

Strategic

Video URL:

<https://www.youtube.com/watch?v=zLsDzpi8sLM>

Learn More about the Core Competencies:

<https://www.erickson-foundation.org/core-competencies>

30:28

SUMMARY KEYWORDS

therapy, people, person, strategic, therapist, erickson, client, talking, activation, approach, cases, elephants, problem, interpretations, hypnotic, intervention, feels, oriented, goal, skills

SPEAKERS

Dan Short, Michael Yapko

Dan Short 00:34

Michael thank you for being here. There is, I'm very eager to hear what you have to say about being strategic. It's a, this is an important concept. It's fundamental to Ericksonian therapy. Well trained Ericksonians know what this means, know how to do it. Other people don't know what it means kind of get a, can get skeptical and can get, say some things about being manipulative or things like that. So there's gonna be a lot we need to cover here, so that people have a good basic understanding of this idea of strategic action in therapy or

the skill to be able to do this. And so, what would you, what..? Let's get started off with you just tell me in the simplest terms possible. What is this?

Michael Yapko 01:19

Well, Erickson's work really had two fundamental elements to it. One was the hypnotic side of the work that he did. And the other was the strategic side of the work that he did. And they overlap to a very significant extent. When I'm talking about being strategic, I'm using a pretty standard definition of the therapist being the one to take the responsibility of moving the therapy forward. The therapist is recognizing that this person is here for a reason. And that because the goal becomes clear as the client delineates it and says, here's what I want. The job of the therapist really is to be a bridge builder. How do I help build the bridge between where the person is, as they begin treatment to where they want to go? People typically know what they want. They know that they want to be healthier. They know they want to be happier in their work, or they know they want to be able to talk to their 15 year old without it turning into a big argument. They know what they want. They don't know how to get there. And it really is the therapists task. And that's what it means to be strategic is to develop a plan, a series of steps to follow that will lead the person to where they want to go. Now for the people who have a hard time with that notion. There are people who still come up to me at workshops who will say to me, gee, Michael, your, your work is wonderful, but you're so goal oriented. And here comes the lecture. Don't you know that it's not about the destination, it's about the journey. And I have to remind therapists that only therapists say that. Clients never say that. Clients never come in and say, Hi, I'd like to go on a journey. You know, they want they're there to accomplish something. But this is the ambivalence that has dogged the field from the very beginning. Do I use my knowledge and my influence to help this person accomplish what they came to therapy to accomplish? Or do I sit back and

kind of let this person flounder and hopefully, they develop some insight that's magically going to change them one day. So to be strategic to me means being goal oriented. It means respecting the clients wishes and and collaborating with them as a partnership and how we strive to accomplish together what they came to therapy to accomplish.

Dan Short 03:56

As you're saying that something that flashed through my mind is we're licensed professionals, and any licensed professional that answers to a board has a fiduciary responsibility, that word responsibility and then fiduciary, which means you're putting the needs of the client first. And then you're going to see that those needs are tended to. And so like if we if I was an investment person, financial advisor, the fiduciary responsibility, they're they're giving me however much money, that money needs to be strategically increased, needs to be managed well. And so what you're saying is when the client comes in with their time with their energy with their trust, you actually have a fiduciary responsibility to manage that well, and get them to a place they wish to be. Jay Haley was one of my mentors and friends for a very long time. And Jay used to say it just so simply, that the problem with people in therapy is that they're in therapy, and that the goal is to get them out of therapy as quickly as possible. I believe that, you know, I believe that therapy's not a normal relationship. It's not where the person is living their life in your office. They're living out there somewhere. And the real challenge is how do we help them live better? And when when people level the manipulation charge it always astounds me because that would imply there's something self serving about it. And, and with Erickson's work, it was the exact opposite. It was so benevolent and so focused on what this person wants, and and Erickson doing everything he could and now the generations of people like me following that, doing everything I can to make sure that this person gets out of the experience what

they want. So something that I've said before when people have raised this issue of being manipulative, I said, well, let's look at the difference between being influential and being manipulative. Like do you want an influential therapist for one. Manipulative con artist, someone who's looking to get money from someone...

Michael Yapko 06:01

That suggests something malevolent, and nobody becomes a therapist because they want to hurt people. And so that it's not even in a sense worth talking about that for people who don't take that initiative, who thinks that they can just sit in a room with someone and thoughtfully stroke their chin and say, so tell me more about that. And somehow that's therapy really misses the point. And it's and you know, the differences between long term therapies and short term therapies, the differences between therapies that are goal oriented versus just trying to cultivate some abstract insight. And, you know, you construct your therapy in a lot of different ways, obviously, and given that there are more than 500 different forms of psychotherapy on the books right now each of them with different emphases with... even more. The so many different ways of approaching things. But what's interesting is it's the philosophy of the therapist, the perspective of the therapist that obviously shapes what they do, how you think about therapy determines how you practice it. And what what is bothersome from the other side of it is when you have therapists who aren't comfortable with influence, who have the opportunity to say things and do things that would make a difference. And then they don't because of some personal philosophical position, or theory, to me that is malpractice. It's a really unfair thing to do, to be in a position to say something and not to be in a position of being able to help someone and delaying or not responding at all to those kinds of issues.

Dan Short 07:54

Unless it's part of a strategy in which case by not speaking, maybe you're trying to get the other person to fill in and realize something, but even then, that's strategic.

Michael Yapko 08:03

That would be strategic, that it's somehow purposeful and serves the larger purpose of what you're trying to do.

Dan Short 08:10

And because you're seeking to be responsible, make responsible use of the time and the person's money they're paying you, and there's outcomes to judge it by and if you don't get to those outcomes, then you haven't done it correctly. Let's take it out of the realm of the abstract and start talking about what it actually looks like. Okay, so what does that mean that you're actually doing? You know, I there, there are cases I can describe from Erickson's or cases from my own work that illustrate the points I'm talking about really well. But for me when I'm interviewing somebody, obviously the first question I'm asking myself is, what does this person want? What are the goals? But it's the second question, I'm asking, what are the resources this person's going to need in order to do that, and there's been this polarity in the field of psychotherapy forever. The polarity of motivation versus ability. And therapy has historically always focused on questions of motivation, and and created concepts like unconscious fears of success and unconscious fears of failure and secondary gain issues and those kinds of things. And I focus far more on people's abilities that if this person's going to accomplish this, that they want to accomplish, what specific skills are they going to need in order to be able to do that? And then I can assess does this person have those skills and they're just not using them? Or are these skills that are so alien to them that I'm really

going to have to be the one to structure teaching them? Well, how much of therapy is education no matter what style of therapy you do, and you know, there are people who can say education is manipulative, because it's bias from whatever spin you put up. You know, let me provide just a couple of cases as examples. One of Erickson's most famous cases, I don't know if anybody else has already talked about this was the African violet lady. And, you know, to very simply for him to take a lonely, depressed woman, and observe that she's great at growing African Violets and then turn that into an activation process, the behavioral activation of getting her moving, growing flowers, the social activation of connecting her to people at the church, the emotional activation of being aware of that emotional connections when you give people gifts like that, the cognitive activation of having to keep track of when there are weddings and problem solving. So, you know, he gets this lonely, isolated woman out with a reason and a structure for how to connect with people. And lo and behold, what happens this woman's life literally turns around and she becomes the African violet Lady of Milwaukee that everybody knows who she is. And she's she's accepted and welcomed into how many places in her life changes. That's strategic therapy. And when cases that I've done I can think of one man that I worked with, who had plans to retire and he was going to get a camper and he and his wife were going to go across the country and enjoy retirement, visiting state parks and camping and then he suffered a massive heart attack. He had to have a quadruple bypass. And from the time he woke up in the hospital to the time I saw him, all he did was sit by himself in a dark room, crying and obviously depressed. Obviously, he feels like his life is over that all of his great retirement plans are gone. And what do you say to somebody like that? If I say to them well your doctor said you can go travel, or your doctor said that you can do these things, you know, he's not going to absorb that. So he's got his wife with him. He doesn't say anything. She does the speaking for him. And finally, he has... she's talking about how

he sits in the living room in the dark. And even when she's in the other parts of the house, she'll call to him and ask, are you okay? And he doesn't even answer. And she has to stop whatever he's doing to go check on him because she's worried about him. What do you ask somebody like that to do? Do you just sit around and let him talk about how hopeless he feels. So I dismissed her and started talking to him about the fact that not him personally, but metaphors about people who make bad decisions in the long run by making bad short term decisions, and I'm talking about people who drop out of school without graduating and then settle for crummy jobs. And I talk about somebody who gets into a bad marriage just to escape an abusive parent. And I'm going through all of this stuff. And finally he says, I'm going to die. I know that's what he's been thinking all along. So much to his surprise, my demeanor changed. And I said to him, You are an incredibly selfish man, which shocked him. I wasn't mean about it. But said you're very selfish. He says, What do you mean? I said, you heard your wife, she has to stop whatever she's doing to check on you. Because you can't even answer her. He says, Well, what do you want me to do? So here's what I want you to do. I want you to get a timer. I want you to set it for every 15 minutes. And whenever the timer goes off, I want you to yell out throughout the house. I'm still alive. Well, how many times do you yell that out before it dawns on you that you're still alive. It didn't take long. The next thing I hear from him is two weeks later, I get a postcard that he's on the opposite side of the country, and says to me, feeling great, wish you were here to tell me why. Now, that was a really simple intervention, but you don't learn that in graduate school, but to have him counter his own, I'm going to die with I'm still alive, was a strategic move. I'm asking him to be active in his own behalf. I'm asking him to engage with his wife in that way. I'm asking him to think beyond the immediacy of this moment. And that's what strategic therapy is about, what can I crystallize it down to? What can I ask this person to do? Where can I send this person to

conduct experiments that will challenge them, expand them, help them redefine themselves, and the hypnotic side of being strategic is really valuable. Because so often what people's problems are about our problems of focus, they're focusing on what's wrong and not what's right. They're focusing on the unchangeable past instead of what the possibilities are for the future. They're focused on their feelings when they should be thinking, they're focused on themselves when they should be paying attention to someone else, or vice versa. And so to be able to use the hypnotic side strategically, what can I focus this person on that will expand their self definition, challenge them to go beyond the boundaries of the symptoms that they've started to adapt to? And that's what what being strategic about. I can give you lots of different cases like... Something I want to mention this that you'll hear said I don't know if you're one of the teachers that have said this, but many of the teachers in the Ericksonian method will say, being strategic is helping the person figure out something they can do about their problem. Finding something and so it's not necessarily you, the therapist fixing their problem. It's not you, the therapist solving their problem, but you're helping the person how to figure out something that they can do about their problem.

Michael Yapko 16:22

Anything that you can do that catalyzes a meaningful response. You know, if I go as far as offering somebody a solution, and they don't take it, but instead they generate their own...

Dan Short 16:35

Yes,

Michael Yapko 16:35

Perfect! Perfect and it's not, you know, follow what I'm saying necessarily...

Dan Short 16:41

It's not about controlling the patients...

Michael Yapko 16:42

It's using myself, using our relationship to catalyze expansion. You know, how can I help this person go beyond the self limiting boundaries that they've unwittingly unintentionally created for themselves? And, you know, the more questions I ask about how they generate their symptoms, the more opportunities, I have to understand that sequence of how they do this, do this, do this and end up here, you know, and that's what allows me then to have many different choice points about where I can introduce some new idea or some new behavior or invite them to challenge themselves in some new way and experiment with some perception that they've had. And that's really what we're striving to do is make the boundaries that somebody uses to define themselves more malleable, and, and to redefine yourself, as is, you know, an inevitable part of good therapy.

Dan Short 17:47

So something you just mentioned, if we were going to take the lingo of the greater field, and we were talking about in terms of assessment, you were saying, well, I'll collect information, I'll collect information until I see that there's something that can be done about this. So is this the case that you would say that to be strategic, you need to have a certain amount of information you've collected? Or you need to assess the situation in some sort of way? Sure, yeah, that, you know, there's a process that I use in my work called sequencing. And what I'm interested in is how does somebody get from here to here? How does somebody convince themselves that, you know, flying is so hazardous that the very thought of it makes them ill? Or how does

somebody convince themselves that that dog they see two blocks away is going to come up to them and bite them? And they're going to have rabies and be in the hospital forever, you know, people who have a hard time distinguishing what they imagined from the reality of a situation and that requires a strategic intervention. How do you learn to make these distinctions between subjective perceptions versus what's possible, how other people approach it. So the sequencing part of this is, what are the steps this person follows to get where they go, when where they go isn't where they want to be. And what new steps can I introduce that will help them get someplace else that they really do want to go. So you don't, just to be clear, you don't necessarily need to analyze them. And you don't necessarily need to interpret their behavior and make them consciously aware of all of this...

Michael Yapko 19:26

Exactly right. I am on the warpath against interpretation. You know that if you look at iatrogenic side of therapy, when people get worse, rather than better, okay, what happens when you have someone who makes these interpretations about the symbolic meaning of somebody's symptoms, and they, they believe their own interpretations but the client doesn't, and then they try harder to get this person to see it the same way. And that's when you end up with power struggles and all kinds of conflicts that end up damaging therapeutic alliance. This was a significant part of the work that I did that related to the whole false memory issue that therapists were making interpretations that were just flat out wrong. But they stood by them to the detriment of the client. You know, therapy is benevolent in its intentions, but it isn't necessarily therapeutic in its outcomes. therapists can make mistakes. And one of the most obvious mistakes is making interpretations that that may have nothing to do with what's really going on. So for me, when I talk about the assessment side of it, if I'm trying to understand the patterns that this person uses, to generate the

kinds of experiences that they have, so I'm looking at things like the person's cognitive style, the person's relational style, the person's problem solving style, the person's coping style, where the person places the locus of control what the quality of their attributions are, as they make meaning out of their own experience. And these become the targets for the intervention. You know that when somebody says In essence, I feel helpless, okay, this person feels like there aren't any options. There's nothing in their control. There's nothing they can do about it. And meanwhile, I already have several ideas about what they can do about it. And how do I introduce that? How do you introduce to someone who already believes it's not possible that it is. So to do that gently, to do that strategically, can't just hit you over the head with it. How can I gradually engage you enough, absorb you enough to be willing to consider another perspective and that's the value of the hypnotic side of being strategic. You know, the hypnosis is so gentle and so supportive and so clear in the message that even if you're in a circumstance that you can't do anything about changing the circumstance is what's called a primary control intervention. Then the easiest thing is to move to a secondary control intervention of how do you change your attitude towards it then? I can't change the fact that you had a leg amputated, right? Not negotiable. That legs gone. Now we move to a secondary control. How do I help you manage the fact that it's gone and make a healthy adjustment to it? So that you don't define yourself as somebody who is you know, uselessly, physically limited. So you know, that's where hypnosis does its best work. Secondary control interventions, and it's where psychotherapy does its best work.

Dan Short 19:48

You're going to see social work, maybe being primary control interventions where they can give someone money or something like that. There's something I can do to change the circumstance. This person tells you how

terrible their supervisor is. Okay, first line of inquiry, is there a way to get another supervisor? Can we change the circumstance in some way? Well, the answer is no. This is the only supervisor there is and I need the hours and I'm going to stay with this person. Okay, now, can we do something to change how you react to or interpret the actions of your supervisor? And can we do something on that level? So on one level or another, there's going to be an opportunity to do something different. And it's really a calculated effort of at what pace can I introduce ideas? In what way can I introduce ideas? In what way can I encourage this person to go beyond what they've been experiencing? So something, I don't know that you know this or not, but you've had one or two of your former clients move from California where you were doing therapy to Arizona to Phoenix where I'm doing therapy and decide they need some more work and they want to find an Ericksonian therapist and then show up in my office. I get to hear about your work and ask the person, well, how was it? You know, how was your work with Michael? You know, good experience? Yes, yes, most definitely. Yeah. What What was it that you liked about the work? What was it that you're hoping I'll do for you that Michael did for you? We didn't just come in and talk about how we felt. We... he helped us do, he helped us do something about it. And it's consistent with how I approach it. You know, it's, there's a time to talk about your feelings, obviously, and I would never ignore someone who wants to talk about their feelings. But certainly, if we've learned anything about the value of therapy, the value of action cannot be overstated. And when you look at the therapies that have the highest treatment, success rates. There's no no arguing that these are very action oriented approaches, cognitive behavioral therapy, behavioral activation therapy, interpersonal therapy. They're all very action oriented approaches, and it's getting people to do something. And I think that that was one of the most powerful aspects of Erickson's cases. You know, the thing is whenever you read Erickson's cases, or when when I would talk with Jay

about those cases and others that weren't published, the action orientation is what always stood out to me as he had a way of getting people moving. When they were feeling like they were living in a jar of molasses. He had a way of getting people moving. And that for me has been a really powerful lesson about the nature of being strategic. Having spent a year paralyzed as a teenager right before college, unable to move, he might have developed an appreciation for the importance.

Michael Yapko 26:05

I think I think that actually, I think so. And I think his observational skills as legendary as they are, is looking at what people actually do, and who are successful at doing something. And when people go through my training programs, it's one of the exercises I give them all throughout is I want you to notice people around you, identify people who are really good at doing something, whatever it is, and I want you to ask them a lot of questions until you understand the sequence of they do this, then they do this, then they do this and that how it's that's how it ends up here. And and just to make a kind of an aside point that people might find interesting. That to me was one of the most valuable things about this, the applicability in other arenas. I had a very unique opportunity in San Diego through the zoological society to work on an elephant captive breeding program. I spent three years working with people, working with elephants and working with elephants working with people. And it was taken the same exact skills that I'm talking about. Here is the lead keeper, who's in charge of this this breeding program, who is a wizard with the elephants. And then when you ask them, so how do you do what you do? He very insightfully says, I don't know, I just do it. And so okay, that's great that it's intuitive. But the goal of the program was how to teach new trainers and keepers, how to acquire that same skill set. So there's another application of strategic beyond just the therapy office, that out there in the world there are

lots of people who are really good at doing things. How can we learn from them? How can we identify things that seem intuitive to one person that have a clear cut structure to another. I was really proud of the fact that I learned a lot about elephants. And if you ever need your elephant trained, Dan, I'll be happy to help you with that, but it's a application of strategic approaches, again, being outcome oriented.

Dan Short 28:18

I was recently reading some books by Lawrence Anthony, the elephant whisperer on his work and in fascinated by how much of it could apply to people. Absolutely. Yeah...

Michael Yapko 28:27

Absolutely. But it starts with that attitude of, there's an outcome that we're going after. And to be outcome oriented for some therapists is challenging. It's just not what their goal has been if they've been trained to think in terms of helping people develop insights. It's a very different perspective than encouraging people to develop specific skills.

Dan Short 28:53

So if a person wants to get better at this and they want to learn how to be more actively involved and more problem solving oriented in their work with their clients, what, what can they do to get better at being strategic? Well, there are great training programs in a lot of different places. But I think the the place to start is asking if I am going to learn this kind of an approach and start to think in terms of goals and steps to goals, getting my mind in sync with that as a framework for doing therapy, being willing to take the responsibility to create an atmosphere that makes it possible for this person to learn the things that they need to learn. And that, that to me is, you know, one of the most valuable

things Erickson said was that the therapist is the whether the therapist provides a climate for change. Well, with that, we'll end here, Michael, thank you so much. It's been very illuminating. My pleasure.

Michael Yapko 29:59

Thank you so much for inviting me to do this.