

My Own "Case of the Silent Young Man"

I almost did not become a psychotherapist. My graduate school experience was quite tumultuous. Just imagine Harvard in 1961. Timothy Leary and Dick Alpert (a.k.a. Ram Dass) taught the required fieldwork course. They put down clinical work and served up psilocybin.

Yet, Leary and Alpert only provide the backdrop. The real villain from my grad school days was . . . Carl Rogers. Or, more precisely, the experience of his silences in his "A Silent Young Man: The Case of Jim Brown" (reprinted in Farber, Raskin, & Brink, 1996). A recent book reprints the transcript and says that "during a single-hour session Rogers shared 25 silences ranging in duration from 18 seconds to 17 minutes, 41 seconds, totaling nearly 46 minutes of silence" (Farber et al.).

The transcript of the session was truly excruciating for me to read. The first five exchanges included silences of 12 minutes and 17 minutes, 41 seconds.

I freaked out. What would I do if a client sat without speaking for that length of time? Should Rogers have broken the silences? What was he doing while the silences went on? Did he fall asleep? What does the therapist do during those long silences?

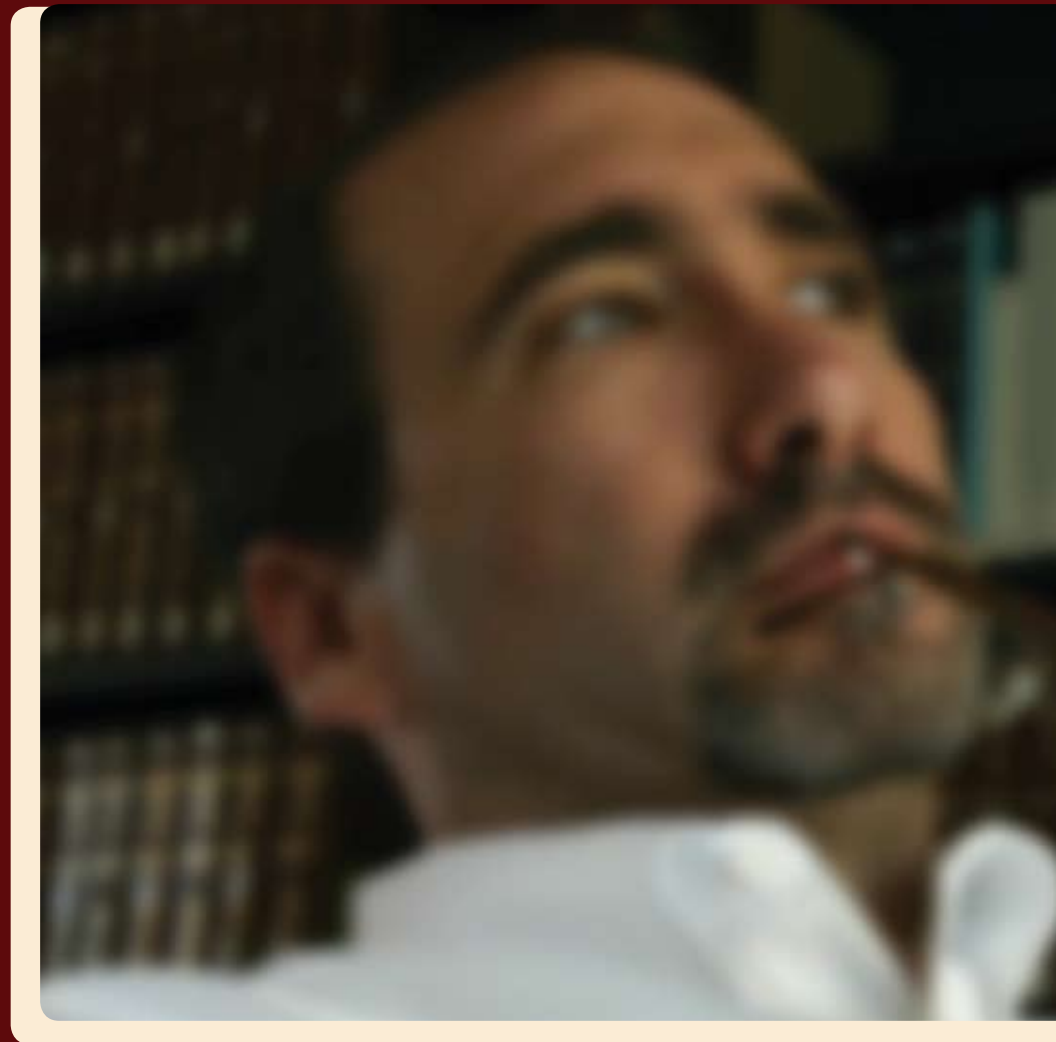
What would I be doing during such silences? I could not conceive of an answer. I began to sweat.

In retrospect, I think that the whole disorientation of my graduate school experience somehow got transferred onto this one transcript. I had a panic attack. I never even noticed that Rogers' silent young man was a psychiatric inpatient.

All that I could think about was how I would survive such a trauma. And if that was what the private practice of psychotherapy was like, was I really cut out for it?

I was only marginally connected to the clinical program. Should I switch to sociology? It was a real possibility. Fast-forward 20 years. I ended up becoming a therapist in private practice who sees patients on a regular basis. Then—surprise!

He was dragged into couples' therapy by a manic-depressive girlfriend who could



not get a feeling out of him. He was just too logical for her. They were a very bad match. I helped them separate. Something I had not expected happened, though—he wanted to keep seeing me himself.

We have worked together now for 12 years. By any measure, the therapy has been splendidly successful. When he came to me, he was living alone in the same apartment he had been in for 10 years and had declared dating "off-limits." He worked in a low-status position for a high-tech business and felt bad about himself.

Our work together went well from the get-go. First, he moved to a new apartment. Then, he met a woman and soon they moved in together. This was the first time he had ever lived with a woman. When he

was 48, they bought a house together and married soon afterwards.

Meanwhile he was working his way up the corporate ladder. Whereas before he had been just a techie, after a while he was in a position just below vice-president and was managing people.

I did a little bit of everything with him in therapy. I did a lot of Rogersian listening. I tried to get him into focusing (Gendlin, 1981), but he was never interested. Our alliance was quite strong. I never tried to interpret him to himself in any way that suggested I knew more about him than he did.

About 2 years ago, "it" started to happen. *He stopped talking in therapy.* This did not happen all at once but over a relatively brief period of time, maybe a month.



He would come in with his diet soda. We would banter a little about any changes he saw in my office. Then, he would cross his legs and look at the floor and out the window for the rest of the session.

As soon as I saw what was happening, Rogers' transcript flashed through my mind; I was now having my own version of "A Silent Young Man."

I fretted. The old questions came back: Could I endure such silence? What should I do during it? Would I fall asleep? (I saw him first thing Monday morning, which did not help.)

Something in me decided not to ask him right away about the silences. I had a hunch about them. He never had felt that anything was actually his alone. He had a need for autonomy that was not being lived out in other places in his life. So, he lived it out with me. It was his therapy, not our therapy.

And, ironically, I began to enjoy the sessions. I did different things during them. I meditated. I kept my attention on my client. I planned out the day. I let my mind wander over whatever it felt like wandering. I sipped my cup of water.

I checked in with him after about a month as to whether the sessions were being helpful to him. He assured me that they were. My intuition was right. He wanted the therapy to be his, not mine and his. He did not want me to "therapize" him. He wanted to sit in quiet and think.

He has been doing that now for about 2 years. Every 2 months I check in with him: Is this still being helpful? Yes. Does he want intervention from me? No.

During a moment when he was feeling talkative, he told me that just the vibes of my office, which had carried such healing

for him, still felt healing. My job was to sit and be a person in his company.

The thing about the office interested me because I had seen it in myself before. Places have expressive energies. Some of these energies are very life-positive, especially if you have spent a lot of time in them while your life is moving forward.

It was not Rogers’ therapy with Jim Brown, the original silent young man, that explained why my patient was feeling better. It was not my graduate education therapy. It was not like any therapy description I had ever encountered in my wanderings through the therapy literature.

He was continuing to get better, and I was coming to enjoy the silence.

After showing him the above article and in response to my request, my patient wrote the following to me:

I’ve sometimes wondered why I choose to be silent (paying someone to sit quietly with me, in effect). Perhaps it’s because my father was a stern figure who worked hard to suppress my own views on the world. He was more interested in making sure I adopted the “correct” views and criticized me if I showed evidence of failing to do this.

Neil doesn’t resemble my father physically or personally, but there’s always that of transference. Or, perhaps it’s because of my first experience with a mental health professional (not Neil), who was a male psychiatrist leading a group I was in, who—I am convinced—wasn’t happy about what he was doing and said very little, until the last session when he threw out indelicate assessments of everyone. He reinforced the stern, Freudian view that psychiatrists were in possession of special knowledge and that patients didn’t know what was going on in

their own heads (and were wrong about it if they thought they did).

Again, this particular man was not at all like Neil, but perhaps he set a tone for my relationship to mental health practitioners and the wisdom they claim to possess. Or, perhaps I fell silent because my whole life I have tried to figure out what other people wanted me to be and then tried

“ It was not Rogers’ therapy with . . . the original silent young man, that explained why my patient was feeling better. It was not my graduate education therapy. It was not like any therapy description I had ever encountered in my wanderings through the therapy literature. ”

to be it, and I was applying this model to therapy. So, I was trying to figure out what the mentally healthy person would do so I could do it. In this model, the therapist sitting there across from me was a source of information about how I should be. This would lead me away from listening to my own voice, feeling my own feelings, and making my own decisions.

My best answer so far is this: I retreated into silence so that I would be able to (eventually) hear my own voice because my whole pattern of living up until then

made it very difficult to find my own voice during a conversation with an expert. If I spoke, I expected (at some nearly subconscious level) to feel disapproval for showing evidence of being not mentally healthy (I would hear it internally whether Neil expressed it or not). If I listened, I would concentrate too hard on doing the right thing. After almost 50 years of living, I needed to hear myself.

I’ve found it helpful and effective, paying Neil to sit quietly with me. I spend other time reflecting also, but having an hour a week in a special setting (Neil’s office) helps me focus. There’s something peaceful about the office, something familiar through changes in other parts of my life, and it’s on a fairly quiet side street, so it feels to me like an oasis from my job, relationships, and life issues. Although I rarely avail myself of Neil’s help, I know it’s available (and he does check in periodically to make sure this silent approach is helpful). Looking back, I have grown considerably since I became quiet and am happy with the changes I have made. I have also gotten a lot better at hearing myself.

I sometimes wonder whether this was an efficient approach. Would I have learned and grown as much in less time if I had talked more to Neil or switched to another therapist (perhaps a woman) who might not raise the same issues? I have no way of knowing the answer, but in the end, I have gotten a lot of value from being silent, and I don’t regret my decision.

References

Farber, B. A., Raskin, P. M., & Bink, D. C. (Eds.). (1996). *The psychotherapy of Carl Rogers: Cases and commentary*. (p. 23). New York: Guilford Press.

Gendlin, E. (1981). *Focusing*. New York: Bantam.



Neil Friedman has a PhD in clinical psychology from Harvard University. He has taught at several colleges and universities including SUNY Stony Brook and Brandeis University. For the past 25 years he has had a private practice seeing individuals and couples in his office in Arlington, Mass., for therapy and focusing. He is also a certifying coordinator for the focusing institute and has authored 10 books. He is a Diplomate of the American Psychotherapy Association and has been a member since 2001. You can see his work at www.neilheart.com.