TEACHING SYMBOLIC-EXPERIENTIAL FAMILY THERAPY: THE PERSONHOOD OF THE TEACHER

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ABSTRACT: This article explores issues in teaching symbolic-experiential family therapy to psychiatric residents. Six controversial contextual issues that arise in teaching any school of family therapy in this setting are presented. Then, the author distinguishes between content and process dimensions in teaching symbolic-experiential family therapy. This distinction helps to clarify the muddle often attendant to attempts to teach this particular area. A major point, to paraphrase Whitaker's famous dictum, is that "Teaching symbolic experiential family therapy resides in the personhood of the teacher."

I would like to describe my experience of teaching Carl Whitaker's work, symbolic-experiential family therapy, to psychiatric residents when you are not Carl Whitaker. This is crucial since there is only one Carl Whitaker! I have used this particular perspective as director of the Family Therapy Program in the Department of Psychiatry at the University of Connecticut since 1978. Although there are some unique issues when teaching psychiatry residents, my comments are applicable to other types of family therapy programs and students as well.

A brief review of my teaching career will illuminate some of the central issues I have encountered. When I first started teaching Whitaker's work in our training program, I felt that the resident could
learn from me the way I had learned from him. Thus, I would show Whitaker’s tapes, review his articles, and supervise the residents (with the co-therapy apprenticeship model) in precisely the same manner that I was supervised by Whitaker. My comments to the residents would be similar (or exactly!) what Whitaker would say if he were teaching. I encouraged the residents to go to Whitaker workshops around the country and, subsequently, invited him to my own program as a guest lecturer. Residents were urged to attend. I was most enthusiastic about this. I felt that I had received training from one of the acknowledged psychotherapy masters of our time and merely wished to pass on these teachings to the next generation. The residents seemed to catch this enthusiasm, learn from me, and all seemed well. However, after the first few years, I sensed that the residents were becoming “turned off.” The more recent classes of residents were critical of aspects of Whitaker’s work in a manner similar to that reported by colleagues about their trainees around the country. The gist of these criticisms included feelings that Whitaker is chaotic, unfocused, flies by the seat of his pants, cannot be integrated into the framework of doing family therapy that has already been learned, and that in fact, he’s simply “crazy”! Residents would see him as unnecessarily provocative, even sadistic at times.

At the same time that my residents were becoming negative toward Whitaker’s work, I found myself struggling as a teacher in this tradition. In addition to teaching residents, I was traveling around the world giving workshops on Whitaker. In both arenas I found myself feeling competitive with him and wishing to teach my own work rather than his. A staleness started to develop. I recalled Carl talking about followers of Carl Rogers that he has observed; he has often said, “Second generation Rogerians are poor carbon copies.” Another comment that seemed apropos at that time was Carl’s often quoted “Therapy is in the person of the therapist.” I considered that perhaps the same thing applied to teaching and supervision. Thus, I was struck with the dilemma of how to teach symbolic-experiential family therapy without imitating Carl. Ongoing imitation seemed unacceptable to Carl, the residents, and me.

I feel that I have developed a personal solution to this dilemma that has continued to evolve with an exciting unfolding over the last few years. First, I shall present an earlier solution that I undertook to resolve this dilemma. That solution involved stepping back and not considering the problem as being tied specifically to Whitaker’s work but to teaching family therapy to psychiatric residents in general. Af-