Experiential family therapy (of carl whitaker) essay sample

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Experiential therapy emerged from the humanistic wing of psychology that was focussed on the immediate, here-and-now experience, which was most popular in the 1960's and 70's. Therapists focussed on the needs of the individual as they attempt to facilitate family interaction, resulting in the individuality of each member. As Becvar and Becvar (2000) asserted, the hallmarks of experiential family therapy were the importance of individuality, personal freedom and self-fulfillment (pp. 181).

Thus, efforts to reduce defensiveness and unlock deeper levels of experiencing rested on an assumption of the basic goodness of human nature.

Many of the basic theories were borrowed from individual and group therapy. It borrowed techniques such as role-playing and emotional confrontation borrowed from Gestalt therapy, however as Nichols and Schwartz (2001) observed, by focussing emotions rather than the dynamics of interaction, experiential therapist seemed somewhat out of step with the rest of family therapy (pp. 139).

Experiential family therapy viewed the cause and effect of family problems as fuelled by emotional suppression. For example, Whitaker and Keith (1981) argued parents have a tendency confuse the instrumental and expressive functions of emotion. They try to regulate their children's actions by controlling their feelings. The result is that children tend to blunt their emotional experience to avoid making waves.

In order for therapy to be a success, experiential therapists believe that families need to get in touch with their feelings, hope, desires, as well as their fears and anxieties.

In the first section of this paper, the techniques and theoretical concepts used in symbolic/experiential family therapy will be outlined. It should be acknowledged that Virginia Satir and Walter Kemplar are also seen to have had equal foundational importance in the birth of experiential family therapy. But, in this brief paper I will be concentrating mainly on the work of Carl Whitaker and his colleagues who's style of therapy differed greatly from that of Satir and Kemplar.

In the second section of this paper I will attempt to paint a picture of how three sessions of symbolic experiential therapy might appear in order to give the reader a deeper understanding of the applicability of Whitaker's somewhat unconventional methods.

Carl Whitaker

Whitaker was originally trained in obstetrics and gynecology but developed an interest in schizophrenia and switched to psychiatry in the 1940's.

He was the first to do psychotherapy with families and was considered a maverick at first, however he retained the respect of other family therapists due to his skill and success as a therapist.

He summed up the experiential position in a paper entitled, " The hindrance of Theory in Clinical Work" (1976: as cited in Nichols and Schwartz, 2001).

Thus, his advice was to give up calculation as soon as possible in favour of being you. Further, he wrote that theory was for beginners. According to Connell, et al. (1999), much of the theory was in reaction to perceived shortcomings of behaviourism and psychoanalysis. In place of determinism, he emphasized freedom and the immediacy of experience.

Whitaker had unusual views on marriage. He believed that there was no such thing as a marriage, just two scapegoats sent out by their families to perpetuate themselves. He viewed dysfunctional families as being terrified of conflict, adhering rigidly to the rituals that they establish and clinging to their routines. Further, he thought that breakthroughs could occur only when family members risk being more separate and show anger (Napier and Whitaker, 1978).

As will be demonstrated in section two of this paper, the methods he used were emotionally intense, action oriented, highly creative and to all appearances, non-rational. Whitaker argued the therapist must be a genuine person who catalyzes changes using his or her impact of families, instead of hiding behind a professional role. (Whitaker and Keith, 1981)

According to Whitaker (1981, as cited in Griffin and Green, 1999) the objective of therapy is that the therapist and family work together jointly to set specific goals. These goals should remain unconscious during therapy, identified only in looking back. The therapy should also improve behavioural congruence, enhance independence and free choice, and expand the experiencing of emotions.

Basic Model

Whitaker believed that the active and forceful personal involvement and caring of the therapist was the best way to bring about changes in the family and promote flexibility among family members. He relied on his own personality and wit rather than any kind of fixed techniques to stir up issues in families and to help them open up and be themselves. He also did this to confuse the family. In his words, " I revel in non-organization. I think that's part of what my therapy has to do with. It has to do with disorganizing whatever the family brings in and enjoying my disorganization as well." (pp. 204)

In doing this he tried to get the families to go somewhere in order to get them unstuck. During this part of the therapy the therapist and the family learned to express anxiety more openly during the session.

Techniques that were commonly used to activate the underlying anxiety of the therapy included waiting, challenging roles, amplifying family deviations and highlighting differences. If successful, families should experience their will to fight, push and disagree.

Theoretical Concepts

There are 3 stages of therapy: 1) engagement, 2) mid-phase and 3) disentanglement.

During the engagement stage of therapy the therapist uses the following intervention strategies: expanding the symptom, highlighting cross-

generational and intergenerational influences and redefining pathology. The main goal for the therapist is to disrupt the family's belief that they are in therapy to cure someone.

There are 2 main confrontational interventions during this stage that are essential to both maximize the opportunities for confronting and undoing the role of the scapegoating process. They are " battle for structure" and " battle for initiative". One of the main objectives, according to Napier (1987), is to diffuse the scapegoating process by challenging the notion that one member of the family has the problem.

According to Connell et al (1999) experiential therapists believed the key to disrupting dysfunctional patterns within a family system was to get the family to see themselves as an entity. The therapist's goal is to disrupt the family's belief that they are in therapy to cure one of the family members and replace the family's description of the problem with a broader perspective.

During the battle for structure the therapist had to demonstrate his or her strength so that the family knew the therapist had the courage it would take to be one of them and this could take many forms. Napier (1987) asserted that the couple or family needs to know that the therapist is strong enough to deal with their problems, " Sometimes the family is in such turmoil that a more confrontative stance is required from the therapists from the early interviews." (pp. 43)

More commonly this conflict centres on the issue of who would attend sessions. Often the therapist will demand that all family members attend each session sometimes requesting that three generations are present.

According to Whitaker and Keith (1981), by refusing to take the reins the therapist heightens anxiety and forces the family to be in the present and deal with the issue of taking lead in the session. Once the therapist has established administrative power, he or she steps back, refusing to lead.

A goal is that the therapist is understood to be a coach, not part of the family. As Mahrer (2001) stated, " The experiential therapist is a teacher, a guide or a coach, who shows the person what to do throughout the session." (pp. 1022)

Further, Whitaker and other symbolic experiential family therapists believed that this is the time for the family to realize that for change to occur, it would be fueled by their energy.

The battle for initiative reflected the integrity of the family. During this stage the therapeutic relationship is established and the family is given primary responsibility for the content, process and pacing of the sessions, which is increased as the sessions go on.

The involvement or mid-phase was the time for breaking patterns, escaping ruts and developing more intimate relationships. After therapy had gotten under way, Whitaker (1981) relied more on " being with" families than on any particular techniques.

Therapy is non-directive and spontaneity is very important. Intuitive self-disclosure, which Whitaker referred to as ' craziness' was often used, which was very creative, irrational, playful.

" Craziness" generally increased uncertainty and ambiguity and forced family members to take risks, explore new ways to be together and accept denied aspects of their experience. As Napier and Whitaker (1978) argued, breakthroughs occurred when family members risked being more separate by showing their anger as well as risk increased closeness by sharing intimate feelings. Further, therapists are alternately supportive and provocative in order to permit family members to drop their protective defenses and open up to each other. The therapist is a real person during therapy and will often use his or her personality to catalyze change overtly provoking family members, particularly if they begin to revert to old patterns of behaviour.

Anxiety and confusion are increased through use of metaphors, teasing, humour, free association, fantasy, confrontation or silence. The underlying premise being that the way to promote individual growth and family cohesion is to liberate effects and impulses. Therefore, the way to promote individual growth and family cohesion is to liberate effects and impulses. This is often referred to as " expanding the symptom" and is done to refocus the family members on the problems as within the family, as opposed to one person having the problem. (Connell, et al.; 1999, pp. 53)

Whitaker (1981; as cited in Griffin and Green, 1999, pp. 98) used the following interpretations in order to increase anxiety and motivation:

Refining symptoms as attempts as growth – (If a woman says that her husband is threatening her with violence – this is a sign that he does love her – Why else would he want to kill her?).

Modelling fantasy alternatives to actual stressors – having clients consider imaginary alternatives to stressful events (If the client is suicidal, ask the client, if he were to murder the therapist how he or she would do it).

Separating interpersonal from intrapersonal fantasy stress – Contaminating the client's fantasy by asking how it might progress. (If a client has attempted suicide, asking him or her what life would be like for others after his or her death, such as whom their spouse would marry and how long they'd wait).

Adding pragmatic, but seemingly inappropriate bits of intervention – When therapy is well under way, offering a number of interpretations which the family can accept or reject (such as off handedly remarking to a husband whose wife is having headaches that spanking might improve her symptoms).

Augmenting the despair of a client – Generating family support by heightening the anxiety of one member (Asking a schizophrenic son to consider accepting hospitalization because of the futility of attempting to stop parental arguments).

Affective confrontation – Siding directly with one or more members against others. (The therapist angrily tells parents who try to intervene to stop interrupting the process).

Treating children like children and not peers – Establishing a hierarchy so that adults supervise children (Allowing children to fight physically and verbally with the therapist, with reasonable limits set).

In addition to these techniques Whitaker often worked with a co-therapist who took on a more rational role, so that he could maximize the degree to which he could allow himself to be " crazy". He viewed having a co-therapist as " both an antidote to burnout and a pathway to more potent treatment" (Connell, et al., 1999: pp. 15). Having a co-therapist allows for direct consultation with another professional. This also allows for modelling for the family as the 2 therapists discuss their issues about the therapy process in front of the family.

The third phase of therapy was referred to as the disentanglement or termination phase. During this phase, the goal is that clients achieve individuation and rebirth and an independent peer relationship with the therapist is established. The therapist refrains from intervening even if he or she has something useful to say. Instead, he or she plays the role of the retired parent of an adult child.

Strengths

Regardless of the approach to family therapy one takes, there is no doubt that symbolic experiential family therapy is effective in the way it seeks to break through family defenses by discussing roots of feelings with individuals.

In addition, some of the methods Whitaker used to heighten anxiety were very powerful and effective means of interrupting engrained family patterns and for keeping the them focussed.

One of Whitaker's most significant contributions to family therapy was is belief that the interpersonal relationship was the primary ingredient in therapy. Helping family members get in touch with their feelings helps them as individuals to discover what they really think and feel. In turn, it encourages them as a family to get beyond defensiveness and begin to relate to each other in a more honest and immediate way.

According to (1988, as cited in Corey, 1996) feminists have applauded Whitaker's willingness to change gender role patterns. He was well known for confronting men in therapy and was able to get to their vulnerabilities. He was famous for chastising men, referring to them as hopeless.

Shortcomings

Symbolic experiential family therapy has been criticized for focussing entirely on families and too narrowly on individuals and their emotional experience. But its most condemning criticism has been for not having an actual theoretical model.

According to Connell, et al. (1999), " Other than being personally involved in the therapy process, Carl was not quite sure himself why his therapy worked." (pp. 11).

Further, Connell maintains that whenever Whitaker thought he had the answer to why his therapy was a success, he found that he could not replicate the process.

Nichols and Schwartz (2001) asserted that this was a therapy designed to elicit feeling and is " more suitable to encounter groups than to family therapy" (pp. 152)

At the height of its popularity experiential therapists put great faith in the value of individual emotional experiences, often neglecting to acknowledge the role family structure plays in regulating that experience. In the later years of his career however, Whitaker incorporated more and more systems concepts into his thinking.

Fit with Systems Theory

For the most part Whitaker's experiential family therapy is consistent with system theory. This is especially apparent in his insistence that the whole family be involved in therapy and that they take responsibility for the content, process and pacing of sessions.

In addition, he perceived the family as a multi-generational system. This family system, he believed, experienced different levels and rates of differentiation. When a family has experienced a high degree of undifferentiation for several generations, he sustained they could " go from a good level of functioning to a marked impairment." (Whitaker and Keith, pp. 249)

As discussed earlier, Whitaker viewed the therapist as a coach and not a member of the team, however he did acknowledge that therapy is a shared process.

Becvar and Becvar (2000) asserted that although the therapist might have some idea of what normalcy is, growth has to be defined by the family. Further they argue, " by the very process of defining pathology of dysfunction he (Whitaker) was inconsistent with the cybernetics of cybernetic perspective that sees all behaviour as logical or normal in context."(pp. 188)

Current Research

As stated earlier in this paper, symbolic experiential family therapy lost popularity after the 1970's. This was likely due to its perceived shortcomings especially its absence of a theoretical model and its concentration of the individual family member as opposed to the family structure. Nichols and Schwartz (2001) asserted " as family therapists focussed more on organization, interaction and narrative in the 1980's and 1990's, the experiential model fell out of favour." (pp. 152)

Locating current research in the field has proven to be an arduous task. That said, there appears to be a small movement to revive a contemporary experiential therapy. It should be noted that this research appears to be limited to individual and couples therapy as opposed to family therapy.

Elliott (2001) reviewed research supporting the effectiveness of brief individual experiential therapy. He argued, " contrary to popular

misconceptions, humanistic-experiential therapies have evolved

substantially since their origins in the 1950's…" (pp. 1)

Further, he asserted that research has provided evidence supporting the

effectiveness of this type of therapy, particularly in German language

studies. He points out however; researchers need to set up additional

practice based treatment studies and methods to evaluate the processes

and outcomes of treatments.

Greenberg and his colleagues (1997) have done some work in this area.

They recently founded a branch of experiential therapy called emotionally

focussed couples therapy. This type of therapy begins by eliciting and

acknowledging the feelings that couples come into therapy with. Further,

they have borrowed the idea of self-disclosure as effective in leading to

deeper emotional experiencing and more productive therapy sessions which

rings similar to Whitaker's belief in the power of emotions, feelings and

experiences.

Mahrer (2001) studied the effects of experiential techniques focussing on the

process rather than the outcome of therapy. He argued that studies of

outcome have little impact because we already know it works. He

recommended

that further research be done towards the kind of interventions that produce

the desired results during therapy sessions.

Therefore we may see similar therapies emerge under different moniker for

use with couples and individual therapy in the future.

Case Study: " The T Family"

In this section of the paper a fictional case study involving the " T family" will be presented. This will be accomplished via a dialogue with analytical observations in between as if by Carl Whitaker himself or perhaps an approximate stand in. I have decided not to use a co-therapist due to space restrictions and because examples where one has been used are difficult to find.

In such a brief example it is impossible to deal with all of the issues presented by a family. Therefore, the goal is to provide a condensed snapshot of what therapy might look like over three sessions during the beginning, middle and ending stages of therapy. The issue of sexual intimacy will not be addressed in these sessions due to the young age of the two boys. The therapist would likely choose to see the couple separately following the family sessions if they felt there was still a problem.

The T-family has come into therapy because Jennifer, the mother is concerned about her marriage to Craig. Three generations of family members are present. They are Jennifer, Craig and their three children: Kris (18), Robby (12) and James(10). Craig's mother, Carol is present, but the couple chose not to ask Jennifer's parents to come.

Session One:

Therapist: " So, tell me why you are here."

Family: Silence in the room. Craig crosses his arms and looks at the ceiling.

Therapist: " You should know that I am not the one who will be doing the work here. I am here to coach you, not to advise. You are the ones who will decide what you will do with your lives."

Here the therapist lets the family know that they are going to have to get to work. He or she lets the family know that they need to take responsibility if they want change to occur.

Jennifer (to Craig): " You don't want to be here! Look at you staring at the ceiling."

Kris: " There you two go, again. Won't you ever stop? I don't even know what I am doing here".

Craig: " That's enough, Kris."

Therapist: " How about you, Craig? What do you think about all of this? I just had the ceiling painted a few months ago. How do you like it?"

Laughter from the family

Craig: The women in this family are far too emotional. Every time I try to work things out, the yelling starts and then crying."

Therapist: Tell me more about the family.

Craig introduces his mother and goes on to talk about each family member in the session. He talks about Craig's athletic ability with pride. He describes Kris as a difficult child who is unmotivated. He talks briefly about James's illness looking quite uncomfortable as he speaks.

In experiential therapy the father is often viewed as the " more peripheral

parent."

Therefore the therapist attempts to engage him immediately. By bringing

the

father into the discussion, this symbolizes that change is possible.

Craig continues to describe his job and how hard he works at home and hints

that he has been under increased pressure since his father died.

Therapist: " I'll need your help later, mom (speaking to Carol). I want to talk

to Jennifer first." He winks at young James.

Carol: " OK".

Therapist: " What do you want to get out of this?"

Jennifer: " Well, you know…Craig has been really busy, it's true. I just wish

he'd spend more time at home. I know his mother is having a tough time,

but give me break! I have tried to talk to him but it's like talking to a wall."

Therapist: " Let's talk about the wall. What does it look like?"

Jennifer: " What?"

Therapist: " Is it made out of wood, or brick? Perhaps it is solid concrete."

Jennifer: " Well…let me think. It is made out of concrete blocks and it is

about 12 feet high. And at the top it isn't as solid. I can see a little bit of light

shining through. The bottom half is very solid, though…. I just wish I had a sledge hammer to knock it down!"

Therapist: " What would you find on the other side?"

Jennifer: " I don't know. Maybe things are different. They way it used to be."

The therapist is a real person and will often use his or her personality to catalyze change. During the previous exchange the therapist encouraged Jennifer to visualize the wall. Once this was done, the therapist felt that it was important to coax her into some kind of movement or action. When he realized that he had hooked Jennifer into the fantasy and that she was ready to take action, he asked her to take the fantasy one step further. Anxiety and confusion are often increased through use of metaphors and fantasy in order to bring the issues to the forefront. We were also able to see how the therapist worked toward undoing the scapegoating process.

Session Three:

By the third session the family had begun to make gains but there are several minutes where the family appears to become stuck. The therapist notices that the two boys, Robby and James are becoming fidgety and have begun to make faces at each other. He laughs and decides to make a face at Kris, who rolls her eyes at the gesture.

Craig: (Directed at the therapist) " We are here to work out our problems. Do you think we are funny? This is costing me a lot of money you know."

Therapist: " You're right and I thank you for that. I wonder what I'll buy, perhaps a new TV."

Craig: " Very funny. Can we get serious now? It took a lot for all of us to be here."

Therapist: " I agree with you, however like I told you in the beginning I am here as a coach, not a player. You people don't seem desperate enough to be working on anything today. What would your father do if he were here right now?"

Carol: " I really miss him still. I have been quite lonely."

Therapist: " Have you ever thought about killing yourself?"

Carol: " Yes, I suppose it has crossed my mind."

Therapist: " How do you think you would do it? Would you cut your wrists in the bathtub?"

Carol: " I guess I would leave the gas on in the oven and keep the doors and windows shut. But, I wouldn't want to leave a mess behind… I probably couldn't go through with it."

Therapist: " How about getting remarried? C'mon you are still an attractive woman."

Carol: (Giggling) " I don't know. I guess I'm not that old."

By playing along with the children, the therapist was reminding the adults in the family that they were the ones who had to work toward change as opposed to him taking on a mothering role by telling them what they needed to do.

He also senses that Carol is having suicidal thoughts when she states that she was lonely. By pushing the image of suicide, he seeks to contaminate the fantasy and forces her to look at other alternatives. This helps Craig to realize that his mom is not as old and helpless as he thinks. In additional the therapist has uncovered an intergenerational pattern, as Carol states she " doesn't want to leave a mess behind" we can guess that she probably had to work hard for her family just as Jennifer does.

Session five:

Therapist: " We are coming to the end of our fifth session. Is there anything burning inside that you would like to talk about?"

Jennifer: " James is having quite a bit of difficulty in school. We met with his teacher and she has recommended tutoring and learning assistance."

Therapist: " Dad, you're a teacher, maybe you can help."

James: (angrily) " He's too busy going to Robby's soccer games!.."

Kris: Interrupting James, says to Craig: " You are such a stupid jerk! What kind of a father are you anyway?"

The therapist notices the look of shock on the faces of the family members. He senses that Kris is stepping in as a parent and he feels that is the job of the adults in the room. He will intervene, both defending the children and forcing the father to take responsibility by making him answer the question:

Therapist: " If you and Jennifer separated I suppose you'd become one of those deadbeat dads, we always hear about, huh?"

Craig: (Sighing) " No, no way." (Looking at Jennifer) " Listen, when James was sick I didn't really get to the hospital very much, I know that. It just that, I can't stand hospitals. I hate them."

Carol: " I didn't know it upset you that much, dear."

Therapist: " I remember when I was a kid having to spend a week in the hospital. Man those nurses could be mean. And the food, yuck!"

Laughter from the children.

The therapist uses humour and free association in order block Craig's mom from rescuing him. He senses that Craig is finally ready to be a real person.

Craig: " Yeah, well when I was a kid we used to have to go and visit my grandma every week in this horrible old-age home. I remember the sounds of people crying and calling out. It was awful."

Therapist: " I'll bet you couldn't wait to leave."

Craig: " In fact, I was almost relieved when she passed away" (Craig begins to sob).

At this point the family notices that as Craig is telling this story tears are running down his face. This heightens the intensity of the moment, as even Jennifer has not seen Craig cry since the early part of their marriage. The family cries.

The family has been given permission to face their pain. In addition, they see a side of Craig that they didn't know was there. At this point in therapy they are able to realize that Craig, who has been resistant of therapy up until now, really shares the rest of the family's belief that change is necessary. One of the components that make change difficult is often not where everyone thinks there is a problem. As Whitaker and Keith (1981) argued, symptoms can be present for many years but they are adapted to by the family. Thus, Craig is included in the shared belief that something has to be done about this family as an entity.

Thus, all of the T family's problems have not been solved and there is still work that they have to finish. It may not be likely that change would occur so fast in a real family. The goal in part two was to offer a window into some of Whitaker's techniques and to demonstrate how he relied on spontaneity to elicit underlying emotion, rather than a specific formula.

The goal of this paper was to present a brief illustration of the techniques and theoretical concepts used in symbolic/experiential family therapy. Although, Carl Whitaker made this type of therapy appear smooth and informal, there was only one Carl Whitaker. Many of his close followers during the heyday of experiential family therapy chose to adopt a softer style.

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