

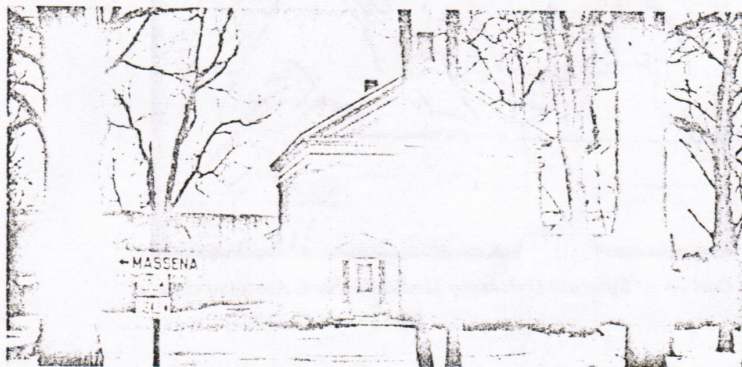
A BIOGRAPHY OF CARL A. WHITAKER

by MURIEL S. WHITAKER

(This article was written at the special request of the editors, in accordance with our effort to make outstanding living psychotherapists better know to their colleagues. J.W.)

There was little awareness on my part of the sort of struggle I would be involved in when the editors of *VOICES* asked me to write a biography of my husband. It has been a humbling experience. One morning, tied in knots by my inability to write either coherently or objectively, I picked up a volume of poems, for a moment of relaxation and came upon an old favorite, "The Descent," by William Carlos Williams. Here is a part of it that seemed pertinent to this beginning:

..... "Memory is a kind,
of accomplishment,
a sort of renewal
even
an initiation, since the spaces it opens are
new places inhabited by hordes
heretofore unrealized,
of new kinds —
since their movements
are towards new objectives
(even though formerly they were abandoned),
NO DEFEAT is made up entirely of defeat — since
the world it opens is always a place
formerly
unsuspected. A
world lost,
a world unsuspected,
beckons to new places
and no whiteness (lost) is so white as the memory
of whiteness."



"The Farm," Carl's birthplace.

JOHN H. ...
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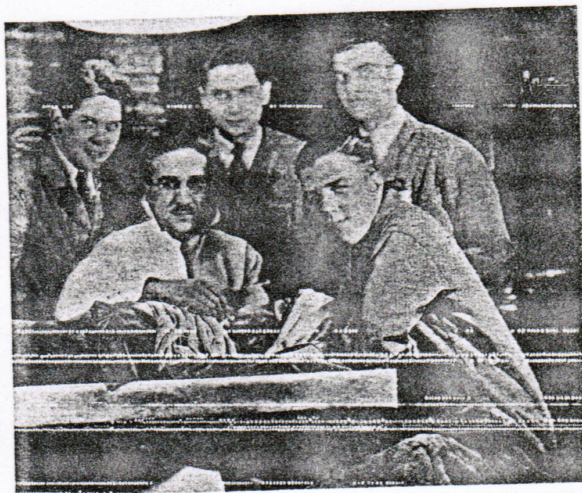
And so begins a "sort of renewal — even an initiation."

I met Carl Whitaker 32 years ago during a summer vacation in the Pocono Mountains. He was a "rising" junior medical student; an angular, energetic person, with a hilarious sense of humor out of a dry Yankee seriousness. Most important to me at that time — and ever since — was his acceptance of involvement, whether it was with a person, or with a particular moment of existence.

We spent our free hours together swimming, canoeing, hiking; discovering there were many things of the heart and mind we shared in common. It was a golden summer! I was nineteen years old; Carl was twenty-one.

Our summer friendship continued during the fall school months, via the mails, and at Christmas time I received an invitation to visit with Carl's family on their five hundred acre dairy farm in upper New York State. Many memories, all a part of my husband's beginnings, come flooding back from that Christmas vacation. I remember the warm, animal smell of the dairy barn at milking time; the hayloft, two stories high above the stalls, fragrant and slippery; I remember Pal, the English sheep dog yearning for Carl's attention and resentful of my intrusion; I remember cold, blue moonlight nights tramping through the snow to the "Sugar Bush;" I remember a well-attended wood stove in the kitchen and a pump at the sink that brought ice-cold water from the spring; I remember "bed warmers" filled with hot coals and pressed over the sheets at night, and feather beds for "instant" sleep. I remember a horsehair sofa, a century-old pump organ, handmade quilts, braided rag rugs, and an attic full of relics from several generations of living.

These are pleasant memories today as I write. However, the strength I felt in Carl then, seemed to have its source in the exigencies of farm living — the isolation; the early acquaintance with death; the struggle with Nature's inconsistencies; the lack of financial security. His "feel" for the lonely, the vulnerable, came out of this *own* experience with loneliness. His acceptance of human error, his utter lack of personal vituperativeness, was very much the farmers' agreement with a life not all good, nor all predictable. In spite of the fact that his back-



Carl — At Syracuse University Medical School, Anatomy class.

ground was deeply religious — in the Methodist tradition — he was always open to inquiry, to testing those traditions. He was, by nature, a curious observer, with a yen for accuracy. Above and beyond all this, Carl had a personal warmth and comfortableness that put others at ease. Whether they were shy people, angry people, or of opposing beliefs, his simplicity drew them to him. A recent letter from a former student, now a medical school teacher, highlights this capacity. He wrote, "... I have not seen you often since I have been back in town but you are one of the people whose presence is felt with a sense of pleasantness. Although I do not think of you particularly as a psychiatrist, you are one of the very few of 'that type' in whose presence I feel more comfortable than I did before you arrived." Very simply stated from a wife's standpoint, "to know him was to love him."

In the fall of 1937, we were married in Mount Vernon, New York, Carl, by then, had finished Medical School at Syracuse University. He was in his second year as a resident in gynecology and obstetrics at City Hospital in New York City. By today's standards, we lived on the proverbial shoestring and unpredictable hours. If these difficulties troubled us, memory and time have mellowed the picture. Looking back now, we remember good friends and a sense of being part of a new adventure.

The following summer Carl decided to complete residency training with a year at the Syracuse Psychopathic Hospital. He planned to go on into private practice in gynecology and obstetrics but felt that psychiatry would add a new



Muriel and Carl — Married a year.

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dimension to his understanding of patients. Today, we would not consider this a particularly unusual decision. Twenty-five years ago I think it was. What sort of incentive was there then for a young physician to be attracted to the field? The medical world looked upon psychiatry as a sort of bastard offspring. Residents were alternately labeled "Ghouls," "Headshrinkers," or "Ghosts." Cartoonists enjoyed an unprecedented heyday lampooning the goateed psychiatrist as a cross between devil and witch doctor. The raised eyebrow, the faint smile, were part of the treatment, when a doctor admitted to interest in psychiatry. Carl would shrug his shoulders with the comment, "C'est la guerre!" And so it was.

Within a short time this new work at the Syracuse Psychopathic Hospital proved so challenging that our previous plans were discarded. Carl was absorbed in the problems of schizophrenic back ward patients. Where — how — when — did this happen to a human being? Was it incurable? These were questions still unanswered in the medical world. Carl decided to go back to the roots of human behavior, to study the child and his beginnings. He applied for a fellowship in Child Guidance through the Commonwealth Fund.

When the year's residency in Syracuse came to an end, we had a six-month waiting period before the fellowship materialized. To fill in the time, we went on to a small, private, psychiatric hospital in Canandaigua, New York. "Brigham Hall" was situated on five hundred rolling acres, high on a hill overlooking the smallest Finger Lake. The main building, which housed the administrative quarters, the superintendent's apartment and the hospital facilities for disturbed patients, looked like an old Tudor Castle. We, however, lived in a new, rather modern building designed to fit in harmoniously with the older construction. It was an "open door" facility for patients on their way to recovery. To me, this was a personally rewarding point in my life and one that I shall always be grateful for. Living with patients who were struggling to find themselves was a profound experience for a young wife. I learned at first-hand the need for, and the importance of psychiatry in the modern, complex world, and hoped I could grow in understanding along with my husband.

Where the Psychopathic Hospital had considerable administrative work, this small hospital presented an opportunity to do therapy in a close-knit, family-type environment. The contrast was a valuable one and contributed later to Carl's preference for working in small groups.

In the late spring of 1940 the fellowship came through. We headed towards Louisville, Kentucky, for what was to be twenty years of living in the South, raising a large family, and becoming involved in the struggle of a culture different from our own beginnings.

Louisville was a good place to live. The community was alive and open to psychiatry, thanks to Dr. Spafford Ackerly (director of the Child Guidance Clinic) and his able wife, Carita. It was a culture-conscious town with good plays, concerts, lectures. The League of Women Voters, the University, the Louisville Courier Journal, the mayor — all were pushing for public concern in areas of social growth.

Our first three children were born in Louisville — Nancy, in the winter of 1940; Elaine, in the spring of 1942; and Bruce, in the fall of 1944. For a while I was involved with the problems of diapers, formulas, night feeding, catching up with the latest information on baby care and child development!

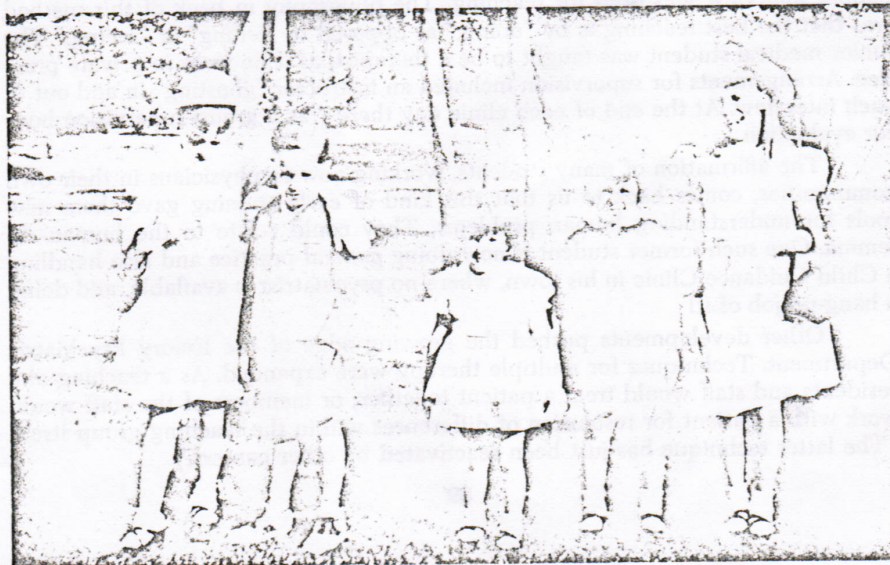
Carl moved from the community Child Guidance Clinic to working with delinquent and dependent children at the city-county supported Ormsby Village. He was teaching in the Medical School, in the Kent School of Social Work, and recording some of his experiences. Out of this came a paper, "Ormsby Village: An Experiment with Forced Psychotherapy in the Rehabilitation of the Delinquent Adolescent."

In the summer of 1944 we bought our first home — an old, spacious place, with three bedrooms, a large sleeping porch and fenced-in back yard. It was an ideal home for small children and their parents. But within six weeks our son Bruce was born; Carl was "called" to Oak Ridge, Tennessee; we had sold the house and relocated for the duration of World War II. "The well-laid plans of mice and men gae aft a'gleg!"

Oak Ridge was certainly a different "kettle of fish." This city for 75,000 people, carved out of the hills of Tennessee on the outskirts of Knoxville, might at that time be likened to an early pioneer town. Boardwalks, laid over the mud, served as sidewalks. Main thoroughfares were named after the states of the Union. Dwellings ranged from trailers, to prefabs, to well-constructed three- and four-bedroom ranch style homes. The schools were excellent due primarily to the fact that teachers had been hand picked and then well paid. A University of Minnesota Army unit staffed the 300-bed Oak Ridge hospital. Carl was one of five psychiatrists in a group of 100 doctors.

It was here that we first met the Warkentins. John and Carl were to begin collaborating in multiple therapy and intensive group therapy. (In their department the staff members, nurses, and patients, met six days a week for one-hour group therapy sessions.) Carl branched out into some industrial consulting at this time and wrote a paper, "Compensation for Psychiatric Disabilities in Industry."

In April of 1946 our fourth child, Anita Claire, a robust, eight pound, ten ounce baby was born. We brought her home Easter morning!



The first five — "Light of our eyes, stars of our existence!"

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With the bombing of Hiroshima (a shocking event to most of us who only then realized the purpose of Oak Ridge) and the culmination of the war, we had to consider where we would locate for peacetime living, working and raising our family. An offer came from Emory University Medical School, in Atlanta, Georgia. Dr. Eugene Stead, the Dean of the Medical School, envisioned the Chairman of the Department of Psychiatry as spending a year looking over his job and the community, evaluating the needs, reading, writing, and then, the following year, starting the new department.

We moved to Atlanta in the fall of 1946! In order to be located centrally to the three facilities my husband would work in (Lawson V. A. Hospital, Grady Memorial Hospital, and the University), we settled in the northeast side of town more commonly known as the "Emory Section." This community was part of the "Spring Dogwood and Azalea Trail" and we were off to exploring southern horticulture and gardening on a large scale.

Our troubles began within a matter of weeks. Dean Stead accepted an appointment at Duke University and with him went all hope for a year to study needs of the community, et al. Carl found immediate, serious problems that would hinder the development of a brand new Department of Psychiatry. Unlike Louisville, where an active, well-financed Child Guidance Clinic had been functioning for nineteen years, and where there were beds for psychiatric patients in the teaching hospital, attached to the Medical School — Atlanta, though a much larger city, had no such facilities and no tradition for public psychiatric care. Acutely disturbed patients were confined to the county jail awaiting disposition. We wondered whether city hospital authorities were apathetic to community needs, or if they hoped to push the state into assuming full responsibility for the mentally ill. This situation obviously created a tremendous gap in facilities for teaching students in a Department of Psychiatry. Another problem, of prime concern, was evaluating how adequately the department could fill community, Medical School and Grady Hospital needs without becoming overburdened. Carl felt his first responsibility was to the Medical School. With the approval of the new Dean he inaugurated a somewhat radical method of teaching. Freshman and sophomore students would spend one hour a week in group psychotherapy for the first two years. In the sophomore year small groups also functioned (with an instructor) as therapists to a patient referred from the Medical Clinics. Full discussion of the patient interview was used for teaching. The philosophy in back of this method was that the best teaching is by "doing," as opposed to "telling" or "seeing." The junior medical student was taught to be a therapist, as if he were in private practice. Arrangements for supervision included an instructor "ghosting" in and out of each interview. At the end of each clinic day there was a group supervision hour for evaluation.

The affirmation of many students, working now as physicians in their own communities, comes back to us that this kind of early training gave them new tools for understanding human problems. They could relate to the human dilemma. One such former student is now doing general practice and also handling a Child Guidance Clinic in his town, where no psychiatrist is available, and doing a bang-up job of it!

Other developments pushed the growing edge of the Emory Psychiatric Department. Techniques for multiple therapy were expanded. As a teaching aid, residents and staff would treat a patient together; or members of the staff would work with a patient for resolution of differences within the teaching group itself. (The latter technique has just been reactivated by other centers.)

In 1947 the Dean of the Medical School invited Carl to become a member of the Admissions Committee. This three-man team inaugurated a group interview method as part of the process for screening applicants. They felt it brought out significant personal qualifications that might otherwise be overlooked.

When Dr. Tom Malone joined the department, he and Carl collaborated on their book, *The Roots of Psychotherapy*, published in 1953. The success of this experience was to encourage a planned period for research and writing as a necessary part of professional life.

At this point Carl instigated a series of four-day conferences, at four-month intervals, on the psychotherapy of schizophrenia. This work extended over a three-year period. The final, and ninth conference, held at Sea Island, Georgia, was published in book form in 1958 entitled *Psychotherapy of Chronic Schizophrenic Patients*.

Our fifth baby, Lynn, had been born a year after we moved to Atlanta. She was an energetic little fireball at birth, and eight years later she showed considerable ability in the area of competitive swimming. It would be fun to share some of the highlights of our experiences with our children over the years, but therein lies another story for another time.

Throughout Carl's chairmanship of the Department of Psychiatry tensions were building up over a series of problems. The needs of a department pushing for growth and the administration's concept of how this would be consummated were not synonymous. It does not take much thinking to realize that without a sympathetic climate for experimentation, no field of medicine could expand. It takes even less thinking to accept the fact that a surgeon would be impotent without his tools. He could neither operate nor teach effectively. After nine years — in 1955 — when there was still no ward for psychiatric patients at either Emory University or Grady Hospital, the teaching group resigned "en masse" to form their own base — the Atlanta Psychiatric Clinic. I hope I do not, in any way, give the impression that this was an easy decision. It was an extremely painful one, on both sides.

That winter of 1955 our last child, Holly, was born. She made a merry Christmas for all of us!



With our Christmas child, Holly — last of the line.

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We moved out to the "suburbs" of Atlanta where our children could enjoy country living before they took off for college. Within a short time my husband was looking years younger. I was happy that he stayed on in Atlanta to help form a significant community clinic; that the group extended their work in multiple therapy and developed new areas in family therapy; that they continued their writing and research under the difficult time limitations of private practice; and that each member became involved in some area of community growth. Only one element was missing for my husband, and that was the opportunity to teach medical students. This was always his first love.

Offered a professorship at the University of Wisconsin in the summer of 1964, Carl realized how much he had been hoping to return to the academic world. We regretted leaving our associates in Atlanta, but we needed the stimulation of a new way of life. Our family had grown beyond us. Three of our children were now married and two would be in college for the next four years. Only our youngest, Holly, would take us again through the PTA! We bade a fond adieu to our old friends and hoped that time would heal the separation.

Do you remember Robert Frost's poem — The Road Not Taken — the last verse?

*I shall be telling this with a sigh
Somewhere ages and ages hence;
Two roads diverged in a wood, and I —
I took the road less traveled by,
And this has made all the difference.*



*Muriel and Carl Whitaker,
at home on Lake Mendota.*