt for having struck while at the same time experiencing the uneasy suspicion that the helplessness is calculated. The result is suppressed fury and desperation — two emotions characterizing the one-down position. The problem posed for the patient is this: how can I get one up on a man who won't respond and compete with me for the superior position in fair and open encounter. Patients find solutions, of course, but it takes months, usually years, of intensive analysis before a patient finds ways to force a response from his analyst. Ordinarily the patient begins rather crudely by saying something like, "Sometimes I think you're an idiot." He waits for the analyst to react defensively, thus stepping one-down. Instead the analyst replies with the silence ploy. The patient goes further and says, "I'm *sure* you're an idiot." Still silence in reply. Desperately the patient says, "I said you were an idiot, damn you, and you are!" Again only silence. What can the patient do but apologize, thus stepping voluntarily into a one-down position. Often a patient discovers how effective the silence ploy is and attempts to use it himself. This ends when he realizes that he is paying a large sum each hour to lie silent on a couch. The psychoanalytic setting is calculatedly designed to prevent patients from using the ploys of analysts to attain equal footing (although as an important part of the cure the patient learns to use them effectively with other people).

Few improvements have been made on Freud's original brilliant design. As the basic plan for the hammer could not be improved upon by carpenters, so the use of the voluntary patient, hourly pay, the position behind the couch, and silence, are devices

which have not been improved upon by practitioners of psychoanalysis.

Although the many ways of handling patients learned by the analyst cannot be listed here, a few general principles can be mentioned. Inevitably a patient entering analysis begins to use ploys which have put him one-up in previous relationships (this is called a “neurotic pattern”). The analyst learns to devastate these maneuvers of the patient. A simple way, for example, is to respond inappropriately to what the patient says. This puts the patient in doubt about everything he has learned in relationships with other people. The patient may say, “Everyone should be truthful,” hoping to get the analyst to agree with him and thereby follow his lead. He who follows another’s lead is one-down. The analyst may reply with silence, a rather weak ploy in this circumstance, or he may say, “Oh?” The “Oh?” is given just the proper inflection to imply, “How on earth could you have ever conceived such an idea?” This not only puts the patient in doubt about his statement, but in doubt about what the analyst means by “Oh?”. Doubt is, of course, the first step toward one-downness. When in doubt the patient tends to lean on the analyst to resolve the doubt, and we lean on those who are superior to us. Analytic maneuvers designed to arouse doubt in a patient are instituted early in analysis. For example, the analyst may say, “I wonder if that’s *really* what you’re feeling.” The use of “really” is standard in analytic practice. It implies the patient has motivations of which he is not aware. Anyone feels shaken, and therefore one-down, when this suspicion is put in his mind.

Doubt is related to the “unconscious ploy,” an early development in psychoanalysis. This ploy is often considered the heart of analysis since it is the most effective way of making the patient unsure of himself. Early in an analysis the skilled analyst points out to the patient that he (the patient) has unconscious processes operating and is deluding himself if he thinks he really knows what he is saying. When the patient accepts this idea he can only rely on the analyst to tell him (or, as it is phrased, “to help him discover”) what he really means. Thus he burrows himself deeper

into the one-down position, making it easy for the analyst to top almost any ploy he devises. For example, the patient may cheerfully describe what a fine time he had with his girl friend, hoping to arouse some jealousy (a one-down emotion) in the analyst. The appropriate reply for the analyst is, "I wonder what that girl *really* means to you." This raises a doubt in the patient whether he is having intercourse with a girl named Susy or an unconscious symbol. Inevitably he turns to the analyst to help him discover what the girl really means to him.

Regularly in the course of an analysis, particularly if the patient becomes obstreperous (uses resistance ploys), the analyst makes an issue of free association and dreams. Now a person must feel he knows what he is talking about to feel in a superior position. No one can maneuver to become one-up while free associating or narrating his dreams. The most absurd statements inevitably will be uttered. At the same time the analyst hints that there are meaningful ideas in this absurdity. This not only makes the patient feel that he is saying ridiculous things, but that he is saying things which the analyst sees meaning in and he doesn't. Such an experience would shake anyone, and inevitably drives the patient into a one-down position. Of course if the patient refuses to free associate or tell his dreams, the analyst reminds him that he is defeating himself by being resistant.

A resistance interpretation falls in the general class of "turning it back on the patient" ploys. All attempts, particularly successful ones, to put the analyst one-down can be interpreted as resistance to treatment. The patient is made to feel that it is *his* fault that therapy is going badly. Carefully preparing in advance, the skillful analyst informs the patient in the first interview that the path to happiness is difficult and he will at times resist getting well and indeed may even resent the analyst for helping him. With this background even a refusal to pay the fee or a threat to end the analysis can be turned into apologies with an impersonal attitude by the analyst (the "not taking it personally" ploy) and an interpretation about resistance. At times the analyst may let the patient re-enter the one-down position gently by pointing out

Of this collection of eight essays, it is the title essay that is the most controversial. Jay Haley proposes an original interpretation of the Bible analyzing Jesus' actions as a man trying to build a mass movement to topple a power structure. Using wit and wry humor, Haley instructs the reader in the other essays on what it takes to be schizophrenic, as well as the art and technique required to have an awful marriage, and how to be an awful therapist. His rationale for a directive therapy is the subject of other essays.

"Most of the essays in this book deal with the therapeutic situation, from the point of view of both victim and executioner. He instructs the therapist on how to fail; the schizophrenic on how to stay schizoid; the analyst on how to remain one-up on the analysand...but the essay likely to cause the most commotion has nothing to do with psychology or psychoanalysis. It is an entertaining, and sobering look, at Jesus Christ as a power tactician...Mr. Haley shows Jesus organizing the poor like Saul Alinsky; calling simultaneously for conformity and social change...keeping his disciples under control with the cunning of a Bolshevik. There are some startling assertions in this essay. I hope Mr. Haley owns a backyard bomb shelter."—John Leonard, The New York Times

Jay Haley has been professor at Stanford University, Howard University, the University of Maryland, and is currently professor at the California School of Professional Psychology. He was director of Training at the Philadelphia Child Guidance Clinic, co-founder of the Family Therapy Institute in Washington, D.C., and founder of *Family Process*, the basic journal in the field. He is known as one of the founders of the field of family therapy, strategic therapy, and brief therapy. His early work was in collaboration with some of the foremost thinkers of our time, Gregory Bateson and Milton H. Erickson, MD. He is the author of 21 books and more than 100 papers translated into fifteen languages.

Cover design by Patrice Moerman



CROWN HOUSE PUBLISHING

www.CHPUS.com

ISBN 978-184590021-2



9 0000



9 781845 900212