Model Exploration:

Experiential Family Therapy

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As a blossoming therapist, experiential family therapy was one model of therapy that piqued my interest and eventually informed my approach to therapy. Beyond the fun trivia of foundational experiential therapists Carl Whitaker and Virginia Satir both having ties to my home state of Wisconsin, I also found that many of the intrinsic conceptualizations within the model resonated with me and my approach in a profound way. In many ways, the experiential lens of therapy was a breath of fresh air and rightfully challenged many of the ideas within foundational models that I struggled with as a modern therapist.

History and Development

As mentioned, two of the names that come to mind when discussing the origin of experiential therapy and its variations are that of Carl Whitaker and Virginia Satir. Of course, no good researcher works nor exists in a vacuum and these are not the only names associated with the model. One such example is Augustus Y. Napier, who worked with Whitaker on one of the foundational texts of experiential therapy: *The Family Crucible* (Napier & Whitaker, 1988. For this discussion, however, I will be focusing on Whitaker and Satir and the specific and unique facets they each brought to the model as it developed.

Carl A. Whitaker (1912-1995)

The phrase, "therapy of the absurd," often came to mind for Whitaker himself when discussing his work and approach to therapy, which I feel alludes to the many notions within experiential therapy that were radical and even controversial compared to the traditional notions of therapy at the time. In many ways, Whitaker's journey toward his work in developing the model was also outside normal convention - if not absurd. Whitaker himself noted his feeling of being metaphorically thrown into the work, being an obstetrician and gynecologist by trade at the

beginning of his foray into the world of psychiatry and psychotherapy. As he began to dive in and started his work especially with children and families, Whitaker began to take note of the various phenomena he was observing that eventually informed his conceptualization of how we can foster individual and family wellbeing (Whitaker & Keith, 1981).

What was unique and often controversial about Whitaker's approach was his leaning into the idea of "crazy" within the family. In this instance, he was not so much focused on "crazy" in the sense of diagnosis, pathology, and literal mental illness. Rather, he was exploring the various absurdities in the families he was seeing. In trying to manage and navigate relational stress, Whitaker noted families and the individuals within them taking on extreme and exaggerated symbolic roles within the system that often just exacerbated the problems they were intended to mitigate. As part of that process, these roles and symbolisms would often form substantial protective boundaries around deep and intrinsic emotions that can often be painful or difficult, cutting off our ability to even identify them in the process and consequently our ability to include them as context in understanding our thoughts and interactions with others. Whitaker found that to break the family out of these outlandish roles and symbolisms, he needed to intervene with methods that were just as much if not more absurd and outrageous - including but not limited to the occasional wrestling match with a client (Napier & Whitaker, 1988). While the specific ethics of something like the aforementioned skirmish are dubious, the more important point that Whitaker often tried to stress in his work is that individuals and families are often so deeply entrenched within their roles and routines that they will need interventions that are creative (and yes, absurd) enough to actually draw their attention and free them from that almost trance-like state (Whitaker & Keith, 1981).

Virginia Satir (1916-1988)

While the boldness of Whitaker's absurdity-minded approach is something that I nonetheless appreciate, my overarching "critique" or at least something I try to remember at the end of the day is in relation to how Whitaker's positionality was able to foster that approach. As a white, presumably cisgender and heterosexual man from the medical field, Whitaker had the free rein and privilege to be bold and controversial in ways that I question whether other researchers and practitioners could have. Enter, stage left: Virginia Satir.

If Whitaker's approach was a breath of fresh air, the way Satir's views and frameworks expanded upon the model was the glowing warmth of the sun beginning to perforate the clouds and wash upon our faces - making the breath of fresh air all the more serene. Whereas Whitaker's approach as well as his aforementioned freedom and privilege to explore the way he did were influenced by intentional but nonetheless overt use of his power (Whitaker & Keith, 1981), Satir's contributions held a core value of equality (Freeman, 1999). Beyond the more obvious tones of gender equality informed by Satir's experience as one of the few prominent women in the expansive sea of male-domination in the field, she also explored equality within the dynamic of therapist and client with the therapist more as a collaborative member of the process rather than an authority figure taking the lead (Beaudry, 2002).

Exploring these notions further, Satir found that power structures such as gender roles and stereotypes prove quite often to be incredibly salient contexts for many of the concepts within this new way of viewing and understanding clients and the overall therapeutic process. Satir noted in many individuals and families that the roles and symbolisms that they will tend to adopt are often reinforced if not entirely created by rigid and dogmatic expectations of sexist and misogynistic society. To do any amount of meaningful work around these roles people find themselves within, there would need to be significant effort taken to unpack and ultimately divest

from these societal pressures in favor of their own self-determination of who they can and want

to be (Freeman, 1999).

The Experiential Understanding

Naturally, Whitaker, Satir, and the many other developers of experiential therapy such as

Napier have their own unique intricacies in their own understandings and perspective of the

model. The same could be said today for any individual practitioner who utilizes the model to

begin with. Nonetheless, a model is a model at all because of the core understandings throughout

that translate across the various executions of it. As with any model, it needs to speak to what we

see as therapists, why we feel the way we do about that, and how we think we could address

what we are observing and enact meaningful change.

Assumptions

One of the foundational assumptions in experiential therapy, as with most models of

family therapy, is that a family is a system. In fact, any individual person's experience is made up

of countless systems that they are a part of, and those systems intersecting with other systems.

One example of intersecting systems noted by Whitaker & Keith (1981) is where a couple in a

current family system will also have their own respective family-of-origin system and those

multiple systems could interact in many different ways and with various levels of influence. As

members of any one system - and ultimately countless - we assume a specific role as part of that

system if not have one imposed upon us. Our upbringing within our family-of-origin could

certainly influence the roles we adopt in that system and other systems. All the same, other

systems may present influence congruent or not that may have similar impact, such as dominant

social narratives (Freeman, 1999).

Another prominent assumption within experiential therapy is easily boiled down into the concept of "hope." Informed by Satir's equality approach, it is important to hold positive regard, trust, and faith in people. Each human is full of potential and that potential cannot be forgotten. The potential that is most integral to acknowledge when having an experiential approach is each person's potential for change and their ability to grow. Beyond potential, experiential therapy would even suggest that progress is the instinctual inclination. Even then, the desire or hope for growth doesn't go far enough. As my father would tell me growing up, "you can wish in one hand," and I won't repeat how the rest of that phrase goes. Not only do we desire to move forward and grow, but we are each and every one of us capable of it and are equipped for the process even if we do not believe that for ourselves (Beaudry, 2002). No one is beyond hope. If we cannot have hope for those we work with, we cannot do experiential work with them.

Propositions

Because of the perceived need to retreat within these roles we make for ourselves, our thoughts and emotions often find themselves roped into that inward motion and become internalized. As this goes on, many of our own self-concepts become buried so deeply that we cannot even identify or understand them and they continue to influence our experiences and interactions unchecked. To have meaningful relationships and be able to have interactions that are intentional, experiential therapy suggests that we must bring those emotions back to the surface and allow ourselves to experience them. When we are able to identify those emotions and internal processes more explicitly, we can move about the world and our relationships in more intentional ways and with better understanding (Beaudry, 2002).

One of the most effective ways that the deeply instilled roles and ways of being that the therapist has at their disposal is simply the power of creatively and introducing absurdity. The routine and the monotony of the structures put in place by the system will not be adequately challenged by interventions and questions that are equally cookie-cutter and likely anticipated by the system. Through innovative and creative approaches that can catch the family off-guard, the therapist is able to find unexpected points of entry within the system and, most importantly, interrupt the system's well-oiled patterns of being. In many ways, these routines and patterns are attempts at protective mechanisms designed to prevent facing uncomfortable emotions or processes that our bodies have assessed as dangerous or to be avoided. Pulling the system out of this almost trance-like state and effectively breaking the spell that these patterns have on them provides tangible experiences for the system to be faced with these emotions. The reckoning that can come from these experiences of holding space for such emotions will illustrate for the system what is possible outside of these patterns, empowering them with the notion that they need not be dependent on these patterns because they are capable of facing these emotions head on (Whitaker & Keith, 1981).

Theoretical Conceptualizations

Role of the Therapist

In experiential thinking, the therapist and their internal processes are just as important as those of the clients. Whereas many models and theory before experiential therapy relied heavily on the concept of the therapist as a neutral "blank slate" or objective third party, experiential therapy realized this is a nearly impossible task and it does no good to entertain the notion. Rather, we are asked to explore and be aware of those feelings and emotions as they exist (Bermúdez, 1997). If we pretend they are not there, we will not be able to meaningfully and

intentionally engage and work with our clients, parallel to the very approach we are asking our clients to take. In many ways, it could also be suggested that the sense of authenticity can also benefit therapeutic rapport and model this process for our clients (Beaudry, 2002).

The other important aspect of reflecting within ourselves in experiential therapy is the reality that there are very few hard-and-fast rules as the therapist regarding how we should be in the therapy room. Rather, much of experiential therapy explores the notion of therapeutic intuition and creativity because the context is constantly evolving and different approaches may be relevant. Even around the idea of being more authentically ourselves as previously mentioned, there is a demand for balance. Furthermore, we will not only need to balance how we appear, but also how we approach. Whitaker and Keith (1981) suggest that while our authentic selves can be helpful in the room, too much of it can also become harmful if there is risk that the therapist themself will become a fully integrated part of the system and no longer be able to act as the external, interrupting source of change for the clients. Additionally, an important initial process in the early therapeutic work is battling for structure versus initiative, where we as therapists will try to hold only enough power to maintain some control in ensuring that the work and space continues to be productive while simultaneously trying to relinquish enough power to hopefully foster a sense of initiative within the clients around their own therapeutic process.

Problems, Solutions, and Change

An apt concept that notes the phenomenon of internal processes and repressed emotions understood by experiential therapy is that of the personal iceberg metaphor. As is commonly known about icebergs, they are exponentially larger than we can see above the surface and a vast majority of its scale is only visible underwater. Similarly, experiential therapy argues that we

conceal various parts of ourselves at any given time and much is hidden from view, even to ourselves (Beaudry, 2002).

Throughout therapy, the process of bringing out meaningful change will be facilitating the family's unpacking of their personal icebergs for themselves and the other members of the system. Through various activities like roleplay, family sculpting, and other experiential exercises, these expressive methods will help tease out those internal processes and bring them to the surface in different ways that the system may not have been able to access before (Napier & Whitaker, 1988). As this process continues, the system can continue to integrate these skills, process emotions that have gone unattended to, and learn new ways of being and addressing stress and conflict among them in a process called reconstruction (Beaudry, 2002).

Personal Reception of the Model

As I mentioned, this model is one I've gravitated towards since it was first introduced to me. In true experiential fashion, many of the reasons I connected with it early on were things that I could intrinsically feel but could not understand or yet put to words. As I've continued to explore and reflect, some of those reasons have become more explicit.

On a humorous note, I was discussing this paper with a colleague and my intention to discuss experiential therapy. Noting that fun trivia again of Whitaker and Satir both having ties to Wisconsin, my colleague also reminded me that Steve de Shazer and Insoo Kim Berg of solution-focused brief therapy fame also had ties to Wisconsin and even both attended UW-Milwaukee (as did Virginia Satir back when it was Milwaukee State Teachers College). My colleague and I asked ourselves, "what is it about Wisconsin?" to which I jokingly retorted that it's the midwest and that someone needed to get us out of our passive-aggressive shells to actually talk about our problems.

As I thought further, I realized that while humorous, my thought was more apt than I realized. Throughout my work as a therapist, I have continued to anecdotally find that midwestern patterns of passive-aggression and emotional stuntedness run rampant. While research such as Greenberg and Watson (1998) have shown the efficacy of experiential methods for years, it was also meaningful to see for myself how these types of methods prove incredibly efficient with many of the clients I work with and the hurdles I'm working with in rural Wisconsin. Many of my clients report little to no teaching or modeling growing up regarding how to communicate - let alone address - their complicated emotions. I have found time and time again that the creativity in experiential therapy has been what my clients needed.

The other component to experiential therapy that really attracts me is the feeling of humanity within it that other models and especially historical approaches to therapy generally didn't have. I am a person and nothing will change that. Rather than expending valuable energy to maintain the facade of a blank slate and remove my humanity, how could I instead allow that humanity to persist and work with it for the benefit of my client? As more research has continued to understand, my self will be the most important intervention I can bring into the therapy room with me as my ability to show up and foster a quality therapeutic alliance with my client can make or break any possibility of enacting change (Davis et al., 2012). Taking the critique of the blank slate one step further, many facets of experiential therapy recognize the therapist as part of various systems as well, including societal systems. Experiential therapy tends to consider factors of positionality in much more deliberate and explicit ways compared to other models. As a feminist-identified therapist myself where gender is perhaps the most intrinsic component of my work, Satirs very explicit discussion of gender is quite meaningful (Freeman, 1999).

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