

Jay Haley Revisited: The Art of Being a Failure as an Administrator

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More than 30 years have passed since the publication of Jay Haley's classic paper, "The Art of Being a Failure as a Therapist" (1), which first appeared in the *American Journal of Orthopsychiatry* in July 1969. Revisiting this thoughtful and provocative commentary makes

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evident that the principles that Haley espoused were, with only minor modifications, directly applicable to the issues of psychiatric leadership and administration that our profession faces today.

Haley observed, "Too much emphasis has been placed upon how to succeed as a therapist, and too little has been written about how to fail." The situation is similar for psychiatric leadership and administration, as evidenced by a MEDLINE search by this author revealing zero citations for

the subject heading "Failure and Administrative Psychiatry."

Contemporary psychiatric practice demands that successful physicians have a repertoire of administrative and leadership skills to complement their therapeutic skills. With this ideal in mind, it is hoped that this revisitation will offer psychiatrists dealing with administrative issues a pragmatic set of steps or guidelines that can be readily understood, as they are derived from the foundation of basic psychotherapeutic principles as es-

poused by Haley.

Haley's article originated in his observation that 50 to 70 percent of patients on waiting list control groups not only no longer desired treatment after the waiting list period was up but also had often improved or recovered from the problems for which they had sought treatment. If inaction produces success rates of 50 percent or better, how does one fail as a therapist? Haley therefore developed a list of guidelines or steps that he felt would assist a therapist to fail consistently if they were employed regularly and systematically.

The same concerns are valid in administrative and leadership issues in medicine and psychiatry. It is this author's experience that at least 50 percent of the problems and issues that the administrator is presented with will resolve on their own or become nonissues if ignored long enough. Again, we are faced with a waiting-list cure rate of 50 percent—and how does one fail as an administrator if inaction leads to a baseline success rate of 50 percent? (Distinguishing which issues are in this group and which are in the other 50 percent of issues that will doom one's organization if not dealt with forthrightly is beyond the scope of this commentary.)

Let us revisit Haley's original list of steps to produce failure. Each step will first be examined from a clinical perspective, and then the analogous administrative perspective will be articulated. The truths from these suggestions will be self-evident.

Step 1. Dismiss the presenting problem as unimportant. *Clinical perspective.* Haley begins by suggesting that in order to fail as a therapist, one should "insist that the problem which brings the patient into therapy is not important." He suggests that one "dismiss it as merely a symptom and shift the conversation elsewhere." This maneuver allows the therapist to avoid learning the true nature of the patient's distress.

Administrative analog. Insist that the problem the employee brings to your office is not important. Dismiss it as trivial, and you will be able to avoid confronting what may be a real issue for your organization.

Step 2. Refuse to directly treat

the presenting problem. *Clinical perspective.* Haley suggests that one offer some rationale—for example, that the symptoms have "roots"—to avoid treating the patient's presenting problem. If there is some resistance, one can explain to the patient that "if a presenting problem is relieved, something worse will develop. This myth ... will even encourage patients to cooperate by developing a fear of recovery."

Administrative analog. This clinical technique translates into the administrative technique of avoiding the presenting problem by attributing it to some other aspect of the organization over which one has no control. That way the blame can always be directed elsewhere, and one need not accept responsibility for the problem. This tactic encourages a sense of helplessness in those one supervises so that they stop bringing problems to you because they feel you are powerless to do anything about them.

Step 3. Use labels that defy translation into therapeutic approaches. *Clinical perspective.* Haley suggests that saying the patient is "passive-aggressive" or "impulse-ridden" is a good tactic, because no therapeutic interventions can be formulated with this kind of language.

Administrative analog. This technique works well with faculty in particular. If they are reactionary, passive-aggressive, or unmotivated for change, one need not work on remediation, because none is possible.

Step 4. Put the emphasis on a single approach, no matter how diverse the problem. *Clinical perspective.* Abraham Maslow's aphorism "When the only tool you own is a hammer, every problem begins to resemble a nail" applies here. Haley states, "Patients who won't behave properly according to the method should be defined as untreatable and abandoned."

Administrative analog. Employees who won't behave properly according to the method being used should be defined as incorrigible and fired.

Step 5. Repeat the past. *Clinical perspective.* Haley suggests trying to approach patients' behavioral problems in the same unsuccessful way

and with the same limited understanding that the patient's family and previous therapists have used.

Administrative analog. Try to approach the chronic problems of an employee or faculty member in the same unsuccessful way and with the same limited understanding that previous supervisors have employed.

Step 6. Only long-term treatments work. *Clinical perspective.* Another way to fail as a therapist, Haley notes, is to insist that only years of therapy can change the patient.

Administrative analog. Another way to fail as an administrator is to insist that only the Second Coming can change the organization.

Step 7. Ignore reality. *Clinical perspective.* "Ignore the real world patients live in," and instead emphasize the importance of their infancy, inner dynamics, and fantasy life.

Administrative analog. Ignore the real world the organization lives in, and emphasize the fantasies and values of the way things were 20 or 30 years ago. Pretend things haven't changed.

Step 8. Beware of the poor. *Clinical perspective.* Haley advises, "Avoid the poor because they will insist upon results and cannot be distracted by insightful conversations."

Administrative analog. Identical to the above.

Haley ends by suggesting that on the wall of every institutional training therapist, a motto be hung known as "The Five B's Which Guarantee Dynamic Failure":

- Be Passive
- Be Inactive
- Be Reflective
- Be Silent
- Beware

The motto is as relevant for administration as it is for therapy, and it remains as pertinent today as it was 30 years ago. ♦

Reference

1. Haley J: The art of being a failure as a therapist. *American Journal of Orthopsychiatry* 39:691-695, 1969