

SOME LEARNINGS FROM A STUDY OF PSYCHOTHERAPY WITH SCHIZOPHRENICS

Carl R. Rogers

1962 Pennsylvania Psychiatric Quarterly

“I was eager to test our theories in psychotherapeutic work with psychotic individuals, and with thoroughly normal individuals.”

“Some years ago I formulated the view that it was not the special professional knowledge of the therapist, nor his intellectual conception of therapy (his ‘school of thought’), nor his techniques, which determined his effectiveness. I hypothesized that what was important was the extent to which he possessed certain personal attitudes in the relationship. I endeavored to define three of these which I regarded as basic – the realness, genuineness or congruence of the therapist; the degree of empathic understanding of his client which he experienced and communicated; and the degree of unconditional positive regard or non-possessive liking which he felt toward his client.”

“[I]n an out-patient clinic population greater degrees of these attitudes are indeed associated with more successful outcomes in therapy. This is true whether the measures of such attitudes are based upon the therapist’s perception of their presence, or ratings by impartial observers, or the client’s perception of the relationship.”

“A second line of work has been the investigation of the detailed process of therapy as it occurs in the client or patient. Based upon clinical observation a theory of the therapeutic process was formulated, and a Scale of Process was then developed, which was intended to tap the changing manner and quality of the client’s ways of expressing himself as he moved in the continuum of therapy. In essence, the Scale endeavors to place any particular sample of the client’s expression on a defined continuum.

At one end the individuals psychological functioning is rigid, static, undifferentiated, impersonal. Constructs are fixed. He exhibits feelings but does not own them. He is remote from the experiencing going on within him. He is unable to relate. He is unable to communicate himself. He sees himself either as having no problems or being in no way responsible for the problems which do exist.

At the other end of the continuum the individual is functioning in a fluid, changing way, responsible to the ever changing experiencing which is going on within himself, and responsive to the events going on outside himself.”

“It is my present conviction that working with a lack of conscious motivation in the individual is more difficult than working with the problem of psychosis.”

“One of the deepest learnings in my previous clinical work had been the tremendous pull exerted in the client by the satisfaction of learning one’s self. No matter how external the concern initially expressed by the client – the problem of his wife’s behavior, or the choice of a vocational goal – once he had experienced the bittersweet satisfactions of self-exploration, this inevitably became the focus of therapy. I do not find this to be true with our schizophrenic clients.” [But] “in those schizophrenics who do show marked improvement on objective tests, this improvement is preceded by the spontaneous and feelingful expression of personally relevant material, by an active, struggling, fearful exploration of self.”

“Our schizophrenic individuals tend to fend off a relationship either by an almost complete silence – often extending over many interviews – or by a flood of over-talk which is equally effective in preventing a real encounter.”

“I would hazard the hypothesis that, in the immediate moment of the relationship, the particular theory of the therapist is irrelevant, and if it is in the therapist’s consciousness at that moment, is probably detrimental to therapy. What I am saying is that it is the existential encounter which is important, and that in the immediate moment of the therapeutic relation consciousness of the theory has no helpful place.”

“There is another lesson which we as therapists have learned, and that is the patience which is necessary to elicit what [Otto] Rank called ‘the positive will,’ in an individual in whom it has never been exercised. We have come to realize that almost none of the individuals with whom we have been working have ever affirmed themselves. They have never, in any meaningful way, said ‘I feel,’ ‘I live,’ ‘I have the right to be.’ They have instead been passive receivers of life’s hurts, blows, and events. It takes, in my experience, great patience to wait for the germination and budding of the will to say ‘I am, and I deserve to be.’ Yet the phenomena of growth is in some respects all the more exciting because it has been so long dormant.”

“I think of one man with whom I have spent many hours, including many hours of silence. There have been long stretches when I had no way of knowing whether the relationship had any meaning for him. He was uncommunicative, seemingly indifferent, withdrawn, inarticulate. I think of an hour when he felt completely worthless, hopeless, suicidal. He wanted to run away, wanted to do away with himself because, as he muttered in flat despair, ‘I don’t care.’

I responded, ‘I know you don’t care about yourself, don’t care at all, but I just want you to know that I care.’ And then, after a long pause, came a violent flood of deep, wracking, gasping sobs which continued for nearly half an hour. He had taken in the meaning of my feeling for him. It was dramatic evidence of what all of us had learned – that behind the curtains of silence, and hallucination, and strange talk, and hostility, and indifference, there is in each case a person, and that if we are skilful and fortunate we can reach that person, and can live, often for brief moments only, in a direct person-to-person relationship with him. To me that fact seems to say something about the nature of schizophrenia. It says something, too, about the nature of man and his craving for and fear of a deep human relationship. It seems to say that human beings are persons, whether we label them schizophrenic or whatever.”