

THE PRESENT STATE AND FUTURE OF SYMBOLIC-EXPERIENTIAL FAMILY THERAPY: A POST-MODERN ANALYSIS*

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ABSTRACT: Symbolic-experiential family therapy (SEFT) is facing an important phase in its development. With the death of Carl Whitaker, it is not certain in which direction SEFT will be headed. This paper describes some of the challenges that SEFT presently faces and what can be done to surmount them. It is proposed that SEFT theorists and therapists concentrate on the post-modern components of the theory. By moving in a post-modern, constructionist direction, SEFT will be developing with a current trend in family therapy, allowing SEFT to continue as an important family therapy model.

KEY WORDS: family therapy; symbolic-experiential family therapy; Carl Whitaker.

Symbolic-experiential family therapy (SEFT) is in a difficult transition. Carl Whitaker's death has left family therapy without one of its forefathers and pioneers and has left symbolic-experiential therapists without the wisdom of its primary leader. This brings up many questions for SEFT and its adherents. Primarily, will the death of Carl Whitaker be the beginning of the end for symbolic-experiential therapy?

Whitaker's therapy contained many dichotomies. Some of them attracted therapists to SEFT and others pushed people away. The first section of this paper discusses aspects of SEFT that might be

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alienating for some therapists, as well as some other obstacles that SEFT will have to overcome in order to continue as an influential brand of family therapy. The aspects to be considered in this first section of the paper are the generation gap, techniques, craziness, operationalizing SEFT, SEFT supervisors, atheoretical nature of SEFT, self of the therapist issues, intuition, and the death of Carl Whitaker.

In the second half of this paper, a proposition is put forth that would allow SEFT to continue as an important family therapy model, despite the difficulties that it must overcome. It is proposed that important aspects of Whitaker's assumptions about therapy are inherently constructionist in nature. In order to have SEFT maintain its position as a relevant family therapy model, SEFT theorists are encouraged to concentrate on these post-modern underpinnings.

ASPECTS OF SEFT

Generation Gap

As the family therapy field becomes increasingly aware of issues of gender (Hare-Mustin, 1994; Storm, 1991) and culture (Falicov, 1995; Hardy & Laszloffy, 1995), some people may see Whitaker as insensitive to these areas. Whitaker was known to make blanket gender stereotyped statements like, "Anybody who trusts a man is a sucker" (Whitaker & Bumberry, 1988, p. 28). Also, it was not uncommon for him to make references to his white, middle-America, God-fearing upbringing. Having grown up on a farm and studied medicine, his reality was far removed from that of society's underprivileged peoples. In fact, Whitaker and Keith (1981) make some reference to the fact that they found their therapy more successful among an educated population. They seemed to work best with people from their own socio-economic class.

This is not to say that Whitaker was either a sexist or a racist. In fact, Luepnitz (1988), in her feminist critique of the major family therapy models, wrote that Napier and Whitaker's *Family Crucible* (1978) contained "as elaborate and sympathetic a passage about feminism as one will find anywhere in the family therapy literature" (Luepnitz, 1988, p. 90). It seems, more than anything else, Whitaker could be a victim of his generation. His views would no doubt be considered progressive for many in his generation, but viewed in hindsight from today's politically correct lens, Whitaker may come up

woefully short for some. If gender and culturally sensitive therapists are unable to place his work in context, they likely will not take the time to learn more about SEFT and what makes it effective. This generation gap could be one thing that keeps some therapists from a better understanding of Whitaker's work.

Techniques

Carl Whitaker was always wary of using technique in therapy (Keith, Connell, & Whitaker, 1991; Whitaker & Keith, 1981). Techniques are helpful for the beginning therapist, but there is always the fear that the therapist will become his technique instead of becoming a person. Because techniques are so looked down upon in Whitaker's therapy, theorists and therapists interested in SEFT have been less likely to write about ideas related to using technique. As a result, technique-related writings in SEFT have of necessity been somewhat vague and careful to point out the necessity of therapists refraining from copying specific techniques and developing techniques that fit their own style. By emphasizing the importance of avoiding technique, SEFT has limited the influence that it could have upon the therapeutic community.

Certainly one of the aspects of Carl Whitaker's therapy that is difficult for many therapists to understand is his apparent "craziness." Whitaker encouraged therapists to be in touch with their own slivers of pathology (Whitaker & Bumberry, 1988). Sometimes, in SEFT this translates to the therapist's saying or doing "crazy" things. For example, Whitaker would give baby bottles to fully grown adults to help them regress to an infantile state (Whitaker, 1982b). Even more daring was an experience related by Keith and Whitaker (1981) in which the therapist sat on a female adolescent's lap during therapy because she said that she was bored. After a few minutes, she objected and the therapist told her not to worry because he would take the blame if she got an erection. This "psychotherapy of the absurd" (Whitaker, 1982b) no doubt alienates some people from SEFT.

Operationalizing SEFT

Social science is recognized as difficult, and perhaps it is even more so for family therapy researchers who are faced with the difficulties related to studying interactions between people in therapy. Consequently, it is no surprise that SEFT, as well as other relevant

level of epistemology. Thanks to Gregory Bateson several influential family therapy pioneers became interested in epistemology, in the basic principles that guide our thinking. In this early stage the development of family therapy became linked with the ideas of scientists who became aware that in the basic sciences, a shift was going on from a reductionistic way of thinking toward a systems way of thinking (Compernelle, 1982; Guntern, 1980).

Von Bertalanffy (1969,1975) described this as a General System Theory. Since this became usance, we will use the term systems theory. Doing this, however, we should keep in mind that this is not a theory in a scientific sense, e.g. being refutable. Von Bertalanffy originally used the German word "Lehre," which does not have an English equivalent and probably would have been better translated as "view" or "epistemology." In this paper we will focus on this level of epistemology, introducing a few ideas from modern dynamic systems theories.

When we look at the level of the methods or schools in our field there seems to be an ongoing confusion about the concept "systems." Family therapists often tend to equal "system" with "family," thus thinking that a "family approach" is the same as a "systems approach." They forget that an individual, the brain, a single cell, an atom, or society are systems too. On all these levels, more or less systemic methods can be developed. A family therapy method can be not systemic at all. One can work with a family using a reductionistic linear causal method: isolating the family from its context, seeing the family as the cause of the symptom, seeing a person as the cause of

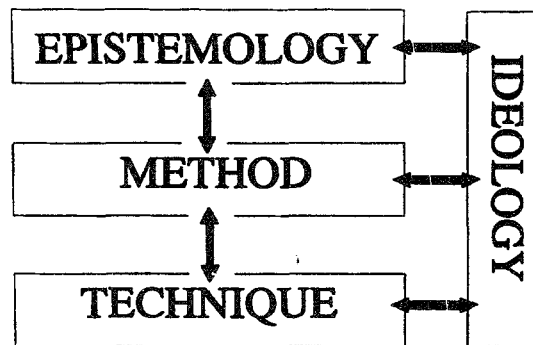


FIGURE 1

ker's therapeutic interventions. A careful reading of Whitaker's writings and of works by other symbolic-experiential therapists can also provide the trainee with direction. However, because of the lack of SEFT-trained supervisors, more resources written directly to those interested in symbolic-experiential therapy should be made available. In this way, having an SEFT-trained supervisor would not be mandatory to comprehending the symbolic-experiential paradigm.

Atheoretical Nature of SEFT

Whitaker's mistrust of theory (Whitaker, 1982d) could also be one of the factors that keeps some people away from SEFT. Human beings seem to have some need or at least strong desire to organize and to understand their environment. Theories are what therapists use to organize and control their environment. Whitaker transcended the need to theorize by recognizing that the unknowable is unknowable. He believed that theory could help therapists, but an over-reliance on theory would be more inhibiting than beneficial. To exemplify his ideas about theorizing, he believed that, in any given circumstance, his mother's theory might be just as useful as Freud's theory or that of any other social theorist. In fact, Whitaker showed his distrust of theory when he stated that "[w]e put people in the hospital because they have delusions. If I have a delusion they call it a theory" (Whitaker, 1982a, p. 368).

Not only may some therapists be wary of a therapy that lacks a central theory, but also what direction will SEFT theoreticians take in their theoretical articles? Will they continue the mix of psychodynamic, systemic, and intergenerational theories espoused by Whitaker? Will they begin to advocate their own theoretical twists to SEFT? Could any idea that does not fit nicely into another theory be considered part of symbolic-experiential therapy? Or worse, will SEFT theorists be constrained to simply restate Whitaker's ideas in their own words? The most likely hypothesis is that SEFT theorists will stay closely tied to some of Whitaker's basic ideologies while offering their own significant contributions.

Self of the Therapist Issues

A main focus of Whitaker's writings considers the importance of self of the therapist issues. The therapist is to learn to be in touch with himself or herself and personal issues so that he may (a) avoid

being caught up in the family's system dynamics and (b) provide a model of growth for the family. Learning about oneself in this manner is a life-long process. With this goal in mind, Whitaker felt that early in the therapist's career he should receive personal psychotherapy (Whitaker, Felder, & Warkentin, 1982). Additionally, therapists could work in co-therapy for 15–20 years or more to better understand their part of the therapeutic process. Even after this extensive training in self of the therapist issues, Whitaker encouraged therapists to be growing and learning throughout their careers. One of the reasons that Whitaker encouraged therapist self discovery was his belief that "[a]n inch of growth in the therapist is worth a mile of growth in any given patient" (Sugarman, 1987, p. 144).

Intuition

Closely tied with self of the therapist issues, because it requires the therapist to be in touch with himself or herself, is the idea of using intuition in therapy. Science is distrustful of intuition because it is subjective. Science attempts to be entirely objective and this is opposed to SEFT where "[s]pontaneous, intuitive ideas and associations come to be valued ahead of consciously derived deductions" (Keith, 1987, p. 12).

Intuition can be a frightening concept for therapists who do not trust their intuition, are not in touch with themselves, or who consider therapy more of a science than an art (Newmark & Beels, 1994). They might also be concerned about doing some harm to the client in the absence of a given theory which, when present, protects them by offering a road map to health. However, Whitaker believed that the mistake is in the other direction; that is, too much dependence on theory is bound to be harmful to the client (Neill & Kniskern, 1982). Theory-driven therapy may lead the clients in a direction of the therapist's choosing, not of their own. Whitaker called this misdirection a form of "therapeutic pornography" (Whitaker & Bumberry, 1988).

Death of Carl Whitaker

The concerns that have been raised to this point have always existed with SEFT. However, with the strength and presence of Carl Whitaker, symbolic-experiential therapy has been able to overcome its "difficulties" to become a widely accepted family therapy paradigm. Now that Carl Whitaker has passed on, it remains to be seen

whether SEFT will continue to be an important family therapy model or whether the above mentioned concerns will result in SEFT's sinking into antiquity.

Carl Whitaker has been the main force behind the development of symbolic-experiential therapy. In fact, Whitaker and SEFT are so closely linked as to be nearly synonymous. Most of the literature concerning SEFT contains Whitaker's name in the credits. Even those few others who have made significant and large contributions to the symbolic-experiential literature, such as David Keith, Gary Connell, and Augustus Y. Napier, all were trained by or worked closely with Whitaker.

As Whitaker has had such an influence upon the development of this therapeutic movement, the question now is, "Will the death of Carl Whitaker be the beginning of the end for symbolic-experiential therapy?" Will SEFT lose its direction without its grand conductor or will his disciples continue to expound and expand upon the therapy that he developed? Is the theory behind symbolic-experiential therapy strong enough to last through the changing winds of psychological, sociological, and family theories? The next few years will tell the tale of Carl Whitaker's SEFT and whether or not it will have made a large impact upon the continued development of family therapy.

POST-MODERNISM AND SEFT

From the preceding section of this paper, it should be clear that symbolic-experiential therapy is at a crossroads. If symbolic-experiential therapy is to continue, then it seems logical that it must grow with the field. Family therapy is becoming increasingly influenced by post-modernism and constructionist thought. Systems theory, upon which most family therapists base their paradigm, is considered to be a bridge from modern to post-modern thought. Family therapy grew in part from psychiatrists who were unhappy with individual therapy (Broderick & Schrader, 1991). They developed family systems theory that contained the seeds of post-modern thought in family therapy. In the past decade, such post-modern concepts and therapeutic models as constructionism (Von Foerster, 1984), co-creation of meaning (Weingarten, 1991; 1992), and narrative (White & Epston, 1992) have become increasingly popular in family therapy.

Whitaker's personal growth as a therapist may be seen as a metaphor that symbolizes the growth of family therapy. He began work-

ing with individuals as a trained psychiatrist. Becoming dissatisfied with the process of individual therapy and attempting to facilitate his own personal growth, Whitaker began working with families. In doing so, he became more and more convinced of the importance of systemic thought in family interactions. All the while, his theories contained the seeds and saplings of post-modern thought in family therapy.

To keep up with the changes in the family therapy field, SEFT will be best served by concentrating on the aspects of Whitaker's theory that are most easily considered post-modern. These concepts will be explained and addressed throughout the balance of this paper. This remaining discussion has been divided into two parts, theoretical and technique-related. While in some instances the two concepts are arguably interchangeable, they are shown in this manner for ease in presentation and comprehension.

Theory

The theoretical concepts that will be discussed as post-modern components of Whitaker's therapy are symbolic-experiential therapy, the atheoretical orientation of SEFT, intuition, and self of the therapist. It will be shown that many of Whitaker's ideas are inherently post-modern and therefore fit well with the current trend in family therapy.

Symbolic-experiential therapy. As the name implies, symbolic-experiential family therapy places great importance on experience and symbolism in therapy. Whitaker believed that experiences have the capacity to become therapeutic. Abreaction, regression, joining, dating, playing sports, and others can all be therapeutic (Whitaker, 1989). In therapy, it is the therapist's job to provide the client with therapeutic experiences. Whitaker believed that the most effective way to do this was to heighten the family's anxiety. Once the family has had significant experiences in therapy, they choose whether or not they will allow the experience to become symbolic. If the experience does become symbolic, it is because they allow it to have significance in their life. The symbolism that they attach to their experience is what manifests therapeutic change.

Both of these components, experience and symbolism are constructionist in nature. Experience is subjective. No two people can experience an event in exactly the same manner. The symbolism at-

tached to experience, therefore, is also inherently subjective. A life-shattering event for one person may be a forgotten experience for another person. Because experience and symbol are subjective, they fit well within the post-modern paradigm of personal and subjective realities. Clearly, at this level, symbolic-experiential therapy can be considered post-modern in nature.

Atheoretical orientation. As previously discussed in this paper, Carl Whitaker had a strong distrust of theories (Whitaker, 1982d). There are several reasons for this mistrust. Choosing a therapy theory is a personal choice and is influenced by personal experiences. Growing up in a different culture or religion, having strict or permissive parents, having siblings or not, what school we attend and who our mentors are; this is only a partial list of the experiences that will form what theory we might choose. For example, a male, Jewish therapist might be particularly attracted to Nagy's contextual theory (Boszormenyi-Nagy & Krasner, 1986) while a woman raised in California by an abusive step-father might prefer a feminist perspective of family therapy (Brown, 1994). Our reliance upon theory twists the client's reality to our own. We will make goals for clients according to the theory that we have chosen because it is a theory that fits for us.

Inherent in Carl Whitaker's distrust of theories is the idea that the truth cannot be known, if it exists at all. Subjective truth is the cornerstone of postmodern thought and the atheoretical orientation of Whitaker's work fits nicely within this paradigm.

Intuition. Keith (1987) lightheartedly likens the use of intuition in therapy to being "post-modern witchcraft" (p. 13). The reason for this is that intuition has been mistrusted by science for centuries. Science is left-brained, logical, and linear in thought. Intuition is right-brained and fills in the gaps of linear thinking. It provides insight when no logical explanation can reasonably be given. This is important when working with families because family process is primarily a right-brained process (Keith, 1987). A therapist using intuition is willing to trust himself or herself as opposed to relying on an "objective truth" to provide direction. Intuition is personal and inherently subjective. Whitaker's emphasis on intuition gives SEFT a strong post-modern flavor.

Self of the therapist. Co-creation of meaning is an important component of post-modern thought. Weingarten (1991; 1992) explains

that individuals decide for themselves what creates an intimate moment. If two people agree that they have shared an intimate experience, how could any other person's definition of intimacy justifiably contradict their experience? Weingarten even posits that two men talking about sports could be considered intimate if they conceptualized it in that manner. The important thing is that individuals create intimate experiences together, as two human beings.

SEFT's emphasis on therapist personal growth and on "being present" in therapy fits well into the constructionist view of co-creation of meaning. To be effective, the therapist should bring his or her "whole person" to therapy. Whitaker (1982e) believed that, "the dynamics of therapy are in the person of the therapist, not in the techniques, not in the process, and not in the understanding" (p. 222). In the process of being a whole person with the family, the therapist gives them a model of intimacy and differentiation which they can choose to accept or decline. By bringing her whole person to therapy, the therapist provides the clients with the chance to have intimate experiences.

Techniques

Similar to the philosophical underpinnings of SEFT, many of the therapeutic techniques espoused by Whitaker fit well into the post-modern paradigm. They demand that the family take responsibility for their own lives (i.e., not allowing the therapist to force his reality upon the family) or they introduce an extra therapist to therapy whose reality may offer a different perspective. The following therapeutic techniques are discussed: battle for initiative, retreat, language of options, co-therapy, consultation, and termination.

Battle for initiative. The "battle for initiative" begins early in therapy (Napier, 1987; Whitaker, 1982c). After spending time joining with the family and getting a better feel for their situation by delving into family history, the therapist demands that the family take responsibility for their own life by having them take the initiative in therapy. Whitaker would often sit patiently in silence while the family gained the courage to speak about what they felt was important (Napier & Whitaker, 1978). In one case, when challenged by the family about not offering direction, Whitaker answered, "It would be flat-out stupid of me to try to tell you how to live. My patterns of living are not more valid than yours" (Whitaker & Bumberry, 1988, p. 66).

Whitaker's statement exemplifies how power is given to the family, rather than being taken or accepted by the therapist.

Although the battle for initiative is typically presented early in therapy, it can be useful throughout the process. Whitaker (1982c) described the philosophy underlying this technique, "I don't think that my pattern of living is more valid than theirs and more important, they can't change their pattern of living unless first they are what they are. Imitating me is not the way to learn how to live" (pp. 293-294). By having the family be responsible for initiating the direction of therapy, the therapist avoids forcing his reality on them. This technique stays true to the spirit of post-modernism.

Retreat. Whitaker would often offer an interpretation, share thoughts or feelings, or share a personal fantasy with a family (Mitten & Piercy, 1993). His attempt was to seed the unconscious, allowing the family to keep the idea, drop it, or use it at a later time (Whitaker & Bumberry, 1988). The power of this intuitive sharing was made more effective by his willingness to retreat from a position. After offering an association or interpretation, the therapist should "back away quickly" (Keith, 1987, p. 19) from his or her comment. By not repeating the comment, the therapist lets the family know that he or she might not be "right" about what was said. In a retreat, the therapist is even free to add a comment like, "Oh, it was just a thought, I was probably wrong" or "Nothing, it was just a silly idea." By not repeating or explaining the comment, the family is then free to interpret in its own fashion, thus making the symbolism attached to the comment the family's own and not that of the therapist. If the therapist's comment is perceived as accurate, the family can keep it, if not, they will forget about it. In any case, the retreat gives the family the choice to accept the interpretation or not.

Language of options. Language of options is often used with people who have difficulty seeing multiple solutions or multiple realities (Connell, Mitten, & Whitaker, 1993). When someone is stuck in a dead-end way of thinking the therapist may offer "crazy" alternative solutions. For example, a therapist might be working with a heterosexual couple who had sexual desire discrepancies. Often in this instance, the woman in the couple wants more emotional intimacy before sex and the male in the couple wants more sex to achieve increased intimacy. Caught in a vicious circle (Broderick, 1981) and not getting what they want from their partner makes them less likely

to provide what their partner desires. The therapist might comment to them that their situation is a common gender dynamic and that she should leave him for a woman and he should leave her for a man. Or he could see prostitutes and she could move back in with her mother. Either solution would give them both what they want. By offering a "crazy" solution the therapist shows the clients that there are other ways to look at any situation and the therapist also avoids making choices for the clients that they should be making for themselves (Connell, 1996).

Co-therapy. Whitaker began using co-therapy as a therapeutic technique in 1944 (Whitaker & Garfield, 1987). Co-therapy provides many benefits to the therapeutic process. Among these are the following: therapists can learn and grow from each other, they are less likely to be caught up in the family system, and it allows the therapist to have more freedom to think as they take turns working.

From a post-modern perspective, the most important aspect of co-therapy is that the additional therapist brings a new reality to therapy. The differing realities will certainly bring up some disagreements in the therapy team. In this model, the two therapists are under no constraints to agree in any given instance. In fact, their disagreeing may show the family that alternate perceptions of reality are a common and acceptable occurrence.

Consultation. Similar to co-therapy, consultation brings in an extra therapist. A consultant is brought in when therapy has reached an impasse (Connell & Russell, 1986). Generally, the consultant will come in for one session, but could come in anytime that therapy becomes stuck. The consultant should not receive prior information about the family before the consultation. This helps the consultant from being prejudiced by the therapist's reality. The consultant is able to help the process because he or she has not been lured into the family's dynamics and because he or she is "free to invoke a different reality" (Connell, Whitaker, Garfield, & Connell, 1990, p. 33) into the therapeutic system.

Termination. Whitaker makes it very clear that the family can drop out of therapy at any time. Therapy is the family's endeavor and it is their responsibility to continue or to not continue. Whitaker and Keith (1982) explained termination by using the analogy of the adolescent leaving the parents. Sometimes it works out peacefully and

sometimes it happens in a fit of rebellion. If the family leaves peacefully it is because the therapist has acknowledged growth in the clients, suggested that they terminate therapy, and the family has agreed to terminate. If the family leaves like a rebellious teenager, then it is viewed as their empowered choice to take responsibility for their own lives. The only bad termination is when the family decides that it would rather see another therapist and then proceeds to do so.

In any case, this philosophy of termination gives the family great freedom to decide their own pace and level of growth. Other therapies have a preconceived notion of what makes a healthy family and they are not ready to let the clients terminate until they have reached that level. Although Whitaker had many ideas about what makes a healthy family, he did not force those ideas upon a family. The family was thus empowered to live its life according to the members' own choosing and own reality.

CONCLUSION

Symbolic-experiential therapy is at a crossroads. In order to keep up with the changes in family therapy, SEFT theorists are encouraged to emphasize the post-modern components of the theory. As shown in this paper, many basic underpinnings of Whitaker's theory are post-modern. Unlike other family theorists who encourage conformity to their reality, Whitaker encouraged therapists to develop their own brand of therapy and to take only the part of his therapy that fit for them. By emphasizing the post-modern components of Whitaker's ideology, SEFT will be able to continue as an important family therapy model and also stay true to the spirit of Carl Whitaker's work.

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