

Carl Rogers

A Silent Young Man

Chapter 17 of *The Therapeutic Relationship With Schizophrenics* by Rogers, Gendlin, Kiesler, Truax. University of Wisconsin Press (Madison, Milwaukee, and London), 1967 (Library of Congress Catalog Card Number 67-13554)

It would surely be desirable, if it were possible, to give the reader some experience of the process of therapy as it was lived by each therapist in his interaction with his schizophrenic clients. Yet long descriptions of therapy in a variety of cases tend to be unconsciously distorted; the transcription of a whole case would be much too long for presentation (and misleading in its omission of voice qualities); and consequently some other solution must be found.

What I propose to do in this chapter is to present, in transcribed form, two significant and I believe crucial interviews in the therapy with James Brown (pseudonym, of course) together with my comments as therapist on this experience. This seems to be a doubly valuable approach since the two interviews presented here are available in tape recorded form to any professional worker through the Tape Library of the American Academy of Psychotherapists.¹ Also, in a subsequent chapter of this book there are presented fifteen segments of the tape-recorded interviews with Mr. Brown, taken at spaced intervals throughout the therapy. These segments are commented on by six experienced therapists who have listened to these recorded samples. Thus the person who is seriously interested in the interaction in this case can read and study these two interviews and my presentation of the meanings I see in them; can listen to the two interviews in order to judge the quality of the interaction for himself; can read and study an unbiased sampling of the whole therapy experience for this man; and can compare his own judgments and impressions with those of six other therapists who, like himself, have no personal investment in the research.

Let me give a few of the facts which will introduce James Brown. He was twenty-eight years old when I first began to see him as a part of the research. A coin toss had selected him as the member of a matched pair to receive therapy. He had been hospitalized three times, the first time for a period of three months when he was twenty-five. He had been hospitalized for a total of nineteen months when I first began to see him, and for two and one-half years at the time of these interviews. He is a person of some intellectual capacity, having completed high school and taken a little college work. The hospital diagnosis was "schizophrenic reaction, simple type."

Some readers will be disappointed that I am not presenting any of the facts from his case history. A superficial reason for this is that it might be identifying of this individual. A deeper reason is that I myself, as his therapist, have never seen his case history and do not know its contents. I should like to state briefly my reasons for this.

If I were trying to select the most promising candidates for psychotherapy from a large

group, then an examination of the case histories by me - or by someone else - might be helpful in making such a selection. But in this instance Brown had been selected by the impersonal criteria of our research as a person to whom a relationship was to be offered. I preferred to endeavor to relate to him as he was in the relationship, as he was as a person at *this* moment, not as a configuration of past historical events. It is my conviction that therapy (if it takes place at all) takes place in the immediate moment-by-moment interaction in the relationship. This is the way in which I encountered Mr. Brown, and I am asking the reader to encounter him in the same way.

At the time of these two interviews, I had been seeing Mr. Brown on a twice a week basis (with the exception of some vacation periods) for a period of eleven months. Unlike many of the clients in this research the relationship had, almost from the first, seemed to have some meaning to him. He had ground privileges, so he was able to come to his appointments, and he was almost always on time, and rather rarely forgot them. The relationship between us was good. I liked him and I feel sure that he liked me. Rather early in our interviews he muttered to his ward physician that he had finally found someone who understood him. He was never articulate, and the silences were often prolonged, although when he was expressing bitterness and anger he could talk a bit more freely. He had, previous to these two interviews, worked through a number of his problems, the most important being his facing of the fact that he was entirely rejected by his stepmother, relatives, and, worst of all, by his father. During a few interviews preceding these two he had been even more silent than usual, and I had no clue to the meaning of this silence. As will be evident from the transcript his silences in these two interviews were monumental. I believe that a word count would show that he uttered little more than 50 words in the first of these interviews! (In the tape recording mentioned above, each of the silences has been reduced to 15 seconds, no matter what its actual length.)

In the two interviews presented here I was endeavoring to understand all that I possibly could of his feelings. I had little hesitancy in doing a good deal of empathic guessing, for I had learned that though he might not respond in any discernible way when I was right in my inferences, he would usually let me know by a negative shake of his head if I was wrong. Mostly, however, I was simply trying to be my feelings in relationship to him, and in these particular interviews my feelings I think were largely those of interest, gentleness, compassion, desire to understand, desire to share something of myself, eagerness to stand with him in his despairing experiences.

To me any further introduction would be superfluous. I hope and believe that the interaction of the two hours speaks for itself of many convictions, operationally expressed, about psychotherapy.

The Interviews

Tuesday

T: I see there are some cigarettes here in the drawer. Hm? Yeah, it is hot out.

[Silence of 25 seconds]

T: Do you look kind of angry this morning, or is that my imagination?

[Client shakes his head slightly.] Not angry, huh?

[Silence of 1 minute, 26 seconds]

T: Feel like letting me in on whatever is going on?
[Silence of 12 minutes, 52 seconds]

T: [softly] I kind of feel like saying that "If it would be of any help at all I'd like to come in." On the other hand if it's something you'd rather - if you just feel more like being within yourself, feeling whatever you're feeling within yourself, why that's O.K. too - I guess another thing I'm saying, really, in saying that is, "I do care. I'm not just sitting here like a stick."
[Silence of 1 minute, 11 seconds]

T: And I guess your silence is saying to me that either you don't want to or can't come out right now and that's O.K. So I won't pester you but I just want you to know, I'm here.
[Silence of 17 minutes, 41 seconds]

T: I see I'm going to have to stop in a few minutes.²
[Silence of 20 seconds]

T: It's hard for me to know how you've been feeling, but it looks as though part of the time maybe you'd rather I didn't know how you were feeling. Anyway it looks as though part of the time it just feels very good to let down and - relax the tension. But as I say I don't really know - how you feel. It's just the way it looks to me. Have things been pretty bad lately?
[Silence of 45 seconds]

T: Maybe this morning you just wish I'd shut up - and maybe I should, but I just keep feeling I'd like to - I don't know, be in touch with you in some way.
[Silence of 2 minutes, 21 seconds] [Jim yawns.]

T: Sounds discouraged or tired. *[Silence of 41 seconds]*

C: No. Just lousy.

T: Everything's lousy, huh? You feel lousy? *[Silence of 39 seconds]*

T: Want to come in Friday at 12 at the usual time?

C: *[Yawns and mutters something unintelligible.] [Silence of 48 seconds]*

T: Just kind of feel sunk way down deep in these lousy, lousy feelings, hm? - Is that something like it?

C: No.

T: No?
[Silence of 20 seconds]

C: No. I just ain't no good to nobody, never was, and never will be.

T: Feeling that now, hm? That you're just no good to yourself, no good to anybody. Never will be any good to anybody. Just that you're completely worthless, huh? - Those really are lousy feelings. Just feel that you're no good at *all*, hm?

C: Yeah. *[muttering in low, discouraged voice]* That's what this guy I went to town with just the other day told me.

T: This guy that you went to town with really told you that you were no good? Is that what you're saying? Did I get that right?

C: M-hm.

T: I guess the meaning of that if I get it right is that here's somebody that - meant something to you and what does he think of you? Why, he's told you that he thinks you're no good at all. And that just really knocks the props out from under you. *[Jim weeps quietly.]* It just brings the tears.
[Silence of 20 seconds]

C: *[rather defiantly]* I don't care though.

T: You tell yourself you don't care at all, but somehow I guess some part of you

cares because some part of you weeps over it.
[Silence of 19 seconds]

T: I guess some part of you just feels, "Here I am hit with another blow, as if I hadn't had enough blows like this during my life when I feel that people don't like me. Here's someone I've begun to feel attached to and now *he* doesn't like me. And I'll say I don't care. I won't let it make any difference to me - But just the same the tears run down my cheeks."

C: *[muttering]* I guess I always knew it.

T: Hm?

C: I guess I always knew it.

T: If I'm getting that right, it is that what makes it hurt worst of all is that when he tells you you're no good, well shucks, that's what you've always felt about yourself. Is that - the meaning of what you're saying? *[Jim nods slightly, indicating agreement.]* - M-hm. So you feel as though he's just confirming what - you've already known. He's confirming what you've already felt in some way.
[Silence of 23 seconds]

T: So that between his saying so and your perhaps feeling it underneath, you just feel about as no good as anybody could feel.
[Silence of 2 minutes, 1 second]

T: *[thoughtfully]* As I sort of let it soak in and try to feel what you must be feeling - It comes up sorta this way in me and I don't know - but as though here was someone you'd made a contact with, someone you'd really done things for and done things with. Somebody that had some meaning to you. Now, wow! He slaps you in the face by telling you you're just no good. And this really cuts so deep, you can hardly stand it.
[Silence of 30 seconds]

T: I've got to call it quits for today, Jim.
[Silence of 1 minute, 18 seconds]

T: It really hurts, doesn't it? *[This is in response to his quiet tears.]*
[Silence of 26 seconds]

T: I guess if the feelings came out you'd just weep and weep and weep.
[Silence of 1 minute, 3 seconds]

T: Help yourself to some Kleenex if you'd like - Can you go now?
[Silence of 23 seconds]

T: I guess you really hate to, but I've got to see somebody else.
[Silence of 20 seconds]

T: It's really bad, isn't it?
[Silence of 22 seconds]

T: Let me ask you one question and say one thing. Do you still have that piece of paper with my phone numbers on it and instructions, and so on? *[Jim nods.]* O.K. And if things get bad, so that you feel real down, you have them call me. 'Cause that's what I'm here for, to try to be of some help when you need it. If you need it, you have them call me.³

C: I think I'm beyond help.

T: Huh? Feel as though you're beyond help. I know. You feel just completely hopeless about yourself. I can understand that. I don't feel hopeless, but I can realize that you do.⁴ Just feel as though nobody can help *you* and you're really beyond help.
[Silence of 2 minutes, 1 second]

- T: I guess you just feel so, so down that - it's *awful*.
[Silence of 2 minutes]
- T: I guess there's one other thing too. I, I'm going to be busy here this afternoon 'til four o'clock and maybe a little after. But if you should want to see me again this afternoon, you can drop around about four o'clock. O.K.? - Otherwise, I'll see you Friday noon. Unless I get a call from you. If you - If you're kind of concerned for fear anybody would see that you've been weeping a little, you can go out and sit for a while where you waited for me. Do just as you wish on that. Or go down and sit in the waiting room there and read magazines - I guess you'll really have to go.
- C: Don't want to go back to work.
- T: You don't want to go back to work, hm?

This is the end of the interview. Later in the day the therapist saw Mr. Brown on the hospital grounds. He seemed much more cheerful and said that he thought he could get a ride into town that afternoon.

The next time the therapist saw Mr. Brown was three days later, on Friday. This interview follows.

Friday

- T: I brought a few magazines you can take with you if you want.⁵
[Silence of 47 seconds]
- T: I didn't hear from you since last time. Were you able to go to town that day?
- C: Yeah. I went in with a kid driving the truck.
- T: M-hm. *[Voices from next office are heard in background.]*
[Silence of 2 minutes]
- T: Excuse me just a minute. *[Goes to stop noise.]*
[Silence of 2 minutes, 20 seconds]
- T: I don't know why, but I realize that somehow it makes me feel good that today you don't have your hand up to your face so that I can somehow kind of see you more. I was wondering why I felt as though you were a little more here than you are sometimes and then I realized well, it's because - I don't feel as though you're hiding behind your hand, or something.
[Silence of 50 seconds]
- T: And I think I sense, though I could be mistaken, I think I do sense that today just like some other days when you come in here, it's just as though you let yourself sink down into feelings that run very deep in you. Sometimes they're very bad feelings like the last time and sometimes probably they're not so bad, though they're sort of - I think I understand that somehow when you come in here it's as though you do let yourself down into those feelings. And now -
- C: I'm gonna take off.
- T: Huh?
- C: I'm gonna take off.⁶
- T: You're going to take off? Really run away from here? Is that what you mean? Must be some - what's the - what's the background of that? Can you tell me? Or I guess what I mean more accurately is I know you don't like the place but it must be that something special came up or something?
- C: I just want to run away and die.

- T: M-hm, m-hm, m-hm. It isn't even that you want to get away from here *to* something. You just want to leave here and go away and die in a corner, hm?
[Silence of 30 seconds]
- T: I guess as I let that soak in I really do sense how, how deep that feeling sounds, that you - I guess the image that comes to my mind is sort of a, a wounded animal that wants to crawl away and die. It sounds as though that's kind of the way you feel that you just want to get away from here and, and vanish. Perish. Not exist.
[Silence of 1 minute]
- C: [almost inaudibly] All day yesterday and all morning I wished I were dead. I even prayed last night that I could die.
- T: I think I caught all of that, that - for a couple of days now you've just *wished* you could be dead and you've even prayed for that - I guess that - One way this strikes me is that to live is such an awful thing to you, you just wish you could die, and not live.
[Silence of 1 minute, 12 seconds]
- T: So that you've been just wishing and wishing that you were not living. You wish that life would pass away from you.
[Silence of 30 seconds]
- C: I wish it more'n anything else I've ever wished around here.
- T: M-hm, m-hm, m-hm. I guess you've wished for lots of things but boy! It seems as though this wish to not live is deeper and stronger than anything you ever wished before.
[Silence of 1 minute, 36 seconds]
- T: Can't help but wonder whether it's still true that some things this friend said to you - are those still part of the thing that makes you feel so awful?
- C: In general, yes.
- T: M-hm.
[Silence of 47 seconds]
- T: The way I'm understanding that is that in a general way the fact that he felt you were no good has just set off a whole flood of feeling in you that makes you really wish, *wish* you weren't alive. Is that - somewhere near it?
- C: I ain't no good to nobody, or I ain't no good for nothin', so what's the use of living?
- T: M-hm. You feel, "I'm not any good to another living person, so - why should I go on living?"
[Silence of 21 seconds]
- T: And I guess a part of that is that - here I'm kind of guessing and you can set me straight, I guess a part of that is that you felt, "I tried to *be* good for something as far as he was concerned. I really tried. And now - if I'm no good to him, if he feels I'm no good, then that proves I'm just no good to anybody." Is that, uh - anywhere near it?
- C: Oh, well, other people have told me that too.
- T: Yeah. M-hm. I see. So you feel if, if you go by what others - what several others have said, then, then you are *no good*. No good to anybody.
[Silence of 3 minutes, 40 seconds]
- T: I don't know whether this will help or not, but I would just like to say that - I think I can understand pretty well - what it's like to feel that you're just *no damn good* to anybody, because there was a time when - I felt that way about *myself*...
... And I know it can be *really rough*.⁷

[Silence of 13 minutes]

T: I see we've only got a few more minutes left.
[Silence of 2 minutes, .51 seconds]

T: Shall we make it next Tuesday at eleven, the usual time?
[Silence of 1 minute, 35 seconds]

T: If you gave me any answer, I really didn't get it. Do you want to see me next Tuesday at eleven?

C: Don't know.

T: "I just don't know."
[Silence of 34 seconds]

T: Right at this point you just don't know - whether you want to say "yes" to that or not, hm? - I guess you feel so down and so - awful that you just don't know whether you can - can see that far ahead. Hm?
[Silence of 1 minute, 5 seconds]

T: I'm going to give you an appointment at that time because I'd sure like to see you then. *[Writing out appointment slip.]*
[Silence of 50 seconds]

T: And another thing I would say is that - if things continue to stay so rough for you, don't hesitate to have them call me. And if you should decide to take off, I would very much appreciate it if you would have them call me and - so I could see you first. I wouldn't try to dissuade you. I'd just want to see you.

C: I might go today. Where, I don't know, but I don't care.

T: Just feel that your mind is made up and that you're going to leave. You're not going to anywhere. You're just - just going to leave, hm?
[Silence of 53 seconds]

C: *[muttering in discouraged tone]* That's why I want to go, 'cause I don't care what happens.

T: Huh?

C: That's why I want to go, 'cause I don't care what happens.

T: M-hm, m-hm. That's why you want to go, because you really don't care about yourself. You just don't care *what* happens. And I guess I'd just like to say - *I* care about you. And *I* care what happens.⁸
[Silence of 30 seconds] [Jim bursts into tears and unintelligible sobs.]

T: *[tenderly]* Somehow that just - makes all the feelings pour out.
[Silence of 35 seconds]

T: And you just weep and weep and weep. And feel so badly. *[Jim continues to sob, then blows nose and breathes in great gasps.]*

T: I do get some sense of how awful you feel inside - You just sob and sob. *[He puts his head on desk, bursting out in great gulping, gasping sobs.]*

T: I guess all the pent-up feelings you've been feeling the last few days just - just come rolling out.
[Silence of 32 seconds, while sobbing continues]

T: There's some Kleenex there, if you'd like it - Hmm. *[sympathetically]* You just feel kind of torn to pieces inside.
[Silence of 1 minute, 56 seconds]

C: I wish I could die. *[sobbing]*

T: You just wish you could die, don't you? M-hm. You just feel so awful, you wish you could perish.
[Therapist laid his hand gently on Jim's arm during this period. Jim showed no

- definite response. However, the storm subsides somewhat. Very heavy breathing.] [Silence of 1 minute, 10 seconds]*
- T: You just feel so awful and so torn apart inside that, that it just makes you wish you could pass out.
[Silence of 3 minutes, 29 seconds]
- T: I guess life is so tough, isn't it? You just feel you could weep and sob your heart away and wish you could die.⁹
[Heavy breathing continues.] [Silence of 6 minutes, 14 seconds]
- T: I don't want to rush you, and I'll stay as long as you really need me, but I do have another appointment, that I'm already late for.
- C: Yeah.
[Silence of 17 minutes]
- T: Certainly been through something, haven't you?
[Silence of 1 minute, 18 seconds]
- T: May I see you Tuesday?
- C: *[Inaudible response.]*
- T: Hm?
- C: Don't know. *[almost unintelligible]*
- T: "I just don't know." M-hm. You know all the things I said before, I mean very much. I want to see you Tuesday and I want to see you before then if you want to see me. So, if you need me, don't hesitate to call me.
[Silence of 1 minute]
- T: It's really rough, isn't it?
[Silence of 24 seconds]
- C: Yes.
- T: Sure is.
[Jim slowly gets up to go.] [Silence of 29 seconds]
- T: Want to take that too?
[Jim takes appointment slip.] [Silence of 20 seconds]
- T: There's a washroom right down the hall where you can wash your face.
[Jim opens door; noise and voices are heard from corridor.] [Silence of 18 seconds] [Jim turns back into the room.]
- C: You don't have a cigarette, do you? *[Therapist finds one.]*
- T: There's just one. I looked in the package but - I don't know. I haven't any idea how old it is, but it looks sort of old.
- C: I'll see you. *[hardly audible]*
- T: O.K. I'll be looking for you Tuesday, Jim.

Commentary

What has happened here? I am sure there will be many interpretations of this material. I would like to make it plain that what follows is my own perception of it, a perception which is perhaps biased by the fact that I was a deeply involved participant.

Here is a young man who has been a troublesome person in the institution. He has been quick to feel mistreated, quick to take offense, often involved in fights with the staff. He has, by his own account, no tender feelings, only bitter ones against others...

... In these two interviews he has experienced the depth of his own feelings of

worthlessness, of having no excuse for living. He has been unsupported by his frequently felt feelings of anger, and has experienced only his deep, deep despair. In this situation something happens. What is it, and why does it occur?

In my estimation, I was functioning well as a therapist in this interaction. I felt a warm and spontaneous caring for him as a person, which found expression in several ways - but most deeply at the moment when he was despairing. I was continuously desirous of understanding his feelings, even though he gave very few clues. I believe that my erroneous guesses were unimportant as compared to my willingness to go with him in his feelings of worthlessness and despair when he was able to voice these. I think we were relating as two real and genuine persons. In the moments of real encounter the differences in education, in status, in degree of psychological disturbance, had no importance - we were two persons in a relationship.

In this relationship there was a moment of real, and I believe irreversible, change. Jim Brown, who sees himself as stubborn, bitter, mistreated, worthless, useless, hopeless, unloved, unlovable, *experiences* my caring. In that moment his defensive shell cracks wide open, and can never again be quite the same. When someone *cares* for him, and when he feels and experiences this caring, he becomes a softer person whose years of stored up hurt come pouring out in anguished sobs. He is not the shell of hardness and bitterness, the stranger to tenderness. He is a person hurt beyond words, and aching for the love and caring which alone can make him human. This is evident in his sobs. It is evident too in his returning to the office, partly for a cigarette, partly to say spontaneously that he will return.

In my judgment what we have here is a "moment of change" in therapy. Many events are necessary to lead up to such a moment. Many later events will flow from it. But in this moment something is experienced openly which has never been experienced before. Once it had been experienced openly, and the emotions surrounding it flow to their natural expression, the person can never be quite the same. He can never completely deny these feelings when they recur again. He can never quite maintain the concept of self which he had before that moment. Here is an instance of the heart and essence of therapeutic change.

An Objective Look at the Process

If we look at the few client expressions in these interviews in terms of the hypotheses of this research, we can see that being deeply in therapy does not necessarily involve a ready flow of words. Let us take some of the feeling themes Brown expresses and look at them in terms of the process continuum we have conceptualized.

My feelings are lousy.

I ain't no good to nobody.

I think I'm beyond help.

I don't want to go back to work.
I just want to run away and die.

I ain't no good, so what's the use of living?

I don't care what happens.

I wish I could die.

Compare these themes with brief descriptions of the process continuum at stages 3, 4, 5, and 6 of the seven stages of the original Process Scale.

Stage 3. "There is much description of feelings and personal meanings which are not now present." "The experiencing of situations is largely described in terms of the past." "Personal constructs are rigid but may at times be thought of as constructs."

Clearly Mr. Brown's manner of expression does not fit this stage in any respect except that his concept of himself as no good is held in rigid fashion.

Stage 4. "Feelings and personal meanings are freely described as present objects owned by the self. . . Occasionally feelings are expressed in the present but this occurs as if against the individual's wishes." "There is an unwilling fearful recognition that one is experiencing things - a vague realization that a disturbing type of inner referent does exist." "The individual is willing to risk relating himself occasionally to others on a feeling basis."

It is evident that this matches more closely Mr. Brown's experience in these hours.

Stage 5. "In this stage we find many feelings freely expressed in the moment of their occurrence and thus experienced in the immediate present." "This tends to be a frightening and disturbing thing because it involves being in process." "There is a desire to be these feelings, to be 'the real me.'"

This stage seems to catch even more of the quality of the experiencing in these interviews.

Stage 6. "Feelings which have previously been denied to awareness are now experienced with immediacy and acceptance . . . not something to be denied, feared, or struggled against." "In the moments of movement which occur at this stage there is a dissolving of significant personal constructs in a vivid experiencing of a feeling which runs counter to the constructs."

While some aspects of Jim's experiencing in these interviews come close to this description, it is clear that he is not acceptant of the feelings which well up in him. It appears that ratings of the stage he has reached in these interviews would probably cluster modally around stage 5, with some elements rated 4 or 6.

Perhaps this will give the reader some feeling for both the strengths and inadequacies of our conceptualizing of the process continuum and our attempts to capture it in an objective rating scale...

... It is relevant to what has occurred in these interviews, yet Brown's unique expression of his feelings is certainly not fully contained in the descriptions supplied by the original Process Scale, or the further separate scales developed from it.

This examination of the process aspect of these interviews may help to explain something which has mystified colleagues who have listened to the interviews. They often marvel at the patience I displayed in sitting through a silence of, say, seventeen minutes. The major reason I was able to do so was that when Jim said something it was usually worth listening to, showed real involvement in a therapeutic process. After all, most therapists can listen to talk, even when the talk is saying very little and indicates that very little that is therapeutic is going on. I can listen to silence, when I think that the silence is likely to end with significant feelings. I should add, however, that when I ceased to be patient, or ceased to be acceptant of the silence, I felt free to express my own feelings as they were occurring in me at the moment. There are various examples of this in these interviews. I do recognize, however, that it is easier for me to be patient than it is for a number of my colleagues. I have my style, and they have theirs.

Later Events

If one expects some quick and miraculous change from such a moment of change as we saw in the Friday interview, he will be disappointed. I was, myself, somewhat surprised that in the next interview it was as though these two had never happened - Jim was inarticulate, silent, uncommunicative, and made no reference to his sobbing or to any other portion of the interviews. But over the next months the change showed. Little by little he became willing to risk himself in a positive approach to life. Yet even in this respect he would often revert to self-defeating behaviors. Several times he managed to make all the necessary arrangements for leaving the hospital to attend school. Always at the last moment he would become involved in violent altercations (completely the fault of the other person, naturally!) which caused the hospital staff to confine him and which thus destroyed all the carefully laid arrangements. Finally, however, he was able to admit that he himself was terrified of going out - afraid he couldn't make good. When I told him that this was something to decide within himself - that I would see him if he chose to stay in the hospital, and that I would continue to see him if he chose to leave - he tentatively and fearfully moved out toward the world. First he attended school, living at the hospital. Then he worked through many realistic problems regarding a suitable room, finally found a place for himself in the community, and fully moved out.

As he could permit others to care for him, he was able to care for others. He accepted friendly gestures from members of the research staff, and it meant much to him to be treated as a person by them. He moved out to make friends of his own. He found a part-time job on his own. He began to live his own life, apart from any hospital or therapy influence.

The best evidence of the change is in a letter to me, a little more than two years after these interviews. At the time I was away for an academic year. I was seeing him very infrequently at the time I left, but I made arrangements for him to see another therapist (whom he knew slightly) if at any time he wished to do so. A few months after I left, I received the following letter from him:

Hi Doc,

I suppose you thought I had died, but I'm still here.

I've often thought of you and have been wanting to write but I'll use the old

excuse that I've been busy.

Things are moving along pretty fast. I'm back in school, but things have changed slightly there. Mr. B. decided to quit teaching, so everything I had planned with him fell through.

(There follow three paragraphs about the courses he is taking and his pleasure at having been given - through the rehabilitation officer - an expensive tool of his trade. He also speaks of his part-time job which is continuing. Unfortunately, this material is too identifying to quote. He continues on a more personal note):

... I had a wonderful summer. Probably the best in years. I sure hate to see it come to an end.

I've met lots of people and made lots of friends. I hardly saw any of the kids from school all summer, and I didn't go out to hospital all summer.

Now, when I look back, it was like going down a different road. A very enjoyable one at that.

Also I haven't seen G. S. [*substitute therapist in therapist's absence*] at all this summer so far. As far as I could see it was good not seeing anybody, nor having to think about hospitals, doctors, and being out there. It was more or less like being free as a bird.

In fact, Doc, I was suppose to have gone up to the university and write those tests again. Some Mrs. N. has been calling and it irritates me because I think I did good and all that going up there will do is spoil the effect more or less. I don't mind seeing you, Doc. That's not the point. I still want to see you when you get back, but it is a good feeling not having to have to see anybody.

I can't really explain it, so I won't try.

I sure wish I was out there at this time. It's been down in the low 40's every night here lately and it's starting to rain a lot.

By the way, I finally went home. That was last Wednesday. I got there at noon and I could hardly wait to get back. Back to Madison, back to my room, back to my friends and civilization.

Well, Doc, I guess I've talked enough about myself and I guess about half way back, I'd have let you do all of it. Right?

All in all things couldn't be too much better for me, compared to what they have been. It sure feels good to be able to say, "To hell with it," when things bother me. I'll write later when I have "time," Doc. Maybe I'll be mean and won't write until you do, because I did wonder how come I never heard from you before I did.

Bye for now, Doc.

Sincerely,

JIM.

It is amusing that in his new-found independence he is refusing to take the final tests for the research project - amusing, but thought-provoking too. Perhaps when people accept themselves as persons, they refuse to be the objects of an investigation such as this one. It is a challenging, and in some deep sense a positive, thought.¹⁰

Concluding Comment

In the case of Jim Brown, the progress he made appeared to grow primarily out of the

qualities of the relationship. It appeared to have very little to do with fresh insights, or new and conscious self-perceptions. He *became* a new person in many ways, but he talked about it very little. Perhaps it is more accurate to say that he lived himself, used himself, in many new ways. In some fundamental characteristics he is still very much the same person. As of this writing he is completely on his own, functioning well, with friends of both sexes, entirely out of touch with the personnel of the hospital or the research group.

1. I am very grateful to Mr. Brown for his permission to make professional use of this material. The current address of the Tape Library of the American Academy of Psychotherapists is 6420 City Line Avenue, Philadelphia, Pennsylvania. In their listing this is "The Case of Mr. VAC."

2. Long experience had shown me that it was very difficult for Jim to leave. Hence I had gradually adopted the practice of letting him know, ten or twelve minutes before the conclusion of the hour, that "our time is nearly up." This enabled us to work through the leaving process without my feeling hurried.

3. Two words of explanation are needed here. He seemed so depressed that I was concerned that he might be feeling suicidal. I wanted to be available to him if he felt desperate. Since no patient was allowed to phone without permission, I had given him a note which would permit a staff member or Jim himself to phone me at any time he wished to contact me, and with both my office and home phone numbers.

4. This is an example of the greater willingness I have developed to express my own feelings of the moment, at the same time accepting the client's right to possess *his* feelings, no matter how different from mine.

5. I had, on several occasions, given magazines and small amounts of money to Mr. Brown and loaned him books. There was no special rationale behind this. The hospital environment was impoverished for a man of Brown's sort, and I felt like giving him things which would relieve the monotony.

6. Clearly my empathic guessing in the two previous responses was completely erroneous. This was not troublesome to me, nor, I believe, to him. There is no doubt, however, that my surprise shows.

7. This is a most unusual kind of response for me to make. I simply felt that I wanted to share my experience with him - to let him know he was not alone.

8. This was the spontaneous feeling which welled up in me, and which I expressed. It was certainly not planned, and I had no idea it would bring such an explosive response.

9. As I have listened to the recording of this interview, I wish I had responded to the relief he must have been experiencing in letting his despair pour out, as well as to the despair itself.

10. Perhaps this will cast a revealing light on one bit of dry statistics. If one looks at Table 11.1 one finds that the last battery of tests for this client (listed as VAC) was given more than 300 days before actual termination of therapy. This would appear to be an unforgivable lapse and discrepancy. It means that VAC was ruled out of the statistical consideration of outcomes, measured from pre- to post-therapy. This is unfortunate from the point of view of the findings, since the changes in him were unquestionably positive. But from a human point of view, his refusal to take the final test battery may well point to one of the best measures of his growth as a separate and self-directed person. In any event, many of the numbers in many of the tables have behind them stories as unique as this one.