

**TOWARDS A THEORY OF FAMILY THERAPY:  
REDISCOVERING THE INFLUENCE OF DON D. JACKSON**

by

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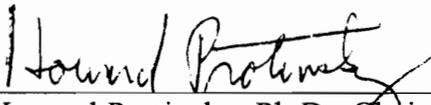
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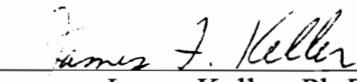
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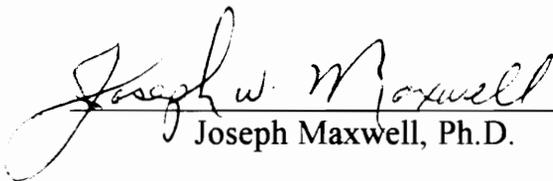
**Family and Child Development  
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ABSTRACT

The theory and therapy of Don D. Jackson, MD. is an important piece in the foundation of Marriage and Family Therapy (MFT). It is Jackson's unique Interactional Theory which is viewed by many as the foundation of systemically oriented theories of MFT. This study looked at Jackson's theory and therapy through the eyes of many individuals who worked with him during the most fertile period in MFT history. Individuals such as John Weakland, Murray Bowen, Paul Watzlawick, Jay Haley, Richard Fisch and Jan Beavin-Bavelas were interviewed regarding their understanding of Jackson's influence on the field of MFT. Jackson's theory and therapy were explored in an attempt to gain

insight into his unique approach to the therapeutic treatment of individuals within the context of the family.

The depth of Jackson's influence on the development of the field is generally recognized however, his influence has been poorly researched. Jackson's departure from the linear orientation of psychoanalysis represents nothing less than a paradigmatic shift. Jackson's Interactional theory was the first theory of human behavior to be grounded in the general systems, communication and cybernetic theories. This change in theoretical orientation laid the foundation for the future development of additional systemically oriented theories and therapies. This dissertation will provide an understanding of Jackson's Interactional theory and therapy as well as provide an understanding of his tremendous influence on the development of systemically oriented family therapies.

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## CHAPTER 1

### Introduction

Nearly forty years ago a few individuals questioned the current truths of mental illness and started viewing individuals in relation to a larger context. Most of these individuals (e.g., Haley, Weakland, Fisch, Bowen, Watzlawick, Erickson, Satir, Bateson) have been honored and studied for their contributions to the development of a new way of conceptualizing human behavior. One man who is rarely given credit for his many accomplishments in the development of family therapy and has to date been poorly studied is Don D. Jackson. Jackson founded the Mental Research Institute (MRI) on May 7, 1958, (Palo Alto Times Tribune, 1958). The MRI was the first American research institute in the field of family therapy and probably the first family therapy institute in the world (Ray, 1992). Jackson's name is synonymous with such seminal concepts as family homeostasis, family rules and relational quid pro quo. Jackson is also given credit for coining the term Conjoint Family Therapy and Interactional Family Theory and Therapy (Haley, 1981). Jackson brought into existence the

first family therapy training program in the world of which Virginia Satir was the first director. Along with Nathan Ackerman, Jackson founded the first journal aimed at the field of family therapy, Family Process, first published in March, 1962. The intent of Family Process was to encourage the development of the science of the family (Family Process, 1962). Jackson brought into existence Science and Behavior Books, the first publishing house designed to give a forum for marriage and family therapy (MFT) research. With Gregory Bateson, John Weakland and Jay Haley, Jackson developed the theory of the Double Bind. Along with his colleagues at the MRI, Jackson pioneered the clinical use of the one-way vision mirror, therapeutic teams, live supervision, and the recording and clinical use of raw data from therapy sessions (Ray, 1992; Weakland, 1981; Weakland, Fisch, Haley, Beavin-Bavelas & Wilder, 1993).

Don D. Jackson is a name that seems to hover silently over the field of MFT, yet his influence on the field, both theoretical and clinical, has yet to be comprehensively studied. In his twenty-four year career Jackson was prolific. He published 124 articles and book chapters as well as authored or co-authored seven books. In spite of his many publications there exist only six authors

presenting ten articles (all since 1970) regarding Jackson (Ackerman, 1970; Greenberg, 1974, 1977; Greenberg & Weakland, 1977; Zuk, 1981; Ray, 1989, 1990, 1991, 1992, 1994). There are only two papers which attempted to gain an understanding of Jackson's theory as he used it in his clinical practice (Ray, 1988; Greenberg, 1977). Thus, it can be concluded that the influence of Jackson's work in the MFT field has not been comprehensively researched.

The purpose of this study was to gain an understanding of Jackson's influence on the theoretical and clinical work of six major leaders in the MFT field. Previously recorded interviews with Jay Haley, Murray Bowen, John Weakland, Richard Fisch, Paul Watzlawick and Jan Beavin-Bavelas, were transcribed and studied to identify Jackson's influence on the respondents' theory and therapy. A secondary purpose was to ascertain the respondents' view of Jackson's role in the development of the MFT field. An examination of Jackson's influence on current leaders in MFT was conducted to enhance understanding of the historical development of the field. This study used the insights of those who knew and worked with him during his career. These individuals were chosen for the study because they worked with Jackson during

the development of the MFT field and are considered founders of the field (Bodin, 1991).

### Research Objectives

The research focused on the respondents' 1) perceptions of Jackson's theory and therapy 2) viewpoints on how Jackson's theory and therapy influenced their theoretical and clinical work and 3) views of Jackson's role in the development of the MFT field.

## CHAPTER 2

### Review of Literature

In order to develop a backdrop by which to analyze the data, a review of Jackson's theory and his clinical writings are included. In addition, some biographical information is offered in order to develop a distinct understanding of Jackson through which to decipher the interviews. Jackson's 124 articles and 7 books were reviewed in order to draw out the major themes of Jackson's theory. The literature review is organized in a manner which includes the following themes: Jackson's Early Clinical Writings, Jackson's Interactional Theory, Homeostasis, and Studies of Jackson's Work & Biographical Information. In order to embark on the journey of answering how Jackson has influenced the field, a section of remembrances written after Jackson's untimely death is included.

#### In the Beginning of Family Therapy

Bowen stated that the beginning of family therapy was muddled by a state of chaos (Bowen, 1976). Bowen initially believed that the chaos would be of benefit in questioning the current day theories of psychotherapy. To his dismay it did not occur (Bowen, 1976). What was lacking was a commitment to theory and

a congruence between theory and therapy (Bowen, 1976). There were only two people who clearly articulated a family systems orientation, two people from which all other systems theories derived, Bowen and Jackson (Bowen 1976). Bowen believed that Jackson's fundamental principles were moving toward an unparalleled theory. "Jackson was operating more on phenomenology, but he was moving toward a distinctly different theory. One can only guess where he would have emerged had he lived" (Bowen, 1976, p. 56).

Jackson viewed family therapy as more than a tool to be used in the practice of psychoanalysis. He believed that family therapy was a new way of understanding the world of human behavior and began to distance himself from medical psychiatry (Jackson, 1968). This deliberate move against psychoanalysis was done against the admonition of his colleagues in both the family therapy and psychiatric fields (Haley, 1981).

## Jackson's Theory

### Jackson's Early Clinical Writings

Jackson's first article was published in 1944. This article dealt with hypnosis and its therapeutic use. In his first article, Jackson referenced Milton

Erickson four times. His interest in Erickson took place many years before Erickson's clinical skills were fully recognized. Jackson went as far as to state that he believed it was essential for every psychiatrist to master the directive, goal-oriented techniques of hypnosis. This was distant from the current ideas regarding the non-directive psychoanalysis of the day. Jackson had begun to develop the foundation for a short-term, directive model of therapy. Jackson went on to state that the techniques used in therapy were not rigid but rather fluid, adapted to the needs of the individual patient. Jackson had also begun to question the idea of long-term therapy. In this 1944 article, he stated that symptoms could be removed in as little as one or two sessions. It is also in this article that Jackson first stated the importance of interpersonal relationships. He had begun to question the current day knowledge and lay the foundation for his interactional theory. In Jackson's 1946 article, "The Psychosomatic Factors in Ulcerative Colitis", one can begin to see a shift toward the interactional theory. Jackson, through the use of a case study, expressed the idea that the symptom of ulcerative colitis in a female patient was an interactional process that helped maintain the balance in ongoing relationships. Although at that date Jackson had not attempted to develop an

interactional language, he was clearly widening the gap between his ideas and those of current day psychoanalysis.

It is important to realize that Jackson's theoretical shift began prior to his training under Sullivan and the theories of Interpersonal Psychiatry. In Jackson's first publication he began to report that symptoms had to be understood in relation to the context in which they occurred (Jackson, 1946). This simple idea was a major theoretical shift. The understanding of an individual's symptom as an intrapsychic problem was questioned, and the idea that behavior was purposeful within a given context was introduced.

As early as 1952, a year before the Bateson project began and two years before Jackson joined the project, Jackson introduced the concepts of systems theory into the field of psychiatry (Jackson 1952). In 1952 Jackson published his article, "The Relationship of the Referring Physician to the Psychiatrist". This was published the year after he left The Washington School of Psychiatry, and the year before the Bateson project began. In this article, Jackson introduced the ideas of systems theory by noting that the relation between the referring physician and the psychiatrist influenced the clinical outcome of psychiatric treatment. The

therapist is not viewed as an objective observer but rather an integral part of the interactional process that influences behaviors.

Jackson communicated his interactional theory with several publications in 1954. In “Some Factors Influencing the Oedipus Complex”, Jackson stated that the parent's and the child's behaviors were mutually adaptive. He warned not to consider the parent’s behavior as a separate matter. Although up to this point Jackson had not used the term “Family Homeostasis”, he explained the principle (Jackson, 1954). The very notion that an individual's symptomatic behavior could be seen as a homeostatic mechanism of the entire family was the antithesis to the current day perception of human psychopathology. Also in that year, Jackson presented the Frieda Fromm-Reichmann lecture to the American Psychiatric Association (APA) on May 7 at the Palo Alto Veterans Administration Hospital. This presentation would later be published under the title of “The Question of Family Homeostasis”. In this article Jackson laid out the core of what would later become known as Interactional Theory. The stated purpose of the presentation to the APA was to introduce two main ideas that are fundamental to his theory:

(1) The importance of change in other family members as the result of a change in the patient during psychiatric treatment, and (2) the relation of family interactional patterns (especially parental interaction) to psychiatric nosological categories (Jackson 1957a, p. 2).

While giving this lecture Jackson referred to the term, “Family Homeostasis”, as a relative constancy of an internal environment. He continued to state that this constancy was made up of an endless interplay of dynamic forces (Jackson 1957).

Jackson offered the following example:

A boy won a popularity contest in his grammar school, and, in riding home with his mother afterward, was able to tell that she was not entirely pleased by his success. This was one event that helped set into motion various adaptive responses, including his not being so popular henceforth. One aspect of his reaction was his father’s indifference toward his mother and the tacit bargain that the child was to supply her needs. It was apparent to the psychiatrist that an integral part of the boy’s treatment would be making provisions for an onset in the mother (Jackson, 1957).

The process of family homeostasis was seen by Jackson as an ever present, always active interaction between individuals (Jackson, 1957). There are those who stated that Jackson's idea of family homeostasis is not a valid or useful concept due to its restrictive position (Dell, 1982; Anderson, 1984; Goolishian & Anderson, 1988, 1990). If one critically reads Jackson's writings, family homeostasis was described as a fluid, ever changing process by which the family maintained its equilibrium (Jackson, 1957a, 1957b, 1958, 1959, 1965a). The symptom is but a single aspect of the more complicated interlocking whole that makes up the family (Jackson, 1954c, 1957b).

It was at the presentation of "The Question of Family Homeostasis" to the APA in 1954 that Bateson approached Jackson and asked him to join the Bateson project as a consultant (Jackson, 1968). Homeostasis was an integral part of Jackson's Interactional Theory.

### The Theory of the Double Bind

The union of Jackson and the Bateson project influenced a major shift in thinking related to the etiology of schizophrenia as well as other pathology (Weakland, 1993). The shift had taken place from thinking of pathology or

symptoms as being maladaptive and inappropriate behavior carried over from the past to symptoms being seen as legitimate behavior in relation to the social situation. Jackson had an ability to see people in the present, real time, as if nothing were wrong with them, regardless of their current symptoms (Haley, 1980). The Bateson project published two papers before Jackson joined them; after his joining, over seventy papers were published. This is not to minimize the contributions of the other members, but only to state that Jackson had a great deal of influence and respect demonstrated by his receiving many awards such as the Frieda Fromm-Reichmann award and being made a fellow in the American Psychiatric Association. That influence opened many doors to the ideas and research results of the project.

The theory of the Double Bind is based on two constructs, communication analysis and specifically on Russell's Theory of Logical Types (Whitehead & Russell, 1910). Communication is seen as never consisting of a single message, but rather consisting of at least two related messages at different levels of abstraction (Bateson, Jackson, Haley, & Weakland, 1956; Bateson, Jackson, Haley & Weakland, 1963; Jackson, 1965; Watzlawick, Beavin-Bavelas & Jackson,

1967). In other words, every message is seen as only a part of an ongoing interaction between at least two individuals attempting to define the nature of their relationship (Jackson, 1954b). The focus on communication in the schizophrenic family was a shift from the idea that the etiology of schizophrenia was somehow related to a specific traumatic event.

The second construct that influenced the Bateson project was Russell's 1910 theory of logical types (Bateson et al., 1956). As expressed by the Bateson group in "Towards a Theory of Schizophrenia", the main principle of the theory of logical types is that there is a discontinuity between a class and its members (Bateson et al., 1956). Stated in a different way, the statement "let's play chess" is at a different level of abstraction than the actual moves used in playing chess. There are two conclusions drawn from the theory of logical types essential to the investigation of communication and its relationship to behavior: 1) Logical levels must be kept apart to prevent paradox and confusion, and 2) going from one level to the next (from member to class) is a discontinuity or change. This change provides a way out of current interactional patterns in the system (Watzlawick, Weakland & Fisch, 1974).

The necessary communicational ingredients for a Double Bind were seen as: A) A relationship involving two or more persons; B) There is a primary negative injunction, do not do so and so or I will punish you, or if you do not do so and so I will punish you; C) There is a secondary injunction, conflicting with the first, often at a different level of abstraction, and like the first enforced by punishment or threats to the survival of the relationship. It was observed that the secondary injunction was commonly communicated by non-verbal means; D) The individuals involved in this pattern of communication cannot comment on it, or leave the field. The relationship necessary is seen as having high survival value to the individuals involved; and E) The interaction is a recurrent theme, rather than a single event. The Double Bind pattern becomes routine and creates an habitual expectation on the part of the participants (Bateson et al., 1956).

Once the pattern has produced an habitual expectation, the necessity of all the ingredients is no longer essential. After the patient learned to perceive the universe through the Double Bind interaction, any part of the sequence is adequate to influence the onset of panic or rage (Bateson et al., 1956; Bateson et al., 1962).

An aspect of communication important to Jackson's Interactional theory is

that of report and command. It was noted (Jackson, 1958) that communication can be seen as having two distinctly different functions, one of report and one of command. Every communication carries bits of information that are understood as factual, which most often can be understood as being true or false and are dealt with as such. This portion of communication is said to be the report aspect, “the iron is hot”. In addition to the report and of immensely more interest to Jackson’s Interactional Theory (Jackson, 1965) is the communication aspect of command. In every interaction both the report and command are given. The command aspect indicates how the information is to be taken (Jackson, 1965; Watzlawick et al., 1967).

Every communication has a content and a relationship aspect (*report and command*) such that the latter classifies the former and is therefore a meta-communication (Watzlawick et al., 1967, p. 54).

The double bind theory reflects an important aspect of Jackson’s theory. Jackson was exploring the interactional processes between people and how this process shaped their behavior. The theory of the double bind was an example of how seemingly abnormal behavior, viewed in light of the interactional process, can be

understood as adaptive (Jackson, 1957d, Bateson et al., 1956). It was observed that the interactions in the family gave rise to the patients' acquisition of the mental habits that were exemplified in schizophrenic communication (Bateson, et al., 1956).

### Jackson's Interactional Theory

The combination of Jackson's early clinical observations, his training with Sullivan, and his interaction with the Bateson project played a role in the development of the Interactional Theory. The theory of Interactional Family Therapy was based in part on communication analysis (Jackson, 1954c, 1957). Axioms of communication inherent in the theory include the impossibility of not communicating. A) One cannot not behave. There is no opposite to behavior; one can never not behave. B) All behavior, including symptomatic behavior, is communication (Jackson, 1965; 1957; Watzlawick et al., 1967). It is common to limit communication to the spoken or written word, yet even the absence of speech is quite effective communication. One must also include non-verbal actions and expressions in the realm of communication. Symptomatic behavior was seen as being equally as meaningful as that which is ordinarily considered normal

behavior (Jackson, 1963). The seemingly bizarre utterances of the schizophrenic viewed in this manner were seen as condensed and informative communication (Haley, 1980; 1993; Jackson, 1964; Watzlawick et al., 1967). C) One cannot not communicate. If one accepts that one cannot not behave and all behavior has communicative value, it follows that regardless of one's attempts at not communicating, communication will always take place.

Activity or inactivity, words or silence all have message value: they influence others and these others, in turn, cannot not respond to these communications and are thus themselves communicating (Watzlawick et al., 1967, p. 49).

The command aspect of communication was described as that which attempts to define the nature of the relationship. In other words, this is how individual A wishes to be seen in relation to individual B. Individual B in turn will comment on the nature of the relationship with a response to the communication, either accepting, denying or attempting to modify the command message in the prior message (Jackson, 1965; Watzlawick et al., 1967). This process is understood as a never ending, always present aspect of communication.

All such relationship statements are about one or several of the following assertions: “this is how I see myself . . .this is how I see you. . . this is how I see you seeing me. . .” and so forth in theoretically infinite regress (Watzlawick et al., 1967, p. 54).

Another area concerning communication is how communication is punctuated. Jackson believed that cause and effect, stimulus and response, action and reaction, and so on, were merely observer imposed punctuation of a circular process (Jackson, 1965; Watzlawick et al., 1967).

The stimulus-response psychologist typically confines his attention to sequences of interchange so short that it is possible to label one item of input as “stimulus” and another item as “reinforcement” while labeling what the subject does between these two events as “response.” In contrast, the sequences of interchange that we are here discussing are very much longer and therefore have the characteristic that every item in the sequence is simultaneously stimulus, response and reinforcement (Bateson & Jackson, 1964, p. 204).

When viewed in this manner, any part of this triadic sequence can be punctuated by the observer, and so viewed as stimulus, reinforcement, or response. Any given punctuation is not understood as being good or bad but rather as organizing behavioral events, and is therefore indispensable to ongoing interactions (Watzlawick et al., 1967). Interactional theory states that the punctuation of the communicational sequences defines the nature of the relationship between the communicants.

### Studies of Jackson's Work

The first study about the work of Jackson was done by Haley and Hoffman and published in 1967. This study consisted of an interview with Jackson about a single session he had conducted with the Starbuck family. The interviewers and Jackson listened to a taped therapy session and added commentary describing Jackson's work. However, this description of Jackson's work lacked any theoretical clarity or depth in understanding the theoretical position of his interactional theory. The format was a question and answer session describing the therapeutic techniques of Jackson. In this study no conclusions were drawn by the authors. The reader attains an obscure portrayal of the theory behind Jackson's

work. Some of the strategies used by Jackson were found in the transcript, but no attempt was made to clarify the purpose for these techniques. The stated purpose of that study, of which the interview with Jackson was one chapter, was to give the reader an awareness of the different types of therapy in the field at the time.

The next two attempts to study Jackson's works were not published until 1977 (Greenberg, 1977; Greenberg & Weakland, 1977). Greenberg's article, "The Family Interactional Perspective: A Study and Examination of the Work of Don D. Jackson", is a good review of Jackson's writings. Greenberg provided an extensive overview but sometimes poorly supported his interpretation of Jackson's theory. For example, Greenberg wrote that Jackson thought families were dysfunctional due to a deviation amplifying feedback process also known as positive feedback. This interpretation of Jackson goes against what Jackson himself said in his writings. Jackson stated that it would be inaccurate to conclude that negative feedback is desirable and positive feedback is disruptive (Watzlawick, Beavin-Bavelas, & Jackson 1967). Greenberg's article, although a good overview, is an example of the confusion surrounding the theory and therapy of Jackson.

Greenberg and Weakland (1977), believed that Jackson influenced the practice of group therapy. Greenberg and Weakland wrote that Jackson's work with families extended the focus of group therapy to include groups of related persons. This statement focuses on the persons in the room rather than the theory used to conduct therapy. Greenberg and Weakland saw a connection between group therapy and Jackson's interactional therapy; Haley disagreed. Haley (1981) told of an encounter between Jackson and several hundred group therapists. Jackson said there was no similarity between family therapy and the therapy of artificial groups made up of strangers. According to Jackson, the goals of group therapy and family therapy differ from the onset of treatment. Group therapy is concerned with changing individuals, whereas family therapy's goal is to change the way people habitually behave with each other.

It was not until 1989 that another attempt was made to study the work of Jackson. Ray undertook the project of studying Jackson by gathering information from individuals who had known him professionally and personally. His paper, "On Paradigmatic Shifts: The Interactional Theory and Therapy of Donald DeAvila Jackson, MD", is one of the most comprehensive in existence. Ray began

the process of studying the interactional theory through the writings of Jackson. After gaining insight into the theory, Ray then reviewed one of Jackson's therapy sessions. Much of the historical data about Jackson and the development of his theory can be found in this study. This study lends insight into Jackson as an individual as well as synthesizing many of his complex ideas. According to Ray, the most significant contribution of Jackson was the shift from reductionistic individual pathology to the understanding of human behavior as a manifestation of relationships in the widest sense. In 1995, Ray's study of the interactional theory of Jackson continues in the edited volume, Propagations: Thirty Years of Influence from the Mental Research Institute (Weakland & Ray, 1996). In this volume, Ray outlined the fundamental premises of Jackson's theory.

These studies cited have examined the development of Jackson and his theory but have done little to articulate the extent to which Jackson has influenced the current ideas in the field of family therapy. In the conclusion of "On Paradigmatic Shifts: The Interactional Theory and Therapy of Donald DeAvila Jackson, MD" Ray stated that Jackson, the founder of the Mental Research Institute, influenced his colleagues who in turn have influenced many current day

theories in the field. Jackson's influence continues to ripple across the systemically oriented theories and clinicians of today (Ray, 1989). However, how and to what extent Jackson has influenced the theoretical and clinical ideas currently found in the field has to this date been unexplored.

### Jackson's Professional History

Jackson began his psychiatric career trained predominantly in the Freudian psychoanalytic theory that dominated the field at that time (Weakland & Greenberg, 1977). Jackson's psychiatric training was in most respects very traditional. During his psychiatric residency at Stanford, in the early 1940's, Jackson became dissatisfied with the absence of clinical faculty, due to the war, and began to spend much of his time studying the analytic theories of psychiatry in the library (Jackson, 1962), along with the existing literature in the field of modern psychiatry.

Upon completion of his medical residency in 1944, Jackson entered the United States Army where he specialized in neurology (Jackson, 1962). Jackson was stationed in San Francisco where he worked at the Langley Porter Clinic (coincidentally the same clinic at which Bateson later did much of his work).

During the time Jackson was stationed at the Langley Porter Clinic, there were two facilities considered the best for psychiatric training, Chestnut Lodge in Maryland, and the Washington School of Psychiatry in Washington, DC. Jackson started to orchestrate his transfer to New York in order to be in the vicinity of these two facilities (Piel, 1988). Like Erickson, early on Jackson demonstrated his ability to organize human interaction toward an anticipated destination. He secured his transfer to New York by being a good bridge partner for his superior officer (Piel, 1988). By going to New York, Jackson was in close proximity to Chestnut Lodge (the Mecca of Interpersonal psychiatry) and the influence of Harry Stack Sullivan.

After being honorably discharged from the Army, Jackson managed to get himself accepted as a student first at Chestnut Lodge and later at the Washington School of Psychiatry between August 1947 and April 1951 (Fearing, 1988). It was at these two facilities that Jackson was influenced by Sullivan's Interpersonal Theory of psychiatry and was supervised and trained by Sullivan himself until Sullivan's death from a heart attack in 1949. During his training at Chestnut Lodge, Jackson received additional supervision and guidance from many of the

eminent psychiatrists of the day. A few of Jackson's supervisors were Robert Cohan, Mable Cohan, Frieda Fromm-Reichmann and Hilda Birch.

After Jackson finished his training at The Chestnut Lodge, he moved on to study at the Washington School of Psychiatry, which was a hot bed of new and innovative ideas created by Sullivan. Sullivan had created a model for what would later become the MRI. Sullivan utilized a multidisciplinary team consisting of a psychiatrist, anthropologist and a linguist. It is not a coincidence that the MRI started with Jackson, a psychiatrist, Weakland, an anthropologist, and Haley a linguist. Sullivan also developed the Journal of Psychiatry in 1939 which could be seen as a role model for Jackson's development of Family Process. The similarities go past the outward working of the two research facilities to the theory from which each worked. Jackson took Sullivan's theory beyond a focus on the past and its influence, and brought it into the present to focus on current interaction (Ray, 1988). Sullivan unquestionably influenced Jackson and had become a role model for his professional development.

When one closely examines Jackson's early writings, it becomes evident that Jackson was struggling between his training as an analyst and viewing human

behavior in terms of interactional processes. Sullivan's theories would later influence Jackson to understand further that what transpired in the interpersonal world of the client was the more useful explanation, as opposed to genetic disposition or heredity. At the age of thirty-one, Jackson had completed his training and up to this point had published three articles including; "The Therapeutic Uses of Hypnosis", 1944. In this article it becomes clear whom Jackson was studying and how they had influenced his thinking. In the reference section to his first published article, Milton Erickson is referenced four times. By the mere fact that Jackson was reading and studying Erickson is evidence that Jackson was not looking at mainstream ideas in the therapeutic field. "The Psychosomatic Factors in Ulcerative Colitis" (1946), was Jackson's second published article. In this article Jackson looked at the interactional process found between a patient and her family in relation to the onset and maintenance of colitis. Jackson was standing at the threshold of an entirely new way of conceptualizing human behavior.

Jackson began to focus on the schizophrenic patients and the interactional patterns of the family in relation to the identified behaviors. He was working at

the Menlo Park Veterans Administration Hospital and had become known as the West Coast expert in the treatment of schizophrenia. Jackson had been seeing families conjointly in treatment prior to its acceptance in the field. As Haley (1994) remembers the story, Jackson was treating a schizophrenic girl in her mid-twenties. The girl was routinely brought to treatment by her mother and Jackson asked that she come by herself to the next session. The patient's mother was informed that her daughter was to come alone, and she agreed to follow the doctor's orders. Haley recalled that at the following session the girl's mother came as usual, which greatly upset Jackson. Jackson stated that if she felt that she needed to be present she would have to join them in session. Thus began conjoint therapy in the work of Don Jackson.

Jackson recalled one of his first attempts at Conjoint Family Therapy (Jackson, 1965). In this process, Jackson recollected that he did not attend to the interactional patterns of the family. After the identified patient made improvement, the mother was taken to the hospital for acute cholecystitis; two days after her return from the hospital her husband had a slight coronary occlusion and was hospitalized. During this time the younger brother had three automobile

accidents and lost his license. Once the family was back on their feet, they decided they could no longer afford Jackson's services, and the patient was committed to the local state hospital (Jackson, 1965). Jackson stated that the avoidance of the homeostatic mechanisms in the family illustrated poor family therapy and could be avoided by a skilled and intelligent therapist (Jackson, 1965).

### Remembrances of Jackson

The majority of references made to Jackson in the literature are in the form of memorials written after his death expressing a loss not only for him, but also for the loss of future contributions he might have made to the developing field.

Each of us may have our own, personal reasons for regretting Don's death. There is a tragedy in this early loss that goes beyond the personal level. Don's contributions were of a universal significance. He was a man of historical importance. He was one of those crucial people who is himself responsible for creative and far-reaching advances in his world. People throughout the planes of space and time are and will be influenced in their thinking and living by Don's contributions. There was much more to come (Fry, 1968, p. 14).

In the March 1968 issue of Family Process, a tribute stated:

A major innovator in psychiatry, Don Jackson had few equals as a therapist. His critical curiosity was joined with a determination to follow his clinical acumen, whatever the consequences, and the results were important contributions to the treatment of schizophrenia and the field of family systems theory. One of the earliest family therapists, he was perhaps the most courageous. He faced the professional consequences of proposing unpopular and unconventional ideas with good cheer. A few others in the field have done that, but no one took so uncompromising a stand on what he believed and against what he opposed. More than anyone else in the family field Don Jackson also absorbed the personal cost which came with discarding much of what had been taught and developing a new view of the psychiatric problem and what must be done about it. He glimpsed a radically different way of thinking about the human dilemma, struggled with the problem of communicating this vision to uncomprehending people, and dealt with its personal implications. Many years ago Frieda Fromm-Reichmann said that she wondered if he could live through the

consequences of where his ideas were leading him. He lived through many of them, but now he is gone. Don Jackson was "the golden boy of psychiatry" who matured during a time of turmoil and changing ideas. It is sad that such an able teacher could not experience old age and the rewards of watching the influence of his thinking on the coming generation. His death is particularly poignant to those of us who admired his vitality and enthusiasm, drew upon his wisdom, and appreciated his kindness (Ackerman, 1968, p. 137).

Jackson's death was so significant to the world of family therapy and psychiatry that one year after his death the first Don D. Jackson Memorial Conference on family psychotherapy was sponsored by the Mental Research Institute on February 27 through March 2 of 1969, and was organized by Jay Haley. The conference had in its attendance such renowned individuals as Murray Bowen, Salvador Minuchin, John Weakland, Carl Whitaker, Ivan Boszormenyi-Nagy, Virginia Satir, Lyman Wynne, James Framo, Nathan Ackerman, John Bell, Donald Bloch, Arthur Bodin, Jules Riskin, Paul Watzlawick and a host of others from around the United States and the world. Nathan Ackerman's eulogy opened the conference and

Norman Bell's prospectus closed it. The purpose of the conference was to pay tribute to the work of Jackson and the continued development of the field.

Jackson is mentioned in the forward of many of the most widely read texts in the field of family therapy. In deShazer's first book Patterns of Brief Family Therapy (1982) the forward written by Weakland, reports Jackson as being one of the first to see families conjointly. In the preface to Munchhausen's Pigtail (Watzlawick, 1990) Jackson is distinguished as having an international reputation, and having distanced himself from classical analysis and working with relationship systems rather than individual patients.

What especially distinguished him was his unusual ability to recognize problem-causing and problem-maintaining interaction patterns in the Here and Now and to influence them by specific, direct, active therapeutic intervention. A number of pioneering publications, especially the first formulation of the Double-Bind theory, grew out of the Bateson/Jackson collaboration (Watzlawick, 1990).

In a study done to determine the most outstanding living psychiatrists, Jackson was listed in the top ten groups mentioned out of 113 psychiatrists. He was also in the

top ten of thirty-one psychoanalysts mentioned (Rogow, 1970). Both of these studies were done for living professionals and Jackson made both lists two years after his death. In The Book of Family Therapy (1972) a description of the MRI group stated:

Though I find each of these men, (*Bodin, Weakland, Watzlawick, Fisch*) none of whom I know very well, different persons, when they are working or talking professionally I feel the presence of Don Jackson hovering above them and Gregory Bateson off in the distance (Ferber, Mendelsohn & Napier, 1972, p. 5).

Each year the Mental Research Institute sponsors a summer institute. At the beginning of each Paul Watzlawick, John Weakland and Richard Fisch credit three people as having profoundly influenced the development of the brief therapy model of the MRI. Gregory Bateson is credited with the theoretical foundation, Milton H. Erickson is given credit for the influence of hypnotherapy, and Don D. Jackson is credited with the clinical theory foundation. It is noteworthy that during the Bateson project Jackson was the first clinical supervisor of John Weakland, Jay Haley, and William Fry in their work with schizophrenia. There is

no question that Jackson had a tremendous influence on the Mental Research Institute, but how has he affected the development of the field as a whole, and how has he specifically influenced other leaders in the MFT field?

## CHAPTER 3

### Methodology

#### Researcher Bias

In a qualitative study of this nature it is important to be aware of the researcher's biases. My exposure to the theory and therapy of Jackson started in a Master's program of Marriage and Family Therapy at Northeast Louisiana University. It was during my studies there that I was first exposed and became interested in the therapy and theory of Jackson. I was able to view several of the video recorded therapy sessions of Jackson as well as listen to some of the existing audio recordings of his work. I became interested in Jackson's clinical skills and sought learn more. It was much to my dismay that there were few resources available to study Jackson. My studies were limited to Jackson's published writings and a dissertation done by Wendel Ray on the topic of Jackson. It was my opinion that Jackson had moved away from the mainstream of mental health both clinically and theoretically, but I had no data by which to back up such a claim. I realized that my understanding of Jackson prior to this study was based upon my interpretation of his writings and lacked any depth of

perspective. This study was a continuation in my attempt to understand the theory and therapy of Jackson.

### Data Collection

During the past decade, a series of interviews with individuals who knew Don Jackson on a personal as well as professional level were conducted by Wendel Ray, Ph.D.. The interviews were done with (1) Jay Haley who was interviewed on July 20-21, 1989. Haley is the only individual currently living who worked with Jackson, Bateson, and Weakland on the Bateson project which produced the theory of the double bind; (2) John Weakland was interviewed in June of 1988 and later on December 13, 1990. Weakland was one of the first to work with Jackson at the Mental Research Institute after the Bateson Project. Weakland recently died of Lou Gehrig's disease on July 8, 1995; (3) Paul Watzlawick was interviewed on July 26, 1988, and March 1, 1990; and (4) Janet Beavin-Bavelas was interviewed on July 6, 1989. Beavin-Bavelas and Watzlawick both worked with Jackson on Pragmatics of Human Communication, a book written about the theory and therapy of Don Jackson (Beavin-Bavelas,

1993). An interview was also done with (5) Murray Bowen on July 21, 1989. Bowen was revered as the founder of the Intergenerational theory of Family Therapy. During the Weakland Conference in New Orleans, Louisiana, in April of 1993, a group interview was done with many of the current and past staff members of the Mental Research Institute, including John Weakland, Jay Haley, Janet Beavin-Bavelas and (6) Richard Fisch. Fisch was also interviewed on March 3, 1990. The interviews were carried out in a semi-structured format with the focus of discussion being Don D. Jackson and related issues to the development of the field of MFT. An example of one type of question asked in these interviews is: “What would be the kind of things that I would need to know to get a full view of Jackson?” This type of lead question was used to open the conversation about whatever the respondent thought was important about Jackson. The interview followed the respondents lead and from this point proceeded. Other questions used were: “What do you think Jackson’s greatest contributions were in the projects, or from when you worked together at MRI after 1962?” “Could you tell me how you think Jackson was influential in creating what has now become family therapy?” “If you could summarize the

influence you feel that Jackson had on your work, how would you do that?"

"What was it about Jackson that you liked?" "How do you see the significance of Jackson in terms of what became the field of family therapy, systems therapy?" "What influence do you think he had on the field of psychiatry and family therapy?" "How did you come to meet Dr. Jackson?"

Follow up questions were also used in the interviews. These were utilized by Ray to elicit more detailed information about a particular response. Ray elicited the information in a manor which resembled a conversation of two colleagues rather than a rigid interview. Ray also utilized information from one interview to adjust his questions for the following interview. The evolution of his questions was clear when read in progression. In the first interview Ray seemed to ask the respondent for direction where as in the later interviews he was more direct. The interviews were recorded on audio tape and several were video recorded. The interview done with Bowen and the group interview done with Haley, Weakland, Fisch and Beavin-Bavelas were video recorded. The remaining interviews were audio recorded. The interviews had previously been transcribed with the exception of the interviews with Murray Bowen and Paul

Watzlawick, which were transcribed by myself. The transcriptions were done with the aid of an audio tape transcriber and a personal computer utilizing Microsoft™ Word 6.0. The transcribed copies were then compared to the audio recording to check their accuracy. This process was carried out by listening to the recorded interview while following it with the transcript. Any discrepancies were then corrected.

In an attempt to better understand the perspective of those interviewed as well as that of Jackson, I conducted a chronological review of Jackson's published and unpublished writings (to the extent available). Jackson is cited with having published and co-published seven books and one hundred and twenty-four articles, and book chapters. During this review the writings which more clearly stated Jackson's theoretical position were used to document an understanding of Jackson's theory. These major concepts were presented within the literature review. The review of Jackson's writings allowed me to gain a better understanding of the language the respondents used. This review also helped to reduce any confusion which emerged between different interpretations of Jackson's theory.

## Data Analysis

These data generated by the interviews were analyzed using McCracken's five stage qualitative method found in The Long Interview (1988). McCracken promotes his technique as the one of choice when studying themes and assumptions, when total immersion is impossible or impractical. Since Jackson's death and the fact that very little commentary about his theory and therapy exists, it has become extremely difficult to immerse one's self into the ideas of Jackson and to develop an understanding of his influence on the field. This approach was seen as the best to gain an understanding of his work and influence. According to McCracken, "The object of analysis is to determine the categories, relationships, and assumptions that inform the respondent's view of the world in general and the topic in particular." The use of this method to analyze the data facilitated an understanding of Jackson's influence on the individual respondents and his influence on the field in general. The use of McCracken's five-stage process made it possible to scrutinize the data in a sequential procedure that progressed from the literal to the interpretive. Each subsequent stage is viewed as a higher level of generality.

The first stage was concerned with each utterance of the respondents. All the interviews done on the topic of Jackson were recorded. The interview with Bowen, and the group interview with Weakland, Haley Fisch, and Beavin-Bavelas were on video tape and the remaining interviews were on audio tape. Having the transcripts of the interviews available allowed me to pay attention to each individual statement as well as the inflections of the respondent's answers. The raw data, when transcribed, consisted of 423 pages. The interviews were then analyzed, first individually, by making note of the content of each response. During this initial stage in the analysis I was not concerned with how, for example, Haley might have disagreed or concurred with Bowen, or how their responses were significant to the overall understanding of the influence of Jackson. I attempted, to the extent possible, to focus on each utterance and not to place it in relation to other comments made in the same interview. Each statement was understood and analyzed on its own during this stage. The statements were then used as an entrance way into the assumptions and beliefs of the respondent about Jackson. As I read and listened to the data, I paid attention to what was in the data as well as to my responses to the data. These findings

are reported in chapter four with additional personal responses found in chapter five. In an attempt to create an auditable path through the research process, a personal journal was kept in order to track the evolution of the emerging data. The journal evolved as a record of the evolution of my thoughts and ideas related to the research. As the research continued, it took the form of rewrites and not that of a simple journal. As I reviewed the journal it became clear that I too had experienced a great deal of confusion regarding Jackson's influence. It was only through the ongoing process that some clarity emerged. The evolution of this journal will be further discussed in chapter five.

As the process in the first stage continued, I revisited the data with each new observation hoping to expand my understanding of the interview as well as develop new ways in which to perceive the data. I first listened to the data without making notes or stopping the tape for reflection. I wanted my first introduction to the data uninterrupted. This process was carried out with each individual interview before proceeding to the next step. I then proceeded to listen to each interview in the critical manner described above. I was interested in single utterances and how they might lead me to understand better the

respondents' perspective of Jackson. For example one of the interesting utterances made by Bowen was:

In my opinion, Don Jackson was the only man in the family movement who knew what theory was about, I'll swear (Bowen, 1989).

At times the utterances seemed almost as if those interviewed perceived Jackson as the prophet of family therapy. I found this process perhaps the most interesting. I discovered unique visions of Jackson, both serious and comical, from each respondent. More of these comments are found in chapter four.

This process continued until I developed no new insights regarding the data. The number of times this took was different for each interview. In some cases this took place in as few as six uninterrupted listenings to the data. In other cases I listened to the data as many as ten times before I stopped having new insights. The richest interviews were with Weakland, Haley, Watzlawick and Bowen. The interviews with Fisch and Beavin-Bavelas were short in length and therefore were limited. The interviews which commanded the most listenings were those of Haley and Weakland. These interviews were quite lengthy and very rich in their insights of Jackson. Each observation was used as

a lens to re-evaluate what had emerged from the data. The use of self was an important tool during this stage. I continued to pay close attention to what the data stated explicitly, as well as what the data provoked in me. At times I found myself possessed by the data. I was riveted to comments which placed Jackson at the helm of family therapy. I was excited yet confused by these comments in the data. If this were true than why am I one of the first to attempt to study this? I was plagued with thoughts regarding Jackson and why he had not been studied more fully earlier.

I maintained a focus on the specific, at this point, refraining from the urge to make inferences to the possible broader meanings. The repercussions of becoming pervasive at this stage would have exclude the deeper understanding of perspectives not yet disclosed (Glaser and Strauss, 1965; McCracken, 1988). Stated another way, the first stage was a process by which I investigated all the utterances, using myself, my training in the field of family therapy, my readings of Jackson, as well as my own world view as an instrument to create a narrative about the beliefs and assumptions which may have informed each utterance.

The second stage was a continuance of the first, with additional data generated by my narratives about the utterances within each previous interview. I related my personal narratives, generated during stage one, back to the individual interviews. In stage two I created additional narratives about the beliefs and assumptions of the interviewees. The narratives generated in stage one were understood as observational templates which were used in the second stage to generate an additional perspective through which to scrutinize the data. The observations were extended beyond their original form to encompass new possible ways of understanding them within the new context of additional narratives. In this stage I searched for additional data which would contradict as well as bolster my current understanding of the original findings. This was an attempt to view the data from the perspective of each respondent and his/her distinct understanding. For example, Haley stated that Jackson was not talented in brief therapy where as Watzlawick and Weakland stated differently. The observations generated by the additional perspectives were then related back to the verbatim transcripts and recordings in an attempt to gain further understanding of the individual perspectives.

The third stage was a process of moving away from the main body of the transcripts. The observations generated through my narrative about the utterances from each individual interview were related to the observations within each interview. The creation of themes generated by the comparison of the observations began to emerge. The emerging themes were more than the collection of individual interviews but rather were synthesized, developing a unique understanding of Jackson and his influence on these great thinkers in the field of family therapy. The third stage started the reflexive process, moving from the literal data toward a comprehensive understanding of the data. McCracken notes, "By this time, a process of refinement should be taking place. A field of patterns and themes should be rising into view" (McCracken, 1988, p. 8). I moved away from the main body of the data and shifted towards a depth of understanding that is reflective of the entire data and their implications. I no longer focused on individual perspectives but rather began the search for some thesis within the whole of the data. This was done with a great deal of personal reflection. The transcripts and recorded data were then used to confirm or

discourage the developing themes as I continued to reflect on the data. If emerging themes were disputed by the body of data they were set aside.

The fourth stage was one of meta-analysis. It was in this stage that I took a stance in relation to the interrelations of the emergent themes. What had up to this point been expanding was now combined into similar themes. Major themes were established, and conclusions about their interrelations were drawn. I kept only the most universal or tautological themes that emerged from numerous perspectives. Some of the lesser themes were combined in an attempt to create broad-minded categories under which other themes were grouped in an hierarchical method. For example, the lesser themes of how Jackson began his therapy, how he used unique interventions and so on were combined to make a major theme devoted to Jackson's work as a therapist. Any theme deemed unprofitable at this stage was deleted. There were themes that dealt with such things as Jackson's relationship to his family and wife, personal habits and other such things that were viewed as not being relevant to the primary goals of the research. This type of information was left out. Information relevant to the understanding of Jackson's theory, therapy, and his influence on the field of

Marriage and Family Therapy were utilized. The organization of this stage included the use of note cards upon which emergent themes were listed, and combined. A personal computer utilizing Microsoft Word™ 6.0 was used to combine the raw data of each theme together in a useable manner. Each statement and or utterance which was relevant to the theme was brought together under that particular theme.

The fifth stage consisted of revisiting the conclusions drawn in the preceding stages. The themes from each of the interviews were brought together to formulate theses. The theses which were drawn out of the data were Jackson's death, perceptions of Jackson's theory, perceptions of Jackson as a therapist and Jackson's influence on the experts. These theses are discussed in detail in chapter four.

By this time one is no longer talking about the particulars of individual lives but about the general properties of thought and action within the community or group under study. Furthermore, one is no longer talking about the world as the respondent sees it. One is now talking about the

world as it appears to the analyst from the special analytic perspective of the social sciences (McCracken, 1988 p. 46).

At this point I viewed the interviews through the lenses of each respondent. The data became more than its original parts. I was not interested in the original data but rather the creation of my personal narrative influenced by the data. A metamorphosis took place and a new perspective about the influence Don D. Jackson had, and continues to have, on the field of Marriage & Family Therapy emerged.

## CHAPTER 4

### Results

An issue that must be addressed is the idea of interaction among the members of the Bateson project and later that of the MRI. Through the research process it quickly became apparent that there was no accurate way to dissect the current literature and critically determine who said what or developed what first.

There's a lot of obscure things about what started and who started what because we were all together for so long and doing so many things together (Haley, 1989).

All we have are the constructions of past events and the documented publications of the members of the projects. It was clear that the Bateson project experienced this struggle from within its ranks. One can only assume that after ten plus years of forty hours a week interaction with each other that the contributions of each individual would be hard to recreate. In keeping with the Interactional theory, the individual does not exist separate from the interaction of the group. It was a practice of the Bateson project that each individual would reference the interaction among the group members as an influence in the development of the

ideas presented in their publications. It was also stated that the person, or persons publishing, would take full credit as well as responsibility for the interpretation and presentation of the ideas. One example of the footnotes found in the publications of a member of the project was:

This paper is a product of the Family Therapy in Schizophrenia project of the Palo Alto Medical Research Foundation, and thus reflects the ideas and experience of the entire project staff (Weakland, 1962, p. 1).

Stated a different way, each member admitted the influence of the others, yet took from this interaction their individual understanding of the ideas and developed it accordingly.

What lies ahead is yet another perspective of the data from that process. This perspective is from an outsider who has attempted to gain access into the emerging ideas of one of the members of that project. I too take responsibility for my interpretations of the comments and publications of Jackson and his colleagues.

## Jackson's Death

There is a great deal of confusion surrounding the death of Jackson.

There are people who believe that Jackson committed suicide and others who are adamant that he did not take his life. The facts available on Jackson's death state that Jackson was found dead in his apartment on Monday morning, January 29, 1968 (Palo Alto Times, 1968). There was a trace of Pentothal (650 mg) in his system although the amount found in his system is not considered fatal by the Physicians Desk Reference. The question is not whether Jackson took the medication and drank alcohol, but rather, did he purposefully attempt to kill himself? Bill Fry, MD who knew Jackson, published an article which stated that Jackson did commit suicide. In response to that article, Donald Bloch, MD made the following statement in a personal letter to Fry:

Jackson was among the more opaque men I have known, extraordinarily charming and yet chillingly distant. For the casual observer in his younger days at Chestnut Lodge I think it would have been hard to predict his courage, creativity, and fertile imaginativeness. Perhaps it would have been easier to guess that considerable distress lay just beneath the

glossy exterior. But, in a way, all of this, while fascinating, is beside the point. The point is did he “suicide”? Having read both your letter and that of his physician carefully, I think my original comment that this is a “careless statement” still holds. An interesting distinction made by suicidologists, as I am sure you know, is among three categories of death: Intended, Sub-intended, and Unintended. Good old fashion suicide; bullet in the head, note by the empty bottle of pills, belongs in the first category. A vast disordered continuum of self-destructive motivations and behaviors leading to death constitutes the subintended category. An inventory of the rumors (truths?) about Don at the time in question included: an incandescent career that failed to stabilize, a bitter divorce, flawed, distant relations with colleagues, large quantities of booze and other chemicals such as Pentothal. Could we guess he was self-destructive or suicidal? Doubtless. Did he suicide? More importantly does it make a difference? Your letter does not add any data to change my view, held since I first heard of it, that Jackson’s death was subintended. But to ask the question again: does it make a difference? I think it does. To put it simply, the

manner and mode of one's death sets a communicational frame that gives a cast of meaning to one's life and its works. The possible messages are endless and mysterious but certainly have something to do, especially for people in our line of work, with a supposedly informed view of the human condition and its possibilities. Some intended deaths -- Hemingway, for example -- have been eloquent statements as have some subintended deaths -- Marilyn Monroe and Antoine De Saint-Exupery come to mind. In this respect I do not think you are doing Jackson a service by overcorrecting your initial cover-up statement about adrenal insufficiency, with an equally unwarranted one that he intended to die that night. One's right to deliver mixed messages should not be abrogated (Block, 1971).

It is the opinion of those questioned within this study that Jackson did not commit suicide. Bowen stated "Don Jackson did not commit suicide, I will swear it" (Bowen, 1989).

That he (Jackson) would have some kind of barbiturates in his blood would be typical of Don. But that he would take enough to commit

suicide, if he took it, it would be when he was non-compus of something like that. It wasn't suicide. It would just be when he was stupid enough to do stupid things like Jackson could do (Bowen, 1989).

Watzlawick echo's Bowen's sentiments:

I have always been opposed to this suicide theory or hypothesis. If a psychiatrist is found dead in his bed, of course people say Ah-ha, he must have committed suicide. To the best of my knowledge, and I may be wrong, but the information I came across at the time was that he, yes he had taken some sleeping medication. I was told that the coroner's report mentioned the presence of some kind of barbiturate but within a normal sleep producing quantity. It was by no means an overdose (Watzlawick, 1990).

According to Haley, Jackson did not respond to pressure in that manner:

He also was a guy that didn't behave that way. I know of a time that I took him through some difficult times; and when he got anxious, he acted - he didn't get depressed and he didn't withdraw and consider suicide or anything like that at all. It just wasn't part of his way. So I think it was

probably an accidental death with all the dope he was taking. That he combined some dope or overdosed on Pentothal in order to sleep, but I don't think he was trying to kill himself (Haley, 1989).

What became apparent through this research was that the questions surrounding Jackson's death may have hindered the progression of Jackson's ideas. The main reason for this was simply he was unable to continue his presentation of these ideas. The data show that those who were interviewed in this study and expressed an opinion on the subject, adamantly believed Jackson's death was accidental. The only individual who did not comment on the death of Jackson was Beavin-Bavelas. It can be documented that Jackson was in the company of a psychiatrist, a personal friend, within the preceding 48 hours of his death.

Carlos Sluzki, who became director of MRI much later, was with him (Jackson) the Friday preceding his death, you know giving the night from Sunday to Monday, so in shortly, 24 hours you know before the critical night, Carlos Sluzki had been with him. And Don, and Carlos is a good psychiatrist he would have picked up something believe me, Carlos was totally flabbergasted, he said the man had been talking about his next

publication project, he wanted to write a novel. He was very interested in, you know he didn't sound at all like a person who is about to bump himself off (Watzlawick, 1988).

This psychiatrist stated, to many of those interviewed, that in his opinion Jackson was not a man about to commit suicide. It was also stated that Jackson had seen a specialist for the treatment of an Adrenal Insufficiency and was using barbiturates to aid in his sleeping.

He (Jackson) had been suffering from an adrenal insufficiency. And already, I think about a year or half a year before he died, he had been to Boston General Hospital where there was somebody who was particularly capable of a particular, a specialist of that particular adrenal insufficiency syndrome . . . (Watzlawick, 1988).

According to those who knew him well, Jackson was not showing the symptoms of a man with suicidal tendencies.

He (Jackson) didn't have a schedule of a man that was withdrawing from the world and going to kill himself at all. I mean he had things scheduled for the next day (Haley, 1989).

The fact remains that the hurdle of Jackson's death must be stepped over.

Regardless of one's speculation the answering of this single question does not detract from Jackson's many contributions to the development of the field of Marriage and Family Therapy. Weakland stated it this way:

In my view what somebody has to say and what they do are a totally different order of relevance to anything else. There were certainly some terrible people who wrote great music. Let's take it a different way. It's clear that in a number of respects, if you wanted to look at Isaac Newton psychiatrically, he was a nut. It doesn't have anything to do with his scientific work (Weakland, 1990).

According to Weakland, there is only one reason the death of Jackson was relevant; it cut short the career of a man who was going to change how human behavior was understood (Weakland, 1990). Most of the respondents were not asked to comment on Jackson's death, although they felt it was important enough to discuss.

I don't, let me ask you I mean I'm not implying by my question that you should or shouldn't include this in your work, but I'm almost certain that

as far as Jackson's death is concerned you must have heard rumors (Watzlawick, 1988).

Haley also brought up the subject unsolicited:

You know, one of the things I want to get to before you leave. I don't know how you're going to handle his death. But I'm one of those who doubts it was suicide (Haley, 1989).

It is apparent that those interviewed believed that Jackson's death was a sensitive issue. To overlook this issue would be remiss, yet to dwell on it would be pointless. The truth is perhaps lost forever.

### Perceptions of Jackson's Theory

A conversation that Murray Bowen recalled having with Don Jackson and Carl Meninger reveals on how serious Jackson was about the family phenomena.

I remember one time I was at an American Psychiatric meeting, talking to Carl Meninger, and Don Jackson was there. And Don had just been in Topeka, so he knew Carl pretty good. I was always trying to make a little hay with Dr. Carl, and he was another character, he was a better

character than Don Jackson in ways. But anyway I was talking to Carl, and Don was standing right there. And I said, 'Dr. Carl if I had two million dollars I'd set up a research project that would take two people before they got married and predict how many kids they would have, the sex of the kids, and how those kids would turn out.' I said, 'I don't know how you'd do it' but I said, 'The family phenomena is this exact. And if we had enough money it could be done.' I was sort of more than half serious about it; Carl thought I was crazy; Jackson didn't (Bowen, 1989).

Jackson did not think the idea was crazy. He believed that this level of understanding would be inevitable if one were to study and develop a theory which utilized human interaction as its primary source of data. According to Bowen, Don Jackson was the only man participating in the development of family therapy that knew what theory was about.

I had a long talk about, with Don, about the future of theory. And in my opinion, Don Jackson was the only man in the family movement, other than Bowen (laughter), who knew what theory was about, I'll swear.

And then put all those other people together and they were therapists, but they didn't know theory (Bowen, 1989).

The perceptions of Jackson as a theorist vary between respondents. The strongest opinion was that of Bowen. The area of most contention was in regard to Jackson's ability to effectively communicate the complex ideas of his interactional theory to others. Fisch described talking with Jackson as similar to eating Chinese food.

He (Jackson) was a little elusive. You could go to Don for supervision and it was like eating Chinese dinner. When you left you'd understand everything. An hour later you'd be telling yourself, 'What did he tell me?' (Fisch, 1993).

Watzlawick theorized that Jackson's ambiguity was due in part to the lack of terms to describe his work:

But then, it seems to be, because at the time there was no theory to account for the kind of work he (Jackson) did. He said it was a nebulous term. He said he did it intuitively (Watzlawick, 1990).

Watzlawick also stated:

He (Jackson) was a theoretician also, but you know like many gifted therapists he wasn't, it was difficult for him to explain, or at least give us an idea of what he thought he was doing; but I mean he wrote copiously as you know (Watzlawick, 1988).

Jackson's difficulty in describing his work was not believed to be due to a lack of theoretical understanding.

I think Erickson was quite unaware of the, let's say the theory behind his practice, while Jackson was down to earth. I mean, he (Jackson) seemed to know what he was doing. Even though, occasionally, he too, was unable to explain to us why he did what he did and how come it had this effect (Watzlawick, 1990).

The data reflected the opinion that Jackson made a major shift from the prominent theories of the day.

He (Jackson) didn't think it was related to psychiatry particularly at all. Because he had a lot of trouble with psychiatrists. One of the things about him taking the position he took is that I could, as an outsider,

criticize psychiatry all over the place and nobody cared. But when an insider does, than it's different (Haley, 1989).

Weakland stated it this way:

He (Jackson) saw things in terms of what people are doing between each other rather than get stuck on the idea that behavior just depends on something that comes out from the inside and has no relationship to the world in which people live in, particularly the interpersonal world (Weakland 1988).

Watzlawick gave his account:

One of the really revolutionary papers was "The Question of Family Homeostasis." I mean this at that time was a totally new kind of a view. The whole concept of the system maintaining its homeostasis at the expense of some family members, you know etc. this was new stuff.

Watzlawick went further and gave an example of Jackson's departure from the prominent ideas:

He (Jackson) explained to us another case of, you know one of his private patients, individual patients, came into his office and said at the very

beginning of that session the client said, 'Doctor Jackson I know that your office is bugged, there are microphones here in this office.' Now anybody who is well trained would have of course reacted, 'Tell me why you think this, what makes you believe that the office is bugged' and so on. Not Jackson, Jackson interrupted the session got up and said we have to find one. And, he started looking under the carpets and took pictures off the wall and pulled books out to the bookshelf, asked the patient to help him look for these microphones. And after a while the patient said, 'Dr. Jackson, um I, I don't think it's all that important please', and started talking about something that to him, the patient, was really important, a situation where he, the patient, had reason to be suspicious. But you see, Jackson did not follow the traditional way of challenging, interpreting and so on. No, no, no, he had a totally different way of dealing with this sort of thing (Watzlawick, 1988).

In a later interview Watzlawick added:

What was so fascinating was that he (Jackson), being a trained psychoanalyst, a card carrying psychoanalyst, made the step away from

the linear causality thinking which forces you to go back in time into the past and discover the causes because this is supposed to be the only way to bring about change in the here and now, to a very modern view that what matters is the on-going interaction in the here and now, that, I have to change. Jackson never denied, of course, that what you are faced with in the here and now is the result of all the causes in the past (laughter). That goes without saying. This is not the only thing. What comes about in the here and now, of course, is more than merely the sum of all the factors in the past. So he was not unaware of the influence of the past, but he was questioning the need to understand the genesis and the evolution. He said, 'Let's look at the here and now, let's look at what is going on, not why it is going on' (Watzlawick, 1990).

One area which influenced this shift was Jackson's ability to pay no attention whatsoever to the credentials of his colleagues.

Jackson's one of the first persons to pay no attention whatsoever to what or where your degree was in. That had nothing to do with his way of

thinking about whether or not what you had to say was invalid (Haley, 1989).

Weakland recounted:

Well he looked for bright people. He wasn't unduly hampered by needing people who had formal criteria. He was much more interested in if somebody had something to say than what their label was (Weakland, 1988).

Watzlawick recounted how this attribute of Jackson's directly affected him:

I would mention his open-mindedness for new ideas and that went even so far as to pickup a "stray dog" like me who at that time, you know, had published nothing (Watzlawick, 1990).

Jackson was in the habit of picking up stray dogs, like me. He said, 'Come out to Palo Alto if you are interested, I can't pay you anything but maybe you can apply for a grant.' So I came out here assuming that I would stay for six months or twelve months, I think I mentioned this already, I have been out here for twenty, twenty nine years (Watzlawick, 1989).

Jackson viewed one's degree and current accomplishments as having no relevance with the validity of one's ideas. This commitment to the "ideas" went further to include Jackson's view of his own credentials.

I don't think Jackson ever used being a psychiatrist as any leverage in his work with colleagues. He might have used it as leverage with his work with Bateson. But he never made an issue of that at all (Haley, 1989).

Jackson actively sought and incorporated ideas from many different sources.

This shift was due, in part, to Jackson's belief that family therapy had nothing to do with psychiatry.

It really has nothing to do with psychiatry. It's a social theory. And it's a theory that the center is appropriate in the social context. That it's not a product of past learning, past residues. It's adapted to the present situation, and that can't be very medical. Medicine has to have a cause and that behavior is in the person in some way, not the social situation.

Jackson certainly took it that way (Haley, 1989).

According to Haley, Jackson viewed it as a social theory. The data show that Jackson viewed unwanted behavior not as a product of past learning, but rather

as an adaptation to the immediate situation. He assumed there was nothing wrong with the patient, even in cases presented as schizophrenia. A vivid example found in the data was given by Watzlawick:

I remember one clinical demonstration he (Jackson) did at the V.A. hospital. He had prepared; he was supposed to show the residents what one can do to establish contact with a very very withdrawn paranoid patient. So they had chosen a beautiful case for him. This was a young man who was convinced that he was god, and therefore kept himself completely aloof from all the rest of the ward activities and so on. He came in, took a chair, sat down faced the residents, ignored Jackson who was sitting to his right or something, and refused to answer questions. So Jackson got up from his chair, laid down in front of that patient, pulled out the ward key and said to the patient, since the patient thought he was god he, the patient, was therefore more deserving of the ward key than Jackson. However, if the patient wasn't god, than it would probably be very very risky for him not to watch very closely what was going on around him, to be so aloof and not watch what was going on around him. And than he (Jackson) went back to his chair and the patient got up,

pulled his chair over, sat in front of Jackson, looked at him and said, ‘Man one of the two of us is crazy’ (Watzlawick, 1988).

Stated another way, one of Jackson’s most basic theoretical contributions was to see things in terms of what was happening between people rather than the idea that behavior was something that originated within an individual, having no relationship to the interpersonal world. Jackson attempted to approach people “as if” the unwanted behaviors were normal.

Jackson absolutely assumed that the queries of disorder of communication by schizophrenics was a response to the situation. Jackson had an ability to understand schizophrenics and to accept their metaphors, to assume they’re responding to you, to take it personally, to be very direct with them (Haley, 1989).

Weakland stated this in a different way:

*Jackson’s most important contribution to the field was* (Italics added) to see things in terms of what people are doing between each other rather than get stuck on the idea that behavior just depends on something that comes out from the inside and has no relationship to the world in which

people live in. Particularly the interpersonal worlds. A lot of other things are important, but I think that underlies just about every other one (Weakland, 1988).

Jackson would attempt to make sense of the behavior in relation to the interactional context, rather than assuming the behavior was deviant and originated from within the individual. The data show a congruence among the respondents in reference to this theoretical contribution, and also indicate that Jackson never denied the influence of the past on an individual, but rather questioned the need to understand the origin and evolution of a behavior. His focus for therapy was on present behaviors, understood in relation to present day interactional patterns.

Jackson was remembered as one of the few purists in the field of family therapy. Haley stated this a number of different ways.

He (Jackson) was a purist in the same sense Minuchin was. But there were a few purists, and Jackson was one of them. Because it was such a new idea, the idea that a symptom has a current function. But that was the influence of family therapy, I think, and Jackson grasped that. He

saw that as a new idea in the world. But what was irritating to him, and all of us, was people trying to get rid of the idea (Haley, 1989).

One of the things that was very important about him (Jackson) was that he was a purist family therapist. And once he went that way, he went that way (Haley, 1989).

What this came to mean to me, as the data unfolded, was that Jackson, in spite of his training as a psychoanalyst, remained open to new and innovative ideas. He was often equated with Milton Erickson, and said to be similar in many ways. Both were remembered as having a quick grasp of where people were and talking to them in their own language.

It is almost as though he (Jackson) had a command of , probably not conscious though, the ability to work at two different levels at the same time. A lot like Erickson. I think they were similar in having a very quick grasp of where people they were talking to were at so that they could effectively address it. They could talk the other persons language (Weakland, 1988).

Haley stated:

One of the curious things is that Jackson was not really concerned about what people thought about his heresy; Bateson was not concerned what people thought and neither was Erickson. They were not people who cared about the establishment enough to be worried about what the establishment said about them. They were all deviates really (Haley, 1989).

When asked about how Jackson's contributions measured up to Erickson's and Bateson's, Watzlawick stated:

If not more as far as MRI is concerned. I think Erickson was quite unaware of the, let's say the theory behind his practice. While Jackson was down to earth. I mean, he seemed to know what he was doing. Even though occasionally he too was unable to explain to us why he did what he did and how come it had this effect (Watzlawick, 1990).

Haley disagreed with the stance Watzlawick took. When Haley was told that Jackson's first published article "The Clinical Use of Hypnosis", 1944 referenced Erickson four times Haley responded:

I didn't know that. It was interesting his relationship with Erickson.

Jackson was a prima donna in his own way and wanted to be the center of therapy, and he had a problem with our interest in Erickson, and he wanted to do brief therapy like Erickson did. And, he didn't have the skill in brief therapy that Erickson did (Haley, 1989).

The data reflect an aspect of Jackson's theoretical point of view that was not found in the literature. Jackson was never finished looking. His stated assumptions were taken as being in progress by all who knew him.

I think it would be important to find some way to recognize the fact that these ideas were always ideas in development. They were not final statements. Jackson was somebody who kept looking for the next step, rather than I want to close it off and give the final answer. I think that probably a number of people that are important in the family therapy field today that would be better off if they had more of that attitude (Weakland, 1988).

One of Jackson's most important assets to the development of the field was his curiosity. He was curious and was not inhibited by the current day wisdom of

psychoanalysis. He sought out new ways to understand human behavior for the purpose of developing a more effective way of treating unwanted behaviors. He did not view people as sick, sad, savage or insane, but rather viewed individuals as doing the best they could in relation to their interactional context.

Jackson would assume there's nothing wrong *with the patient* which put a hell of a burden on you. It's so much easier to think well, it's out of my hands. It's a psychological, genetic problem. Which is really the excuse for treatment failure I think. So, that's the main contribution of Jackson (Haley, 1989).

Jackson was willing to look in a new direction, as well as to accept the consequences of his search.

I think you can understand, and this is what Jackson was working on and what we've all been working on since. You can understand what's going on with people if you really look instead of having an idea beforehand either that you already know, or that it's too complicated to fathom. But you've got to look, and you've got to be willing to see what you see, even if it's different from what you're told it ought to be (Weakland, 1990).

Haley remembered a conversation between Jackson and Freda Fromm-Reichmann, in which this was exemplified.

I remember Jackson talking to Freda and she really had no comprehension what family therapy was or what a system was. And he talked to her about it enough so she began to see that this was a totally different way of thinking about human beings; particularly in relation to individual responsibility and whatever anybody does is because of what somebody else does. And I remember she said to Jackson, 'I don't know how you could live and think that way.' (Haley, 1989).

He never believed that what he put on paper or presented at countless conferences was the last and final word, but rather a single reflection in the development of a family systems oriented perspective of human behavior. Many who were interviewed believed that much of the curiosity which sparked the development of family therapy was lost with the death of Jackson.

His (Jackson) most important characteristic, I think that the one I would probably put first, is he was curious. I think that that was one of the main things that was lost, yes (Weakland, 1988).

Jackson was extremely interested in the progression of clinical theory. He was viewed by the respondents as being one of the most important figures in the development of family therapy theory. Jackson was that rare individual who questioned the popular understanding of the day and opened the doors to a new understanding of human behavior. His theory was different, and his desire to reach beyond the current day wisdom cost him a great deal. Jackson's failing was his inability to convey a clear understanding of his theory for others to build upon.

### Perceptions of Jackson as a Therapist

Jackson was referred to as "The Great Clinician."

He (Jackson) was a great clinician and he always looked down on that, just something he could do (Haley, 1989).

Beavin-Bavelas stated:

He had amazing clinical intuition and skills. Don was the all time greatest waffler. You were never sure where he stood or what he meant. This was a great asset in his clinical work (Beavin-Bavelas, 1989).

Watzlawick also stated:

Certainly you know he was the “Great Clinician.” Gregory Bateson was the great theoretician, and the two groups coexisted (Watzlawick, 1988).

Jackson and Erickson were also compared in how they dealt with their clients theoretically as well as clinically.

Jackson certainly influenced his clients. I think he was a little less bold or open about it than Erickson. And Erickson was a step further on and I think that it made Jackson a little nervous. Not nearly as nervous as it made Bateson, but somewhat (Weakland, 1988).

It was interesting to note that throughout all the opinions about how Jackson was similar to Erickson not one of the respondents knew that Jackson had studied Erickson’s work prior to 1944. It was equally as interesting to note that some felt Jackson was not as talented in therapy as Erickson, and others stated that he was more so and played a more significant role in the development of family therapy. Both were recognized as being very astute to their patients and their environment. Jackson, however, was considered more able to convey his

theoretical assumptions and had a better understanding of why he did what he did in therapy.

It was ironic that Jackson considered his ability to do therapy as simply something he did. His overwhelming confidence that people could change was credited as having tremendous influence on Jackson's therapeutic results. Haley recollected a conversation with Jackson:

He also told me that as a resident he cured more people than at any other time. He said he didn't know you weren't supposed to (Haley 1989).

There was a curiosity about how Jackson, trained in such orthodox psychoanalysis, could have remained so inquisitive and open minded to allow himself to pursue such unconventional ideas with no regard for the conceived wisdom of the day. One incident said to influence Jackson's becoming a maverick was remembered by Haley:

He (Jackson) told me another story. When he was a young resident and going to become an analyst, he was the driver to pick up, god it was a major psychoanalyst coming from San Francisco, and I've forgotten his name. Anyhow, he was a major guy, and Jackson picked him up at the

airport, and the guy asked Jackson a little bit about the analytical organization there. Jackson was saying who was in charge, and this guy he was going to talk about a deviation in ideas and as he (Jackson) was saying this, he (psychoanalyst) began to perspire and he was really worried. And this was not a minor guy, this was a major national figure. He was coming to this little analytic institute in San Francisco, and he was scared because he was going to talk about a deviation in the theory. And Jackson said he was horrified really, that a guy that important was that scared to say something different, and it was part of what laid the seed, I think, for Jackson later to say to hell with it and leave that group (Haley, 1989).

Jackson was a heretic in view of the current day wisdom, but this heretic took a clear position by resigning from the analytic association.

Jackson took some clear positions on the family. I remember him taking the couch out of his office and resigning from the analytic association (Haley, 1989).

The simple gesture of removing his couch from his office seems trivial, but at the time this move was a very powerful and significant statement. Analysis was the only therapy of the time, and he was an honored member of their ranks. He was given countless awards in the field of psychiatry. Jackson was awarded the Edward A. Striker Award for outstanding contribution to Psychiatric Treatment, as well as the Frieda Fromm-Reichmann Award for significant contribution in the understanding of schizophrenia. He was elected as a Fellow in the American Psychiatric Association, as well as the Academy of Psychoanalysis. Jackson was also a fellow in the American Psychiatric Association. His move away from psychiatry and psychoanalysis was nothing less than irreverence.

One of the major shifts in Jackson's therapy was his directiveness. Psychoanalysis attempts at all costs not to influence the client. Jackson on the other hand was very directive.

Certainly his therapy was quite active. He wanted to see things happen, and he wasn't shy about pushing in the direction that he wanted things to go (Weakland, 1989).

Jackson's interactional therapy was quite active, and he certainly influenced his clients. Many of the respondents had a great deal of trouble describing his therapy. Weakland stated:

I wish I could (describe his therapy). I don't know how he did the things he did. He got to the point. He could be direct to the point or blunt when he wanted to, but equally he could convey messages quite indirectly, but I think quite effectively. He had a wide range (Weakland, 1988).

Jackson had the ability to speak at several different levels of abstraction at the same time. Jackson was said to have been able to speak to several different people at the same time, yet convey a different message to each of them.

Jackson could talk to any group, it didn't matter who it happened to be, MRI or a lodge meeting or a family or an MRI staff meeting. And he could talk in such a way that everyone there thought he was talking to him or to her. Just like they were right in his mind. And people would begin to talk about what had just happened, and all had a very different experience (Haley, 1989).

Beavin-Bavelas stated it a different way:

Don would always be saying two or three things at once. And everyone heard something different. There was always considerable ambiguity as to what Don had said or meant (Beavin-Bavelas, 1989).

Weakland went further to state that Jackson could do the same with tape recorders.

I can only say if you get one account on one cassette and another account on the other then I must be Don Jackson myself. Because he could do that. He could talk to multiple members in that family, and one of them would hear one thing and the other would hear another. I thought it was a great talent (Weakland, 1989).

Weakland went on to say:

He (Jackson) could talk to people in conflict and make both of them at the same time think that he was understanding them and was right with them.

If I knew that, I'd have something worthwhile. The example that always comes to mind is that he referred a couple to me once. They were very much at odds and somehow he managed to get the wife to think, 'well lets start with the husband'. He managed to get the husband to think that I

would certainly understand him because I was this engineering type and I used to be an engineer once. And meanwhile, the wife being her emotional, artistic type, somehow at the same time he was stressing the fact that I was married to an artist and had been for quite some time. And therefore, I would certainly be more able to understand her than her husband seemed to be. This is the sort of thing that I might be able to put across if I saw them separately, but I don't know if I would be able to put that across with the two of them sitting there together in the same room (Weakland, 1988).

This ability was reported as a reflection of Jackson's awareness of the environment from which he was working.

Jackson was so aware of his therapeutic environment that he was able to understand human interaction in real time. Can you imagine, I've never met anybody who was capable of picking up, in the here and now, the interaction and arrive at the correct conclusions (Watzlawick, 1988).

Watzlawick later added:

If you watched him, if you listened to his tapes, it is evident that the man was so aware at every moment of all the interaction that went on here and now (Watzlawick, 1990).

Beavin-Bavelas also added:

Don had a way of going into what was going on in a family and tapping into it. He would listen to people talk about how they met and tap right into what was going on in the family (Beavin-Bavelas, 1989).

Watzlawick recalled attempting to learn from Jackson how and what he saw in the here and now and how Jackson translated this into his therapeutic technique.

And I can remember, starting when I don't remember, every Wednesday morning for many months we would sit down together with Don for at least two hours, and we would play to him one part of that structured interview that was the question to the parents in absence of the children: how out of all the millions of people in the world did the two of you get together, and to get precisely this with both hands we pointed at the two people simultaneously and stared on the table or on the floor until one of them begin to talk. Now the idea was not to obtain information on how

they met but rather to see how they, they interact now, with a peaceful, joint experience way back in the past, usually of a pleasant nature, to see who begins to talk, who corrects whom, what happens if they disagree, and so on. We were interested in the process not the information. And as I say, we would play specially this part of it to Don, and invariably Don would get the right diagnosis. He did not know the people. He didn't know how in the world they had chosen, why they had come to MRI, nothing. All he had was the noise on the tape, the voices I mean. And invariably, these were little interchanges from three to five minutes maybe. And invariably at the end it Don would say, something as specific as, he wouldn't say something like well that sounds schizophrenic you know, some sort of an over kind of approximate idea, no no no. He would say, I remember one case actually, when he'd say, if they have a son, he is probably a delinquent or pre-delinquent, if they have a daughter she probably has psychosomatic problems. Can you imagine, ha, I've never met anybody who was capable of picking up in the here and now the interaction arrive at correct conclusions. This person being a trained

psychiatrist, you know who was suppose to take a complete history and than gradually work towards the understanding of the problem, he did it within minutes in the here and now. I.. totally, totally fantastic. I mean I wish I could have a mirror in just in this one. Very brief interchanges and he inevitably, he was right. And we said Don how, please how do you arrive at these conclusions? And everything fell, fell flat. He would say something as deeply meaningful as, well listen to the way mother laughs at that point. For what, (laughter) and we never found out how he did it, but he did it (Watzlawick, 1988).

Watzlawick believed that Jackson could not be tricked:

I remember one incident where we had at long last, after having collected over sixty so called pathological families, we thought that for the sake, you know, being kosher scientifically, we would also get some normals. So we started looking for normals which is of course almost impossible. But eventually we found three that we thought were normal, and the most normal of the three normals we played to Jackson, and for the first time he said 'I don't know, play it again' so we played it the second time, he

said 'I still don't know, to me they sound normal' (laughter) (Watzlawick, 1988).

Jackson was somehow able to tap into the family's ongoing interaction and comment on it in a therapeutic manner as it happened. There were several examples of Jackson displaying this uncanny ability. He had the ability to listen to a tape recorded conversation of a husband and wife discussing a non-clinical question and determine if the couple had a son his problem would be such and such and if they had a daughter her problem would be thus and so. Watzlawick went on to state that Jackson was always correct, the diagnosis was made on nothing more than a few minutes of audio taped conversation, and he was correct. This ability to the knowledge of the respondents, has never been duplicated nor have they been able to understand how he did it. Jackson was said to also have the ability to predict what people in therapy would say.

He had that nice ability that everybody admired, predicting in the sense that, he would listen to a tape, stop it and say 'Now the mother's gonna have to say such and such.' And I said to him, 'How did you know that.'

He couldn't describe it really because he was thinking of imbalances as in power and coalitions that there wasn't a language for yet (Haley, 1989).

This was a remarkable clinical skill that to this day has remained outside our complete understanding. As Weakland said "If I could understand that, then I would have something" (Weakland, 1988).

According to Beavin-Bavelas people had difficulty understanding Jackson:

People tended to see Don as either a messiah that people thought would make their life different or as a devil. People did not treat him as a real person. Don was human and many had difficulty accepting him as that.

We (Beavin-Bavelas & Watzlawick) both knew the human side of him but many had difficulty accepting his human side (Beavin-Bavelas, 1989).

The more I went over the data about Jackson as a therapist the more intrigued I became. The insight I gained about Jackson's therapy was clouded with a veil of uncertainty. There was no question that what Jackson did was extraordinary; however, how he did it remains a mystery to those who knew him best. Haley believed that one of the reasons Jackson's ability was not passed on was due to the thought that he would be around for a long time (Haley, 1989).

He (Jackson) was a great clinician and dealt with some very difficult families and there is very little film or data on him. I think because everyone thought he would live forever, you know (Haley, 1989).

Many of those interviewed stated the desire to study Jackson's work and his theory, but to date none have carried the research out for one reason or another. There is no question that there remains a great deal to be learned about Jackson as a therapist.

The respondents interviewed marveled at Jackson's clinical ability. He was able to see beyond the limited ideas of individual pathology into the ongoing interaction. His techniques at the very least were considered unconventional, and at times bizarre. Today we may not be shocked by his irreverence but at the time these moves cost him his professional reputation in the American Psychiatric Association. It was due in part to Jackson's irreverence that we are able to move forward in the development of the field of Marriage and Family Therapy.

### Jackson's Influence on the Experts

Jackson was quite a unique individual with an equally unique approach to therapy and influencing those around him. When he joined the Bateson project it was as a clinical consultant. As the project developed further, Jackson would supervise the other members as they worked with the families. One of the most revolutionary ideas that Haley recalls Jackson having was the belief that the client's behaviors could be understood as comments to the therapist in real time.

When you were supervised by Jackson, if the patient said something crazy you had to answer the question 'What were you doing at that moment?'

Because it was assumed that the patient's comment was responsive to the therapist, which was a revolutionary idea at that time (Haley, 1989).

Jackson believed that when the clients did something strange that it was a direct comment, usually metaphorical, about what was going on in the present. This put a great deal of pressure on his supervisees. If there was nothing wrong with the clients, and their behavior was a comment on the nature of the ongoing relationship, the therapist should be able to bring about change (Haley, 1989).

This whole way of thinking was fundamental in the theory and therapy of Jackson and influenced the thinking in what has become known as family therapy.

The spirit of Jackson lives on within the work of those interviewed. Often they find themselves thinking “What would Jackson do, how would he respond to this family”.

I find myself today, when I work with a family thinking of him. What he would say, what comment would he make? (Haley, 1988).

Perhaps his greatest area of influence, in the opinion of those interviewed, was in terms of Jackson’s description of the patient. Jackson emphasized that what a patient did in therapy was a direct response to something the therapist had done. Jackson put more emphasis on changing behaviors, rather than on formulating explanations of why people were doing what they were doing. Over and over again the theme of Jackson assuming that there was nothing wrong with the patient came out.

He managed to have the idea that there was nothing wrong with a schizophrenic which is quite a feat. It is impossible today really, in such

a time where there is a campaign that there is something wrong with it. But it made him accept a lot of behavior from them as being communication instead of physiological, which made a whole of a difference in the therapy he was doing (Haley, 1989).

Haley went on to say;

One of the things that he argued, and I think it's absolutely true from my own experience, is that you are most likely to be successful with a schizophrenic if you believe there's absolutely nothing wrong with him (Haley 1993).

Each respondent commented on this ability several different times. It is much easier to think of abnormal behavior in terms of genetics or as an individual psychological problem, however Jackson pushed those he worked with beyond that linear conceptualization. Haley recounts an example of this:

I remember, for example, one of the craziest young women I ever saw, a young woman in her 30's who was brought in by her parents. Jackson was really the authority on schizophrenia on the west coast at that time so people referred cases to him. Well-to-do people. But anyhow these

parents brought in this daughter who was about 30, and she had just come out of a hospital in Colorado, and they brought her to California to live with them. And she was mute, pulling out her hair, acting like an idiot, really. And after the first session the mother called and said her daughter wanted to go to Colorado and pick up her baby. And the daughter said, 'If I don't get the baby – she had a baby that was put in a foster home when she was in the hospital – if I don't get the baby now, I never will.' And the mother said, 'I want you to talk to her and explain that she can't do that.' Jackson said, 'Bring her in.' And he said, 'The girl was normal.' In talking, she said, 'I want to go get my baby.' So Jackson said, 'Fine,' and the mother said, 'she can't possibly go to Colorado by herself in the shape she's in.' And Jackson said, 'If she thinks she can, she can.' And the mother said, 'We don't have a ticket,' and the daughter said, 'We can buy a ticket.' The mother said, 'The travel agencies are closed.' It was a Sunday or something, and the daughter said, 'We could pick up a ticket at the airport.' The girl was perfectly normal. And Jackson treated her like if she wanted to go to Colorado, she should, and

the girl flew off to Colorado. She got her baby and brought her baby back. So the parents talked about separating, and she began to pull at her hair and went mute and sat like that, and it was three or four months before she spoke again. But what so impressed me is that if she wanted to go, she should go and he (Jackson) didn't think that there was anything wrong with that woman. And that's a hard thing to do when they're as crazy as that. He worked with that family for a long time, and it had a pretty good outcome as I remember. But he did a lot of struggling with that mother and the daughter and the baby and the father who was wishing he was elsewhere (Haley, 1989).

Jackson was also a profound influence on individuals who were from other psychological schools. There were many who came to learn from Jackson who were trained in other fields such as Jungian analysis or psychiatry. After watching Jackson work, individuals found themselves switching to a new way of conceptualizing human behavior.

I was profoundly influenced by Don (Jackson). I, at the time, was a Jungian analyst. I was doing long term Jungian analysis. I mean all of

this was, I changed completely because I saw John (Weakland) and Don (Jackson) work, and you know I saw the results he had and the approach he took and this , this to me was a revolution. Totally made me go over to the opposite side of the fence (Watzlawick, 1988).

Watzlawick explained his feelings as if he had suddenly woke up to see what he had never seen before.

You suddenly saw what you really just never dreamed about, approaches that just didn't occur to you. He was very inspiring there is absolutely no, there's no question about it (Watzlawick, 1988).

Jackson seemed to have an electricity about him, he sparked the curiosity of others, bringing them to a place they never thought to look and gave them a hunger to understand.

There was this electricity of having contact with him (Jackson) and hearing him talk about what he did and seeing him work you know. That was extremely, there was, there were sparks around him, movement, there was ferment in this place (Watzlawick, 1988).

Jackson drew people from around the world. He was sought out by those interested in Marriage and Family Therapy. It is my opinion that Jackson's influence on the experts can be viewed as a ripple in a pond. He was at the center and started the disturbance. As the disturbance reached others they added to it or removed moved it further beyond its origin. It would be a bold statement to say that had Jackson not been around that the field of Marriage and Family Therapy would not exist today. But I do believe that Jackson is responsible for the vigor in which the field developed.

#### Jackson's Influence on the Development of Marriage & Family Therapy

I was surprised to find so many references in the data which stated that Jackson was as, if not more, important in the development of Marriage and Family Therapy as Erickson, Bateson, Ackerman and others.

Was Jackson as important in the field of family therapy as Milton Erickson? To family therapy he (Jackson) certainly was and probably the most important one in the development of it in the beginning (Haley, 1989).

Watzlawick stated:

I see him (Jackson) equal to Erickson as a father so to speak, of brief therapy, oh definitely, yes (Watzlawick, 1990).

Watzlawick further stated that Jackson's contributions to the field of family therapy were more than Bateson's and Erickson's.

I really think Jackson, his contribution, I think his contribution was at least equal to Bateson and Erickson, if not more as far as MRI is concerned (Watzlawick, 1990).

Beavin-Bavelas stated:

Don more than anyone else founded Family Therapy. More than Gregory Bateson, Milton Erickson or anyone else, Don was the one who created "family therapy" (Beavin-Bavelas, 1989).

Bowen believed that he and Jackson had the only two theories in family therapy.

Back in those days there were two theories about family, one was Bowen and the other was Don Jackson, and they knew the difference" (Bowen, 1989).

Fisch used the analogy of James Watt and the steam engine to describe Jackson's influence on the development of family therapy.

So mainly as far as his (Jackson) influencing family therapy, I'd say it was he, along with the work of the others, was establishing, I'd say establishing therapy as a discipline of its own. How did Watt influence the Steam Engine? He made it (Fisch, 1990).

Before Watt there was no steam engine, Fisch believed that there was no family therapy before Jackson. The common thread between Erickson, Bateson and Jackson was their lack of concern what the establishment thought about their theory or therapy. They were all heretics (Haley, 1989).

Among the many things credited to Jackson, and his influence on the development of Marriage and Family Therapy, was his position as an insider in the most powerful mental health organization of the time; he was a trained psychoanalyst honored for his many contributions to the field of psychoanalysis. This gave the Bateson group instant credibility.

Don (Jackson) brought two kinds of experience to us, and he also brought considerable practical help and credibility (Weakland, 1993).

Jackson was able to open doors that would not have been available to those who did not hold his credentials. Many of the early papers published in medical journals were in fact due to the influence of Jackson. The writing and publishing of the Bateson projects initial paper, “Towards a Theory of Schizophrenia (1956)” was to a large extent Jackson’s doing.

It was Don who arranged the publication of our joint paper, “Towards a Theory of Schizophrenia” (Weakland, 1993).

Weakland also stated:

Jackson could get an article like that (systems theory) into the Archives of General Psychiatry and nobody else could (Weakland, 1988).

Bateson thought that the group was not ready to publish any findings and did not want to publish anything at the time.

Did you know that he (Jackson) was largely responsible for “Towards a Theory” being written at the time it was? My recollection is pretty clear that while we might have eventually have written it, we would not have written it at that time if he hadn’t said ‘Look we have got something to

say, lets get it published.’ He was the prime mover in actually getting that down on paper and published in fact (Weakland, 1988).

Jackson knew the editor of the journal, Behavioral Science, and was able to get the article in the first volume. Jackson also had the ability, in part due to his reputation, to generate funding for the study of family therapy. Jackson was the only one involved in family therapy, at this point, who had the ability to get articles written about family therapy and systems theory into journals like the Archives of General Psychiatry (Weakland, 1988). Jackson, at the MRI, was granted the first National Institute for Mental Health (NIMH) grant to study family therapy. All the people in the field of psychiatry either knew or knew about Jackson (Haley, 1989). People came from all over to collaborate with Jackson. Jackson also had the desire to share the ideas he generated both singularly and with the collaboration of the Bateson project and later the MRI. He did not hold the belief, such as Bateson, that the ideas had to be formalized and final before they could be presented or published. Jackson took the position that through the interchange of the developing ideas they would continue to

develop. Jackson was restless and never stopped looking for a better way to conceptualize human interaction.

Jackson's notoriety was viewed as perhaps one of the most significant keys to the establishment of family therapy as a discipline, Jackson was viewed by the respondents as the creditability of marriage and family therapy. Although Jackson separated himself from the establishment of psychoanalysis he was at the same time able to continue to draw prominent people to his side. Jackson was continually sought out and repeatedly asked to present at professional meetings. Bowen recounted a time when Jackson called him at the last minute stating that he was not going to go to his conference to present.

I had Don, Whitiaker, Malone and John Rosen. They were all staying at my house, scheduled to speak at that meeting. And that was the weekend we had the Cuban missile crises, whatever the year was. About November of '62. And the day before the meeting Don called me and he said, 'I was ready to go to the airport but you're going to have an atomic war and I ain't coming.' And I said, 'Don you son of a bitch, you can't

do that to me. I'll get somebody to speak on your place; you're excused!'

But I did have him back (Bowen, 1989).

To put it simply, anyone who became interested in the ideas of family therapy sought out and became involved with Jackson (Beavin-Bavelas, 1989).

The data also revealed that Jackson was using what is now called systems oriented family therapy before he joined the Bateson project. Watzlawick recalls Jackson utilizing what is now known as cybernetics or systems approach as far back as the early 1950's.

Don himself, had already (1950's) begun to use what nowadays would be called the family therapy or cybernetic, or systemic approach. To the best of my knowledge, when he became part of the Bateson group, he was already doing couples and family therapy. And for that reason, I mean, for Bateson to get together with him was, made so much sense (Watzlawick, 1990).

Weakland pointed out that very early on Jackson brought into the project a number of ideas and points of view that to this day remain central to the practice of family therapy.

It is important to emphasize how early he (Jackson) was bringing up a number of ideas and points of view that remain very central (Weakland, 1988).

Along with this, one of the most significant and early contributions to the field was his presentation and later publication of, “The Question of Family Homeostasis” (1957).

One of the really revolutionary papers was ‘The Question of Family Homeostasis.’ I mean this at that time was a totally new kind of view (Watzlawick, 1988).

The concept of a family system maintaining itself at the expense of one of its members was simply unheard of until Jackson introduced it into the field. Jackson’s use of paradox was also recalled as unique. It must be restated that what Jackson was doing may seem a little unusual to our way of thinking in 1995 but in the 1950’s and 1960’s this was considered ludicrous. The move Jackson made is to us almost incomprehensible. Jackson so questioned the current wisdom that he set out to devise an instrument that would enable therapists to identify specific forms of pathological interaction. Jackson also wanted to

replace the individual linear diagnostic manual with an interactional diagnostic manual. He believed that the current wisdom needed to be rethought and replaced.

The first major collaboration as I now remember it, in addition, of course, to watching him do therapy, the first major joint project was the so called structured family interview that I thought, or he thought at the time we would develop this instrument that would enable us first of all to identify specific forms of pathological interaction. So, we would replace the individual diagnostic terms, you know schizophrenia, depression, etc. By a different kind of perspective a kind of interaction that you find in families that produce an identified patient who would personally, individually rather be diagnosed to be with this or that or the other. So this was supposed to become an interaction kind of diagnostic manual. Also we hoped that this particular instrument would enable us to have people do the interview at the beginning of therapy, and then repeat the interview at the end of therapy, and the differences of their performance

in this structured interview would then enable us to measure change (Watzlawick, 1988).

Jackson was so adamant that family therapy was a new and unique way of conceptualizing human behavior that he stressed the necessity of maintaining its separateness and did not want to combine it with other types of linear therapy. Haley recounts a meeting of group therapists that wanted to combine family and group theory.

I remember one of the extraordinary things he (Jackson) did at a meeting. There was an attempt by the group therapists to get together with family therapists to imply that family therapy and group therapy were the same thing. And so they had this meeting in San Francisco, and there must have been a couple hundred people who were mostly group therapists because there weren't many family therapists, and they were all prominent group therapists, I mean the major people at that time. And Jackson got up and said, 'I don't think group therapy and family therapy have any connection. They're not related in any way, and I haven't seen any interesting ideas or outcome from group therapy.' And then he took

off and said why he saw it that way. I mean he couldn't take a more clear position, and he wasn't concerned at all about having to compromise. I mean when you see so many family therapists today trying to integrate into the universe by saying that groups are really similar and all this you know, you appreciate the clarity with which he took a position (Haley, 1989).

Jackson took a clear stance and was not willing to compromise his position.

Jackson took a stand against the current day understanding of human behavior.

Had it not been for his credentials and influence in the psychiatric field much of the theory presented by the Bateson project and the MRI may never have made it to the professional field.

#### Additional Findings

Among the interviews there was a great deal of speculation about where Jackson's work would have progressed had he lived. Haley believed that one of the reasons there is a lack of data on Jackson's work is that people thought he would be around forever, he was such a central part of the field.

Jackson absolutely assumed that the queries of disorder of communication by schizophrenics was a response to the situation. He was a great clinician and dealt with some very difficult families, and there's very little film or data on him. I think because everyone thought he would live forever, you know (Haley, 1998).

Weakland believed that had Jackson lived he would have been able to get through to more people in main stream psychiatry:

He (Jackson) was just one of the people in the emergence of these ideas, but he was such an articulate presenter. Such an ability to get the message across, I think this is the one thing we probably lost most (Weakland, 1988).

Jackson's desire to share findings and publish was also cut short.

Jackson was a very helpful guy. He liked to do research. He wanted to be a researcher really, and he liked to make up terminology so people could understand what he was saying. He liked to write about it and share it. He was very helpful to us and to a lot of people (Haley, 1993).

Jackson was remembered as wanting to publish a book reporting the findings and developments of the Bateson project. He was also the one that insisted that the group audio record their Wednesday meetings for future use.

Jackson was always the instigator of something. We met once a week with him as a consultant and then we made it into a seminar. He wanted to record those and have them transcribed. He said there's a lot of valuable ideas, and we were losing them just talking about them. So we did that once or twice or three times or something. Those tapes and the transcripts exist somewhere (Haley, 1989).

Haley went on to say:

He believed that the data being generated was too rich, and he did not want it to simply fade away. To this day, very little has been done with the raw data which Jackson thought was so valuable (Haley, 1989).

Haley stated that a book should have been published about the Bateson project and did not understand why it has been forgotten for so long.

Haley continued:

And he was correct, we should have turned out a paper on the double-bind.

He (Jackson) was also correct that we should have turned out a book at the end of the project - and didn't (Haley, 1989).

Weakland believed that the continuing research in the field of family therapy which we see today has failed to continue the course set by Jackson.

I also think that things would have probably been different, been different on that main score if Jackson had not died young. Other people have certainly picked up and gone on, but he was no longer around to... I think that you not only have to have some ideas, you have to repeat them over and over again for a long time before they begin to get through to people. And I think it is particularly, his death was particularly, unfortunate in that he might have been able to get through more than anyone else to some of the main stream psychiatry which sort of draws a line between this kind of work and the real thing as they say. And since he was a very qualified psychiatrist as well as a very persuasive man, I think things might have been quite different if he had lived. As it stands now, of course, there has been a lot of development in family therapy, but

it has tended to be in a sort of a separate track and has not had the influence that I think it should have and I thought, or maybe dreamed once it would have on the field as a whole. So it's amazing to me how little has changed on that front (Weakland, 1988).

Weakland seemed sorrowful that the development of family therapy has tended to be on a separate track and has not had the influence on the mental health community that at one time he dreamed it would. To Weakland the field has progressed very little since the days of Jackson (Weakland, 1988, 1990).

Jackson's influence as a stabilizing factor in the family therapy movement was not fully realized until after his death. One of the things that was extremely important about Jackson was that he had a lot of authority.

One of the things that was very important about him was that he was a purist family therapist. And once he went that way, he went that way. He had a lot of authority that I didn't realize psychiatrically, and when I noticed it was when he died. Then all of a sudden, Ackerman and other people began to organize in ways they wouldn't have when he was alive. They began to want to form a psychiatric family therapy organization which would determine

who could be a family therapist and couldn't. And he was absolutely against that as I was. And when he died, they began to want, I always felt they wanted to keep it medical and keep it psychiatric, and he didn't have any enthusiasm for that at all. He didn't think it was related to psychiatry particularly at all, because he had a lot of trouble with psychiatrists. One of the things about him taking the positions he took is that I could as an outsider criticize psychiatry all over the place and nobody cared, but when an insider does, then it's different. I remember, for example, he wanted at one point to be head of psychiatry at John's Hopkins I think, and his interest in family work just blocked him off. They were not going to have a heretic like that (Haley, 1989).

After his death, Haley recalled, that there was a sudden move by Ackerman, Bowen and others to direct family therapy back towards a medical, linear model of psychiatry. They wanted to keep family therapy medical and control who could be a family therapist (Haley, 1989). Jackson was completely against family therapy being an off shoot of psychiatry. Being one of the insiders of psychiatry, he was able to prevent this combining of ideas until after his death.

To view family therapy as something as quantifiable as medical science is contrary to one of Jackson's most remembered attributes. He was always looking for the next step rather than closing it off and giving the final answer (Weakland, 1989). Weakland stated that this mind set is one of the major problems of the field today. He believed that if more people who are important in family therapy today would open their minds and not look for the final word the creativity and vigor that once defined this field might return (Weakland, 1988). Simply put "The world has been a little less interesting since Don died" (Bowen, 1989).

## CHAPTER 5

### Conclusions

The main purpose of this study was to step back in time and look at the work of Don D. Jackson through the eyes of those who knew and worked with him and gain some insight as to the extent of his influence on the field of Marriage and Family Therapy. To this end, the study was successful. In the opinion of those interviewed, Don Jackson was crucial to the foundation of Marriage and Family Therapy. This is not intended to minimize the work and contributions of countless others, but rather to state that Jackson was the driving force behind its conception and emergence as a creditable field. Perhaps the most critical contribution he made was in redefining the individualistic model of psychiatry in order to view the interaction between individuals as the primary source of investigation. This redefinition constitutes a paradigmatic shift in the thinking of mental health. Kuhn (1970) stated the essence of scientific revelation lies in discovery which does not fit with the existing knowledge. Conventional wisdom does not change as a result of step by step research or slow moving reflection. Rather, a paradigmatic shift occurs only when new insights burst

forth in a discontinuous fashion. It is only in this leap that we depart from what is presently held to be true. Jackson was the spark which ignited this departure from the conventional wisdom of individualistic psychiatry. Unfortunately, since his death the flame has dwindled.

It has been my observation that many individuals professing to be “Marriage and Family Therapists” operate from the lineal view of human behavior which Jackson fought so hard to abandon. It has also been my observation that current journals in the field reflect this same ideology. There are ongoing attempts to integrate individualistic thinking with systems thinking. However, to combine ideas from before and after a paradigmatic shift only minimizes both ways of thinking (Jackson, 1964). Both theories focus on distinctly different phenomena and, therefore are incompatible. Jackson foresaw the attempts to combine family therapy with the existing individualistic ideas. He believed we should avoid combining these two distinct theories.

Though our practical and clinical interests are served by classifying families according to the presence or absence of individual pathology, we must avoid the pursuit of a function which will map the elements of

individual theory into the family model. That is, there is no evidence for the isomorphy of the two theoretical models; rather the shift from individual to interactional thinking is probably a discontinuous one in psychiatry, and we must scrupulously examine the basic premises and methods of the former model before applying them to the latter. It is likely that what we term an “individual” in a family system may be quite different from what this term presently describes; and it is equally unlikely that a typology of families will simply superimpose individual nosology. Specifically, we must not let the thrust of our desire to understand (and so ameliorate) individual pathology carry us into family process with individual theories, lest we do disservice to both theory and therapy (Jackson, 1964, p. 32).

It was Weakland who stated that the field of Marriage and Family Therapy had not progressed in the last thirty years.

One example I like to give is that if you go look at any of the orthodox, regular psychiatric journals, like the American Journal of Psychiatry, and you look at the cover and the table of contents and most of the time it

looks the same as it did thirty years ago. It may have one article that has the word family in the title. And you look at it and it really is not very interactive in whatever they do with it anyway. So it's amazing to me how little has changed on that front (Weakland, 1988).

It seems that Weakland's point was that the field of Marriage and Family Therapy has not greatly influenced the practice of psychiatry. Weakland's dreams for the field were that it would continue with the vigor it once had and emerge at some place unique. As I understood Weakland's point, he was not calling for family therapy to become a sub-division of psychiatry, but rather for psychiatry to be influenced by the clinical developments in the field of family therapy.

Haley saw, first hand, how the field re-negotiated its balance, or actually maintained its homeostasis, once Jackson died. The move was not forward but rather backwards. After Jackson's death, Haley saw what he believed to be the attempts of several individuals to move family therapy towards a psychiatric orientation. What Jackson worked so hard to remove from the medical, linear model, Ackerman and others wanted to engulf within psychiatry (Haley, 1988).

Although the attempt as Haley describes it did not occur, the field of family therapy has moved away from its original scope. After having been trained in two graduate programs accredited by the American Association for Marriage and Family Therapy, it is my opinion that family therapy is viewed and practiced by many as nothing more than psychoanalysis with multiple participants who are often related. I agree with Weakland (1988), that much of the research found in current journals reflect this trend. There has been a wealth of clinical and theoretical insight, developed by Jackson, which to date has largely been overlooked.

I believe the Interactional theory of Jackson is worthy of further exploration. As Jackson himself stated:

If we wait for our theory to grow up, and not attempt to imitate that wiser, older woman, psychoanalysis, then there is a chance for a new and different knowledge (Jackson, 1964, p. 28).

He foresaw the strength of the conventional wisdom and predicted there would be many who would not be able to move beyond it to this new frontier. To gain a working knowledge of Jackson's interactional theory will undoubtedly involve

painstaking research on what little raw data exist of his work. It will be important to refrain from simply copying his techniques and attempt to go beyond his work to the theory which drove his therapy.

### Jackson's Death

My personal hypothesis about the death of Jackson has taken many forms. In looking at this tragic instance in light of the data, I was led to speculate about his death. Jackson was known to drink and use tranquilizers. Jackson may have found that they aided in the reduction of pain or perhaps helped him sleep better at night. It was interesting that there were comments made to Jackson in reference to how he lived in light of his theory. Jackson was said to be so in tune with human behavior that he could comment on it as it happened. The assumption this preceded me to make was that Jackson could not turn off his incredible awareness of human interaction. Although this aided him in being a talented clinician, it must have weighted heavy on his everyday interaction with people. I would find it quite burdensome to be able to diagnose the mental condition of individuals through ordinary conversation. I can only wonder how,

if at all, Jackson was able to deal with this. It seemed to me that Jackson was given a gift worse than King Midas. At first glance having the ability to turn everything one touches into gold would be appealing. However, after closer examination this ability would be a curse. This may have been one of the driving forces behind Jackson's work. If I were given this two edged sword, I would attempt to find as many distractions as possible. Perhaps Jackson used his writing, presenting and theorizing as a form of distraction. One can only wonder if he also found some relief from this burdensome ability through drinking and utilizing tranquilizers. It is important enough to restate that no matter what the reason or circumstances behind Jackson's death, it in no way should devalue his many contributions. As the data show Jackson was a cornerstone in the development of family therapy.

### Perceptions of Jackson's Theory

As Bowen put it there were only two theories of family therapy, his and Jackson's (Bowen 1989). Jackson's theory was unique in that it did not rely on existing psychoanalytic theories. Bowen's, on the other hand, was a

combination of analysis and evolution theories. However, we have volumes which describe the theory of Bowen, and to date have only a glimpse of the theory of Jackson. I am certain that Jackson was influenced by many of the common day theories. To state otherwise would be to say that Jackson developed his perspective in a vacuum. However, it was clear that Jackson sought to move beyond these theories and develop a new theory by which to treat human suffering. There can be little question that the data reflect Jackson's ideas and practice were quite unique and irreverent when compared to other treatments. Perhaps the largest contribution Jackson made was that he was convinced people could change, and their behavior could be viewed as normal within the context in which it took place. Haley never seemed to fully understand how Jackson was able to take this position in therapy, but was certain it was a key to successful treatment.

There were many things that aided Jackson in the development of family therapy. Jackson had no professional interest in the credentials of his colleagues. I believe this aided in the development of his theoretical position. Jackson sought to understand human behavior. He was remembered as having

an endless curiosity and desire to seek new answers to old questions. I join Weakland in questioning how Jackson, a trained psychoanalyst, could have retained his open mindedness as well as his curiosity. The position Jackson took was not normally the result of the training he received. It was hard for me to truly grasp the drastic diversion Jackson took in his theoretical understanding of human behavior. In today's world the ideas he professed in the 1940's through the 1960's are seen as common place. It is questionable if the ideas are the same, but the terms are known. In the days of Jackson this was a complete departure from all the current wisdom.

The data reflect that there is still a great deal to learn about the theoretical position of Jackson. There are many questions that still remain unanswered regarding his theory and therapy. For example: How was Jackson able to diagnosis individuals based on marital interaction? How was Jackson able to view behavior as real time communication? How has his theory stood up over the test of time? How has Jackson negatively influenced the development of the field? How has Jackson influenced other current theories of the day? With the limited resources available it will be an arduous task to develop a clear

understanding of his theory. However, the data reflect the opinion that Jackson's therapy produced amazing results in cases which were considered untreatable.

### Perceptions of Jackson as a Therapist

The data show that Jackson was remembered as a pro-active therapist. This was another area in which Jackson strayed from his training. The data also show that Jackson did not work from the assumption that the cause of the disorder was in the past, or within the individual. Many times Watzlawick stated that Jackson worked with a minimal of history taken. According to Watzlawick, Jackson typically began active treatment within the first few minutes of the first session. This is far removed from his traditional training.

Jackson was in harmony with the interactive process of the family. This was true to such an extent that somehow he was able to translate family interaction into an understanding of the reported individual problem. This is perhaps the greatest mystery of Jackson's work. I know of no individual that has been able to duplicate or even explain how Jackson did this. I believe that

this is the area of Jackson's work which merits the most additional research.

Whether there is enough raw data available to gain this depth of understanding into Jackson's therapy remains to be seen. I believe, however, that Jackson's ability to see into the lives of his patients may have been the Pandora's box of his life. Perhaps Jackson was able to see too much.

### Jackson's Influence on the Experts

Simply stated, without Jackson's influence many of the experts in family therapy would not have become involved in this field. This statement may seem harsh, however a close reading of the data reflect it was Jackson who was able to bring creditability to the ideas developed in the early projects. Had Jackson been interested only in the ideas of credentialed therapists, many individuals who today are viewed as important to the field would have most likely remained unknown. Perhaps Weakland, an anthropologist and a chemical engineer, Haley a linguist, Satir a social worker, and the countless therapists they trained would have remained unknown. The research that continues at the MRI would not exist, along with the institutes started by the many generations of the MRI staff.

Although it is impossible to definitively support these statements, it is my belief that Jackson has had and continues to have an unseen influence on the development of the field. As Freud was credited with opening the idea of the unconscious, Jackson should be credited with the emergence of the idea of the interactional.

The data were clear in that Jackson profoundly influenced the experts of the field. This can be said with certainty about those who were interviewed, and I believe it is safe to say Jackson influenced countless others. It saddens me to learn of professionals in the field who have not heard of Jackson, although they glean wisdom from his toils. As Ackerman stated, “It is a shame that Jackson did not live to reap the benefits of his work” (Ackerman, 1967).

Don Jackson was ‘The golden boy of psychiatry’ who matured during a time of turmoil and changing ideas. It is sad that such an able teacher could not experience old age and the reward of watching the influence of his thinking on the coming generation. His death is particularly poignant to those of us who admired his vitality and enthusiasm, drew upon his wisdom, and appreciated his kindness (Ackerman, 1969, p. 145).

It is quite clear to me that his influence lives on.

### Personal Journal Thoughts

In the proposal of this study the idea of a personal journal was discussed. One of the goals of this journal was to create an auditable path to the research. The journal eventually took a form of personal reflections and thoughts which could be best described as complete speculation on my behalf. As I became immersed within the data, many ideas developed. These ideas may not be directly supported by the data; however, they were a product which was evoked within me by the data. In this section of the chapter I would like to share some of my speculations.

The following is perhaps better suited for the Hollywood screen than a study about the influence of Jackson, as I found myself speculating on his life and death. It was clear that Jackson was looking at behavior and its relation to the interaction between individuals. The concept that all behavior was purposeful in context kept haunting me. This does not mean that just the behavior we can easily translate into a clean interaction, but rather “all

behavior.” How then could I make sense of Jackson’s death? How would his death make sense, moreover, in relation to what? As I expanded the context I wondered who must have benefited from his death. If Jackson had lived how would his theory and therapy have shaped the field of mental health? Perhaps the greatest losers would be the ones in the psychiatric and the pharmaceutical fields. I began to speculate about how much money and influence these two fields have. Jackson was seemingly on the verge of making this type of treatment obsolete. It was simply speculation but I must believe that there were many who breathed a sigh of relief when Jackson died. This idea became even more interesting after I learned that there were many in the field who attempted to shift back toward the field of psychiatry after Jackson’s death (Haley, 1989). Haley stated that even he, one of the closest to Jackson, did not realize how much influence Jackson had on the direction of the field during his life.

Looking back through the journal and the rewrites, it was clear that I spent many hours thinking about Jackson and what was said by those who were interviewed. I found that my attempts to document my progression through this study became overwhelming. This was due in part to the fact that there was a

great deal of ambiguity in relation to the understanding of Jackson's theory and therapy. I found myself in a place where few have been or written about. Jackson must have been a remarkable man, as he was remembered fondly. He was human and had many idiosyncrasies, as do we all, but he was an extraordinary therapist. It is amazing that so little comprehensive research has been done on his work.

The best way to describe the path I took within this study would be that of McCracken.

The method can take us into the mental world of the individual, to glimpse the categories and logic by which he or she sees the world. The long interview gives us the opportunity to step into the mind of another person, to see and experience the world as they do themselves (McCracken, 1988, p. 9).

I entered the collective mental world of those who knew Jackson, and came out with a new and unique perspective.

## Personal Reflections

The statement made by Beavin-Bavelas regarding Jackson's deification brought to mind some questions that the data seemed to avoid. Her statement: "People tended to see Don as either a messiah that people thought would make their life different or as a devil" (Beavin-Bavelas, 1989). This sentiment is echoed throughout the data. This was the impression given of Jackson by many of the respondents. My first observation was that the data were limited to the positive influences of Jackson. Whether this was by design or perhaps an oversight on the part of the interviewer is unknown. Throughout the data there were no questions which clearly asked for the negative influences of Jackson in the field of family therapy.

The lack of data regarding Jackson's negative influences could also be interpreted as an attempt to protect Jackson. When viewed in this manor the lack of negative data elicits more questions. If there was an unspoken attempt to protect Jackson, what than was Jackson being protected from. The data were clear that Jackson was highly respected. He was respected by his colleagues as well as being given many prestigious awards by the field of psychiatry. When

one views the lack of negative data in light of the fact that Jackson's theory was difficult to understand, it would seem difficult for the respondents to fault Jackson with some negative influence. The one negative point which was expressed in the data was that Jackson had been unable to clearly articulate what he was doing in therapy. However, the respondents did not view this as a fault of Jackson but rather a limitation of their ability to grasp what he was doing. An argument could also be made that the respondents were protecting their interests in their connectedness to Jackson. It would stand to reason that they would want Jackson to be remembered as a key figure in the development of the field.

In my opinion Jackson had a tremendous influence on the development of the field of Marriage and Family Therapy. More specifically he had influence in the following areas. 1) Theoretical credibility: Jackson gave the ideas developed within the Bateson project and the interactional theory credibility due to his professional respectability. 2) Developing outside interest in the field: Many of the respondents commented on how inspiring Jackson was as a presenter. Often Jackson would invite individuals to the MRI and they would stay for years. He seemed to inspire one's desire to learn more about family therapy. 3) Creating

the first environment devoted to training the new ideas to therapists: Jackson was the first to develop a training center devoted to teaching the interactional theory of family therapy. This training center is to this day educating therapists in the theory and therapy of family therapy. 4) Creating avenues for the publishing of the new clinical approach: In the beginning of family therapy the theories and techniques were not being published by many. It took an author such as Jackson who had the proper credentials and contacts to get this information published. Jackson saw a need for the ideas being generated in the field to be published. Therefore he developed the journal Family Process as well as a publishing house devoted to family therapy. 5) Moving mental health investigation beyond the limiting notion that the pathology lies within the individual and perhaps most importantly: Jackson took the interpersonal theories of psychiatry to the next stem. Rather than viewing individual pathology as a cause of interactional problems Jackson took it to the next level. Jackson saw the interactional process as the primary data. He saw individual pathology as normal given the context of the behavior. These ideas were unique and mark the beginning of a new chapter in the field of mental health. 6) Jackson had a willingness to share his ideas

through presentations and his many publications. In his twenty-four year career, Jackson published 124 articles and seven books. Jackson also left over thirty unpublished works behind. Jackson also left behind many hours of audio and video tape which recorded his therapy techniques. To date the raw clinical data have yet to be analyzed. It is my belief that this data will help in the further understanding of his theory and therapy.

There are many additional areas of influence to which Jackson could be credited. As stated in the interviews, Jackson had a thirst for knowledge, he desired to find the next step rather than settle for the present understand of the field. I believe that had Jackson lived he would moved beyond his own theory into a different understanding of human interaction.

### Limitations of this Study

This study was one step in a long journey toward an understanding of Jackson's theory and therapy; there remains a great deal to be done. The interviews used in this study produced much data which aided in the understanding of Jackson's influence on current leaders and the development of

the field of Marriage and Family Therapy. The data were collected in a semi-structured manner which gave the respondents great leeway to reminisce about Jackson and the development of the field. Unfortunately, many of the respondents reminisced about their own careers and quite often had to be directed back to the purpose of the interview quite often. Perhaps a more productive way to have conducted these interviews for the purpose of this research would have been to use a more structured interview technique. The information gained in the interviews has been invaluable to the understanding of Jackson's influence, but I believe that a deeper level of understanding might have been gained with a different approach to the data collection.

An additional limitation of the data was that the questions were limited to the positive influences of Jackson. Had the data also focused on his negative influences, I believe a more dimensional perspective of Jackson could have been gained.

I also found that the use of a journal became more cumbersome than helpful. As I processed the data according to the techniques of McCracken, I found that free thinking and digesting the data over a period of time produced a

deeper understanding than did concretizing what was generated by putting it in print. I found that by letting the data ferment in my mind, revisiting the data and Jackson's writings, in addition to the writing process of the paper produced more insight than the use of a journal. As I continued to conduct therapy, I also attempted to view the world through the eyes of Jackson; trying to view all behavior as normal, serving an interactional, homeostatic purpose. I don't believe that I was able to reach the level Jackson had, but I became painfully aware of what an awesome burden this could become, especially if one could not turn it off.

I found myself rewriting chapters many times and used the computer as my creative canvas upon which to develop my understanding of the data. I don't know if the journal was a limitation of the project, but it became a limitation to me. However, it may have been a more helpful tool to another researcher.

Another limitation of this project was the fact that I did not collect the data. I often found myself wanting to ask the respondents questions; wishing I had the opportunity to speak to them about what the data were setting off in me. On the other hand, not having collected the data I found it possible to juxtapose

myself in many ways to the data. This process freed me to be able to view the data in many ways without becoming blinded by an attachment to the data. I believe not having this limitation actually helped to achieve a broader view of the data.

### Areas of Future Research

The data show that Jackson was indeed a major influence in the development of the field of Marriage and Family Therapy. However, there is still a great deal of knowledge to be learned about the interactional theory and therapy of Jackson. One possible way to gain insight into Jackson's clinical giftedness would be to study other clinically gifted therapists who are currently living. Once an understanding of the process used by the living therapists was gained, the data could be used as a lens to view Jackson's therapy techniques.

Another study, and in my opinion one better suited to gain an understanding of Jackson's therapy, would be to qualitatively analyze the existing clinical recordings of Jackson. There are several audio tapes in existence on which Jackson does therapy. There is one set of tapes which record

Jackson doing therapy with a family from the starting session to the completion of treatment. In addition to this record, there exists a number of audio and video tapes of Jackson doing therapy.

It would also be important to study how the ideas of Jackson from over thirty years ago stand up to the current research. Have his ideas been outdated by new findings in the field of mental health? Only additional study will be able to answer these and many other unanswered questions.

The analysis of Jackson's recorded therapy techniques is perhaps the next important step in gaining insight into his theory and therapy. Based upon the data used in this study a project focused on his clinical techniques would be worthwhile. There is still much to be learned about the theory and therapy of Don D. Jackson.

### Closing Thoughts

With the recent death of John Weakland, we are losing our connections with the passage to a deeper understanding of what was once Family Therapy. This research project was the first step in a long journey in the rediscovering of

Family Therapy. There is still much to learn about the theories and therapy of Don D. Jackson. There exists only a hand full of raw data and recordings of Jackson's work. Perhaps it is in this raw data that a deeper understanding of his theory and therapy can be found. The trail has become overgrown, but not lost. It is my hope that others will follow in the journey.

It is hard to tell if the ideas of Jackson are lost forever. There are those who believe that the unique way in which he viewed the world and approached therapy died with him. Although his career was short, Jackson left an extensive record of his thinking. There are over 124 articles and seven books, along with many hours of raw audio recordings of his conversations with clients and colleagues. The most nagging question is whether we will be able to transform this data into an understanding of his theory and therapy. Only time and a great deal of further research will answer this question.

Has the opportunity for this paradigmatic shift been lost? Bateson believed it had (Bateson, 1979). In a field where we relish new ways of thinking, we seem to have overlooked the new ways of the past. Perhaps it is too late for Jackson. However, he has undeniably impacted our thinking about

human behavior. Now it is time for us to build upon his foundation and impact the thinking of the next generation. The voice of Don D. Jackson will be part of that influence.

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## Appendix A

In an attempt to provide easier accessibility to the published work of Dr. Jackson, the following exhaustive, chronological, bibliography has been compiled. It is my hope that this will aid those interested in continuing the research on Jackson's theory and therapy.

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**EDUCATION:**

**Virginia Polytechnic Institute & State University**  
**Doctor of Philosophy, 1996**  
**Family & Child Development**  
**Major: Marriage & Family Therapy**  
**Program Accreditation:** American Association for  
Marriage & Family Therapy

**Northeast Louisiana University**  
**Master of Arts, 1992**  
**Major: Marriage & Family Therapy**  
**Program Accreditation:** American Association for  
Marriage & Family Therapy & The Council for  
Accreditation of Counseling and Related Educational  
Programs

**Northeast Louisiana University**  
**Bachelor of Arts, 1989**  
**Major: Sociology**

**PROFESSIONAL  
LICENSES &  
CERTIFICATIONS:**

**Texas State Board of Examiners of Marriage &  
Family Therapists**  
Licensed Marriage & Family Therapist

**American Association for Marriage & Family  
Therapy**  
Clinical Member

**Texas Association for Marriage & Family Therapy**  
Clinical Member

**American Association for Marriage & Family  
Therapy**  
Supervisor-in-Training

**PRESENTATIONS:**

**The Bateson Research Team: A Multimedia Raw  
Data Encounter** (with Wendel A. Ray, Ph.D., Tom  
Bowman, M.A. & John Miller, M.A.) **American  
Association For Marriage & Family Therapy,  
53<sup>rd</sup> Annual Conference, November, 1995.**

**The Use of Circular Questioning as a Therapeutic  
Intervention** (with C.E.Lawrenson, M.A. & Lamar  
Woodham, Ed.D.) **Louisiana Association for  
Counseling and Development State Conference,  
1991.**

**CLINICAL  
EXPERIENCE**

**White Stone Psychiatry, P.A.**

The Woodlands, Texas

**Private Practice**

Evaluate, diagnose and treat a clinical caseload.

Develop and maintain community relations and market  
strategies necessary to maintain a full time private  
practice.

**University Behavioral Health Associates, P.L.L.C.**

Houston, Texas

Evaluate, diagnosis and treat a full time clinical case  
load. Working in conjunction with psychiatrists within  
a managed health care environment. Provide treatment.

**Houston Child Guidance Center**

Houston, Texas

**APA Doctoral Fellowship in Marriage & Family Therapy**

Responsible for evaluation, diagnosis & treatment of full clinical caseload utilizing brief systemic theories.

Performed clinical supervision of Master's level

Interns while working in a managed care environment.

**Virginia Polytechnic Institute & State University**

**Center for Family Services**

Blacksburg, Virginia

**Family Therapy Intern**

Responsible for evaluation & treatment of adult

clientele utilizing brief systemic theories and hypnosis

Performed clinical supervision of first and second year doctoral family therapy interns.

**Northeast Louisiana University**

**Marriage & Family Therapy Center**

Monroe, Louisiana

**Family Therapy Intern**

Responsible for evaluation & treatment of adult and adolescent clientele utilizing brief systemic theories

and hypnosis Participated in a therapeutic team

approach utilizing live supervision and one-way

mirrors.

**Young Woman's Christian Association  
Family Violence Center**

Monroe, Louisiana

**Family Therapy Intern**

Responsible for evaluation & treatment of adult and adolescent clientele presenting with issues of abuse and family violence.

**Methodist Children's Home  
Family Development Center**

Ruston, Louisiana

**Family Therapy Intern**

Responsible for evaluation & treatment of adult and adolescent clientele. Adolescent population included inpatient, outpatient and juvenile offenders mandated to receive treatment by the local court system.

**RESEARCH  
EXPERIENCE:**

**Virginia Polytechnic Institute & State University  
Center for Family Services**

Blacksburg, Virginia

**Research Assistant**

Responsible for research and grant preparation on the topic of therapeutic outcome in marriage and family therapy, under the direction of Howard Protinsky, Ph.D.

**Virginia Polytechnic Institute & State University  
Center for Family Services**

Blacksburg, Virginia

**Research Assistant**

Responsible for assisting the Program Director in the organization and operation of the Center for Family Services, preparing for the AAMFT re-accreditation visit as well as assisting in the organization for the interview process of prospective doctoral students for the marriage and family therapy program under the direction of Jim Keller, Ph.D.

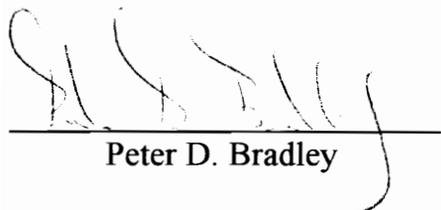
**Northeast Louisiana University**

**Institute of Gerontology**

Monroe, Louisiana

**Research Assistant**

Responsible for assisting the Executive Director in his ongoing research in the field of gerontology, as well as assisting in the development and implementation of the Elderhostle program at Northeast Louisiana University.



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