

Carl Whitaker

“We are all schizophrenics, but most of us only
allow it to show when we are asleep”

Dallas, 1991

Under the cut-glass chandeliers in the enormous Loews Anatole Hotel, 4000 family therapists throng together. This is the yearly congress of AAMFT. Suddenly, the crowd surges forward. I am dragged along, filled with curiosity. The nearer the crest of the wave I come, the more exhilarated seems the crowd. They are craning their necks, flushed with excitement. Thanks to my height, I discover the eye of the storm. A short, white-haired, almost squarely built man in his 80's is slowly approaching, while people shake hands with him, tap him on the shoulder, talk to him and demand his attention. Although he is elderly and seems a bit tired, he moves with a natural authority and purpose-fulness. It is not the Emperor entering, but almost. Carl Whitaker is on his way to his final plenary lecture. The theme is aging and death.

One person who cannot be accused of following trends is “The Master of Family Therapy” himself – Carl Whitaker. My high expectations of this Congress include meeting this man in person. I have looked forward to seeing him step out of the video films and feeling his famous charisma. I “meet” him on two occasions here in Dallas.

The first time I feel a little apprehensive. Whitaker takes the stage only three days after having suffered a transient ischemic episode that caused a temporary loss of consciousness. He faces the large audience, accompanied by a younger colleague, Carl urges him to take the lead, but his spontaneity interferes with

his young friend's efforts at a more earnest presentation. When they then take a couple of "Barbie families" up on to the stage, well dressed and always smilingly answering the questions from the family therapists, I am very disappointed. Is Carl Whitaker, too, a part of the American money game? Is this intended to suck out what is left from an old man's glory?

At the same time, the enacted scene is instructive. Whitaker has always pointed out the advantages of co-therapy. The prerequisite for this, that both therapists must be well anchored in their personalities, is a fact that is clearly demonstrated here. When one of the therapists simply imitates the person he is working together with, he just becomes an obstacle to the process.

But, a couple of days later, when Whitaker is giving the final lecture of the entire congress, I join in a standing ovation, together with the rest of the audience. This time I recognise the bullfighter. With his direct, disarming and deeply personal thoughts on aging, death and psychotherapy, he gives me the feeling of a personal encounter with the person who maybe has been the foremost model for a family therapist with a high degree of integrity.

Three and a half years later, at the age of 83, Carl Whitaker died after suffering several strokes. He had been paralysed on his left side and bound to his wheelchair and with only limited speech abilities since the autumn of 1993. On his death, a foreground character in family therapy disappeared, one who according to many people was "the therapist of therapists". He had gained that position, not because of being a productive writer or the development of a strict therapeutic discipline, but because of his courage in being himself. He knew how to meet the absurdities of life and how to bring out our primary impulses and he had a strong belief in the healing power of the human being and, most of all, of the family. He was a master of expressing the unspoken with the use of only a few words. And he obstinately claimed the necessity of being in contact with one's own craziness.

Carl Whitaker

“If you are stupid and crazy,” Carl Whitaker used to say, “you end up in a State Hospital, but if you are smart and crazy, you will end up like Picasso, and make a contribution to the world.”

Feminine, in a masculine way?

Whitaker was sometimes seen as a boorish man. His first concern was how to be therapeutic. Pleasing his clients was less important, and he could cause offence when he picked up on and put the unspoken into words. The goal of psychotherapy was to provide therapeutic experiences, no friendship. “When did you divorce your husband and marry the children?” He claimed that he was the most important patient himself. If he himself did not get anything personal out of the conversation, he could show this openly, by falling asleep or by starting to talk about other things. He totally relied on his intuition: if he did not get anything out of the talk, he was sure that it was the same for the other participants. Carl’s interventions were unusual, but undeniably powerful. He claimed that when he fell asleep he came into contact with the undercurrents in his unconscious, which he (afterwards) utilised directly in the session – he told the family of thought or association that had appeared during his trip into dreamland. At the risk of being insulting, we might say at least he was a therapeutic boor.

In opposition to this picture of Carl, many of his colleagues saw Carl as a man who valued female qualities: intuition, feelings, intimacy, caring, closeness to children, family and friends. Carl and his wife Muriel were married for over 50 years, and they also worked together as co-therapists. He was very clear about the way his relationship to Muriel enriched his life and his work. Their marriage was important to Carl in several respects:

“Build long-term relationships,” he said, “so you can be free to hate safely.”

Creative Conversations

By this, Carl meant that the one of the best ways of really getting to know oneself, to expand consciousness, was in a relationship of long standing, where love and hatred could be safely expressed. It is first in a deep and long lasting relationship that our deepest feelings and impulses reveal their identity, the sort of feelings that we, in his opinion, are likely to hide from.

Carl was brought up on a farm in the state of New York. Before the age of thirteen, he lived a lonely life in his large family who had Calvinist Christianity as their guiding principle. When Carl was about to start high school, the family moved to the city of Syracuse. This led to a crisis for Carl. He has described himself as a teenager as profoundly introverted, almost like a simple schizophrenic. His fantasy life was hidden from himself. He was a shy, inhibited boy. Carl entered his own world, isolated him-self.

A turning point came when he decided to make some friends, in order to escape his isolation. He chose the boy in his class who was the intellectual leader, and another who was the highest on the social scale. Carl managed to win their friendship, and these three became a team during their entire college period.

"It was as though I structured a co-therapy team to break up my isolation."

After medical school, Carl Whitaker took specialty training in obstetrics and gynecology. However, he left this career after coming into contact with schizophrenic patients during a period of work in a psychiatric hospital.

"Something appealed to my morbid curiosity. Their willingness to expose their insides gave me the courage to make contact with my own isolation. My experiences with them deepened my relationship to myself."

Carl Whitaker worked with child psychiatry for some years, and during World War II, he was an army psychiatrist. Here, he invented something new: co-therapy.

After the war, he became the first chairman of Psychiatry at Emory University in Atlanta between 1946 and 1956. Finally, he was fired. This was probably because of his combination of

Carl Whitaker

being a bad administrator and having too radical ideas about the treatment of schizophrenia. Carl believed that schizophrenic symptoms were expressions of people's attempts to solve family problems.

Whitaker with his colleagues from Emory started a private psychiatric clinic in Atlanta. In 1965, he was invited to join the Psychiatry department at the University of Wisconsin. From this time, Carl started to work almost exclusively with families: Experiential Psychotherapy gradually evolved into Symbolic Experiential Family therapy.

Carl Whitaker was never a productive writer. It is significant, that it was a trainee of Carl's, Augustus Y Napier, who drew public attention to him by publishing a book about his work. In *The Family Crucible* Napier describes the process in Carl Whitaker's family therapy from the perspective of the co-therapist. It is a book you can hardly put down before you reach the last page. *From Psyche to System*, edited by John Neill and David Knisker, is an excellent selection of his papers tracing the evolution of Carl's ideas about mankind, families, therapy and therapists, as well as his view of theories. In 1989 he wrote *Midnight Musings of a Family Therapist*, a fragmented, but in-valuable book; a thought-provoking inspirational guide for family therapists.

"I have a theory that theories are destructive – and I know that intuition is destructive. Isn't it sad?"

The courage to embrace life's absurdities

"We are either preoccupied with the horrors and the glories of the past, or we are preoccupied with the horrors and the glories of the future. We don't live: we just use our left brain halves to think endlessly about living."

There are some key concepts that, in my opinion, describe Carl Whitaker's view of therapy and the therapist's role.

One is the courage to be yourself, to share your free associ-

Creative Conversations

ations and irrelevant thoughts with the families. Also, daring to participate in the life of the families, or inviting them to participate in your own life as a model, in order to help them to get in contact with their own associations, on a primary process level. Whitaker stressed that we are always alone. To be part of a family is to be alone with others.

Whitaker also believed in extending the tolerance for the absurdities of life. Carl Whitaker claimed that it is not until you have dared to meet real terror that you are free to live with it; you can't be free by trying to run away from it. He wanted to help his clients to see beyond their pain, and to recognise and learn to appreciate the absurdities of life. Carl's way of sharing his own "crazy thoughts", as well as his tendency to exaggerate the craziness instead of diminishing it, had the effect that the family felt that it wasn't that bad after all. In this way, he extended the scope of what was acceptable or endurable.

"We keep adding to the pathology until the symptoms self-destruct – like the leaning Tower of Pisa, which if it is built too high will come crashing down."

Carl claimed that there are some basic universal themes that it is dangerous not to talk about.

"The only thing that's more important to talk about than sex is death."

"We are all potential murderers, we all struggle with suicidal impulses, we all have incestuous fantasies, and we are all terrified by thoughts about death."

As far as we as therapists can meet our own impulses, we are free to use and to generalise this ability to the clients we meet. The ceiling of the conversation depends on the development of the therapist:

"The person of the therapist is what psychotherapy is all about"

Symbolising experiences

The reservoir of past experiences are shaped into unique symbols, the family's own language. A healthy family allows a free

flow interaction between the world of present experiences and the world of symbols. Everything that is experienced can be symbolic. When there is a split between these two worlds a family begins to become dysfunctional, in Whitaker's opinion. The fewer the constructions through which the family members perceive the world, and the more rigid the symbols, the worse the family will function. A well-functioning family allows previous experiences to continuously re-shape its symbols. The goal for symbolic experiential therapy is to give this process a helping hand, from inside the family system.

Carl Whitaker had an unlimited belief in the family as a system:

"I don't believe in people. There is no such thing as an individual. We are all just fragments of families floating around, trying to live life. All of life and all of pathology is interpersonal."

"We don't have to be cautious when we work with families. They are not fragile, they are robust and have an unlimited potential for development!"

Carl pointed out that we as therapists don't need to worry about influencing the families too much – the problem is more often that we don't even reach them. The task for the therapist is to help the families to mobilise the courage to utilise their unused capacities, and to give the family members access to their unconscious processes, to provide symbolic experiences for the family members in order to reshape dysfunctional, growth-impairing family symbols.

Whitaker emphasised that the therapist has to find a way to connect his internal world to the family's language and symbolic system. This demands some artistry from the therapist. Family therapy is a form of art, working with the right brain half. The therapist switches between metaphors and reality, and strives to move the family's interest from the content level to the symbolic level. At the process level, content and symbol are united.

Carl often utilised his own personal experiences, when they fitted the symbolic world of the family, and he could go into

direct confrontation or overt alliance. He worked both closely and distanced, and ensured his own integrity by continuously marking his independence. Therapy is a mutual process, he claimed. It is not only the patient who is influenced. Dividing people up into healthy and sick is artificial:

“We are all schizophrenics but most of us only allow it to show when we are asleep. Our dreams are evidence of our schizophrenia.”

Symbolic experiential therapy

You can distinguish three different types of language used in the different phases of symbolic experiential therapy.

The language of the initial phase is about pain and impotence. Here, the therapist can find the key to the symbolic world of the family, and share their pain. At the same time it is important for the therapist to make it clear that he is independent of the family he meets.

“He must take an ‘I-position’, where he demonstrates that he himself – and not this family – is number one in his life.”

The middle phase, the process phase, is characterised by the language of interpretation. Here, the therapist must tease, challenge and invite the family to be creative and non-rational, so they can cross their limits of reality, and thereby reshape and expand their world of symbols.

For example, when a man was anxious about his wife having suicidal thoughts, Whitaker might ask him:

“Who in the family wants her to die?”

Another example of an interpretative, challenging intervention by Whitaker could be:

“Can you figure out how your husband could convince you that you should not be his wife, but keep being your mother’s little girl?”

The last phase is the process of termination, where the conversation is about options. The therapist has to work himself out

Carl Whitaker

of the system. He switches the focus from the unique symbols of this particular family to more universal ones. He does not give interpretations any longer. Perhaps he turns it the other way round and asks the family to help him in his own development, or he tells them that he has a feeling that they are trying to adopt him, but that he doesn't think he will like it.

Battle for structure

Carl Whitaker had clear opinions about the question of power in the therapy room. The therapist must be in charge of the structure of the conversation, but he must never bereave the family of the initiative! In the first interview the family must decide whether or not they can rely on the therapist. Whitaker used to start by warning the family that this could be hard work. He also established a generation gap between himself and the family and regarded himself an authority, a grandparent. He was very clear, that the therapist cannot be a peer with the patient.

"In the first interview, you have to involve the weakest link in the family chain, you only get one chance," claimed Carl. His experience was that the fathers were most often the weakest or the least motivated. Carl's way of joining himself with the morose and taciturn father by making use of himself, but also by connecting to the father's metaphors and symbols, was impressive. Although he was not neutral in giving everybody exactly the same amount of time, he had an ability to show that he was equally interested in everyone in the family.

Closeness and meta-position

Carl Whitaker performed a perpetual balancing act; he was an authority for the family at the same time as he saw that they retained the expert role over their lives outside the therapy room. His metaphor for this was that he was the family's coach, but not a player in their team. He refused to enter into an alliance more than temporarily, and kept his autonomy by being un-predictable in his interventions.

At the same time as Carl entered the life of the family, he invited them into his own life. But he made it very clear that symptom improvements depended on the family's own will to change. He did not even push them in that direction. Instead, he emphasised his role as a consultant: his major task was to function as a catalyst, to pick up the unspoken, and to discover the undercurrents represented by the family symbols. Family rituals, such as meal routines and vacation habits were, in his opinion, an expression of the core of the family's symbolic world.

A systemic therapist?

Is Whitaker's approach impossible for a systemic therapist? The first reflection might be that his very personal profile, his foc-using on the here-and-now in the therapy room, and his catalyst role in relation to the unconscious, his authority and his strategic thinking regarding life themes, all stand in sharp contrast to the systemic and narrative therapist. But as far as I can see, there are in fact some similarities that unite them.

Whitaker stressed the importance of entering the family's own culture, using their own language, and searching for the key to their unique world of symbols. Carl was the master of metaphors and of making connections. He described therapy as "to sow in the unconscious, to believe that what we sow now will be reaped later on, but that we will never know in advance what the harvest will be like, or when it will be ready, or who will reap it". Isn't this very similar to a language systemic or a narrative approach? Which are the processes that give the hypothetical questions their power?

A foundation stone in Whitaker's theory was that the thing that makes a family dysfunctional is the split between the world of experiences and the family's world of symbols. Compare this with the narrative therapists' ideas about the difference between the lives we live and the lives we tell about. In his own words,

Carl Whitaker

Carl wanted to break the psychotherapy mythology, but I wonder if he really did this in practice. Perhaps the same can be said about the systemic therapists. Like them, Carl was careful that the clients should not be deprived of the role of being experts on their own lives.

But there is an obvious difference in his focusing on the family as a system, and in his way of challenging the family in order to expand the space of what it is possible to talk about. Above all, his stress on the experiential adventure during the interview and making contact with our undercurrents differs from the systemic therapists' approach. Carl Whitaker always claimed that a necessary prerequisite for giving therapy was that the therapist had encountered and wrestled with himself.

"Guard your impotence as one of your most valuable weapons. Develop a reverence for your own impulses, and be suspicious of your behavior-sequences!"

The sower

Carl Whitaker always remained, in some respects, the son of a farmer. He loved to tell stories from his childhood, and to use metaphors that related to farming. But his way of working was a farmer's, too. His ambition was that the conversations should be like sowing seeds in fertile ground. Something should grow, something that was shaped in a way decided by the family. But he was satisfied with being the sower; others could reap the harvest. His job was to see that the ground was prepared, and that the sowing was done at the right time. He enjoyed work, and kept working in various ways as long as his body allowed it.

Despite – or perhaps because – Carl Whitaker, as the years went by, was regarded as the therapist of therapists, he was always afraid of being sanctified. He expressed this, by using the words of Sheldon Kopp:

"If you meet Buddha on the road, kill him!"

Epilogue of David Keith: Shades of Carl Whitaker

Erik Abrahamson has produced an abstract sketch of Carl Whitaker. Carl is seen from a distance through the eyes of a Swedish artist. It is a good sketch; both appreciative and intriguing. I want to add some shading from closer in.

Much of Erik's sketch is made up of Dr. Whitaker's aphorisms. His aphorisms contain a tasty blend of wisdom, playfulness, experience and cleverness. They suggest both a therapeutic methodology and a personal philosophy.

In order to know Dr. Whitaker you have to get underneath the cleverness. Carl had a gentle, enigmatic quality to him; simultaneously down-to-earth and abstract. Our Swedish artist was looking for a bullfighter, and found one. I liked the way the image appeared in the sketch. I have seen the therapeutic bullfighter in Carl, as well. A bullfighter is a courageous, experiential artist. The therapeutic bullfighter is one who carries no sword. He teaches us several important things; how to be a graceful, non-anxious presence in tension filled situations, how to have fun while working and, finally, how to avoid getting killed.

Carl and I played with various issues pertaining to therapy and to personhood. Among them we considered the question of maturity and how to know it when we saw it. Carl's simple but complex description of maturity was as follows: "Maturity means developing the capacity to embrace my unending ambivalence about myself."

The following illustration, of how this idea about maturity translates into experience, comes from the same AAMFT meeting in Dallas mentioned at the beginning of Erik's sketch. Carl was scheduled to receive a career award on Saturday afternoon, and it was rumored that a group of senior members of the family therapy community were organising a protest against Carl's receiving the award. They planned to sit in front, stand and turn their backs when he received the award. I am not clear which of his sins they were acknowledging. Earlier that day, Carl

and a friend of ours were walking through the hotel lobby, when they encountered Dr. Arthur Glenn (the event is true, but Dr. Glenn's name is false). Dr. Glenn, himself an important figure in family therapy, was one of those planning the protest. Dr. Glenn and Carl were not close, but had known one another for a long time. "Hi Carl, how ya doing?" he asked. "Oh, not bad," Carl answered, "Cheating death can be kind of exhilarating, you know," referring to the transient ischemic episode. Then he paused, and turned to face Dr. Glenn, "Ya know, Art, when I look back over my career, I find I disappointed myself, more than once." Dr. Glenn smiled, raised his hand in acknowledgement and each went on their way. The protest did not take place.

I am telling this story as an example of Carl's ability to embrace his unending ambivalence about himself, and as a reflection of Carl's genuine, open humility. Carl took chances, like a musician pushing the edge of the musical form, he pushed his own growing edge, attempting to learn more about the psychotherapeutic process. There was always the possibility of unleashing upset with those chances. If you only saw Carl from a distance you might not be aware of how self-deprecating he was. Public consultations by any therapist have a dramatic quality, but they provide a limited view of therapeutic process. Carl performed well in public forums, but he was also a good physician, and that was the side of him I knew best. He took care of his patients and he took responsibility for his interactions. I worked with Carl for 20 years, and in that time I learned a lot from him. I am still trying to learn to be as non-defensive as he was.

If family therapy were music, Carl played folk music with a subtly innovative jazz edge to it. He did interviews which could be upsetting, but keep in mind biological change is aversive. What his more reactive critics miss, is the fundamental and profound attitude of intersubjectivity that characterised his interactions. He took his own subjective world very seriously, but he insisted that every person in interaction with him take his or her own subjective world seriously. He was not a boor. A

Creative Conversations

boor does not comprehend intersubjectivity and a boor shields himself from the spontaneity implicit in playing. Additionally, a boor has no capacity for self-deprecation.

Any pattern of orthodox groupthink or political correctness threatens every individual's subjectivity. Over the years of Carl's long career, the counter-cultural, clinically based discipline of family therapy which he embodied, gradually shifted into an academic discipline with the fantasy of shared truths. I suspect it was those who knew the shared truths who were planning the protest. The orthodox thinker is able to hide from their ambivalence about themselves.

Carl was a productive and creative man; he always seemed surprised that people were interested in him. He spent his life learning, and enjoyed dialogue about what he learned, even in the 18 months after he was disabled by a serious stroke. Communicating with him during that time was very difficult, but it had the feeling he was tenaciously trying to understand dying even as he was dying. With regard to learning, one last aphorism. He was fond of saying, "Anything worth knowing can't be taught. It has to be learned." Believe me, learning with him was always fun, and, we almost never got killed.

David Keith*
New York, April

2000

*David V. Keith, M.D. is professor of Psychiatry, Family Medicine and Pediatrics at S.U.N.Y Upstate Medical University in Syracuse, New York.

He worked with Carl Whitaker at the University of Wisconsin from 1972-1983. During the last 10 years of Whitaker's life, they talked by phone every other week as a way to develop a language for talking about their work. They were very close friends, despite the 25 years difference.