Guest Editorial

Surprise! A New Look at the Treatment of Schizophrenia from a Gestalt Therapy Perspective

ELINOR GREENBERG, PHD, CGP

I title this editorial “Surprise!” in an attempt to convey some of the growing sense of wonder and happy discovery I felt as I read the five articles on schizophrenia appearing in this issue of Gestalt Review. They have been published by the research group at Loma Linda University (California) under the aegis of the late Todd Douglas Burley (1945–2014), to whose living memory they are dedicated. I started out a bit skeptical: “Why is a Gestalt therapy journal devoting an entire issue to schizophrenia?” As I continued to read, something shifted in my understanding, and I started to feel amazed and filled with hope. I like feeling amazed and filled with hope, so I continued reading. As the authors carefully and clearly described how to use basic...
Gestalt therapy theory to understand individuals with schizophrenia and gave detailed instructions about how and when to intervene, I began to see how conceptualizing the treatment of schizophrenia from a Gestalt therapy point of view could be extraordinarily helpful. Even I might be able to do it!

The first three articles give the reader what amounts to a crash course on the topic of modern research into schizophrenia. They do an excellent job of summarizing the “genetic research on the etiology of schizophrenia” (Article 1), the research on “neurodevelopmental variables in the development of schizophrenia” (Article 2), and the pertinent “cultural and familial variables” (Article 3). The material in the first two articles prepares the way for us to understand the limits of a purely genetic and neurobiological explanation for schizophrenia, and suggests why we need to look more closely at the schizophrenic individual’s organism/environment field for additional answers. Why, for example, do some people who appear to be genetically vulnerable to schizophrenia (their identical twin sibling or their mother has schizophrenia) never become schizophrenic, while other individuals with no apparent genetic or neurobiological risk factors do? What else is going on that determines whether an individual becomes schizophrenic, and how do these other factors affect the severity and the timing of the symptoms?

Article 3 in this cluster reviews the research on cultural and familial variables and shows how the expression of schizophrenia is intimately tied to the ways in which the cultural and familial field impact the individual who develops schizophrenia. In particular, it delineates how specific attitudes and behaviors by caregivers can either have a protective value (when caregivers are perceived as non-intrusively warm, caring, accepting, and uncritical), or trigger the first psychotic episode and affect subsequent relapses (when caregivers are perceived as critical, overintrusive, judgmental, and communicate that they believe the schizophrenic individual has control over the expression of symptoms). Basically, if one wants to drive a vulnerable person psychotic, here is the recipe: be intrusive, critical, judgmental, cold and controlling; and insist

Susan L. Fischer, PhD, is editor of Gestalt Review and professor emerita of Spanish and Comparative Literature at Bucknell University (Lewisburg, Pennsylvania). She graduated from the Gestalt Institute of Cleveland’s Intensive PostGraduate Program in Gestalt Methods in 1982; and in 2011, she completed the Cape Cod Training Program at the Gestalt International Study Center, where she is a Professional Associate. She offers writers’ workshops, coaches individuals in writing for publication, translates articles on Gestalt topics from Spanish to English, and works as a simultaneous interpreter with the Spanish language at Gestalt conferences (e.g., Association for the Advancement of Gestalt Therapy in Puebla, Mexico in 2012 and in Monterey, California in 2014). Fluent in French as well as Spanish, she divides her time between Brookline (Boston), Massachusetts and Tours, France.
that the person could control the schizophrenic symptoms if only he or she tried harder.

Article 4 in this series conceptualizes schizophrenia from a Gestalt therapy perspective and theorizes that the schizophrenic individual’s process of organismic self-regulation appears to break down during the early stages of “Figure Formation” and “Figure Sharpening.” As a result, the need being experienced is deeply buried within the chaos of a disorganized ground. As the client cannot express or even experience this need clearly, the clinician is thrust into the role of detective and must sensitively look for cues as to what it might be. Some of these clues are present in disguised forms in the symptoms: for instance, in the case example the authors give of a schizophrenic client who believed he was Jesus. Being Jesus turned out to be an unawares solution to his unmet, and initially unexpressed, need of how to get his highly religious mother’s love and attention. When he was more lucid, he was able to explain, “My mother loved Jesus so much I thought that if I was Jesus, she would love me.”

All of this hard work occurs, of course, in the context of a therapeutic relationship in which one person (the client) is trying to cope with sometimes terrifying delusions and hallucinations, and is also projecting fragments of his or her primitive, fragmented, and attacking internal world onto the therapist; while the other person (the therapist) is trying to remain calm, patient, emotionally present, in contact, and available for dialogue. Although the authors are careful to give clear instructions about what they have found to be therapeutically useful—for example, as early as possible in the therapy, the therapist needs to formulate an internal map charting the unique developmental path that led this particular individual to become psychotic, which includes the nature and quality of the relationships in the client’s interpersonal field—this is no easy job. Not every Gestalt therapist will be drawn to this kind of work, but I think that those who are will find it uniquely rewarding, personally challenging, and powerfully exciting—like an “extreme sport” for psychotherapists.

This fourth article in the group has the potential to revolutionize the thinking about schizophrenia among Gestalt therapists. At the very least, it revolutionized mine. I found myself eagerly making notes in the margins about the basic principles underlying successful interventions. Finally, I experienced that “Aha!” moment when the old Gestalt dissolves and a new organization of the field occurs. From this new perspective, the treatment suggestions seemed obvious and natural. In fact, I felt a bit foolish for not seeing all of this before, and for so fully accepting the view of schizophrenia I had learned in graduate school. The “other” became “another.”

This leads me to the fifth and last article in the series, which movingly
ELINOR GREENBERG

describes the group therapy treatment of a group of incarcerated schizophrenics. One thing stayed with me long after reading it: the group leader’s contact with the group members, while useful, quickly proved to be less important and stabilizing than the inmates’ contact with each other. In particular, more experienced—“seasoned”—inmates with schizophrenia, who stayed in the group for the longest time because their crimes were the most serious, kept the therapeutic ball rolling after the leader had started the process. These “seasoned” inmates who were also suffering from their own schizophrenic symptoms managed to reassure the newer inmates, listen to them nonjudgmentally, show consistent support and understanding, and somehow remain psychologically present and available to the group. They were effective precisely because they knew what it was like to be schizophrenic and could talk from that place to the other as an equal and fellow sufferer. In this way, to my mind, they truly embodied Martin Buber’s (1937) “I-Thou” perspective.

As I read these five articles, I was reminded of a story that the famed Hasidic Rabbi, the Rebbe Nachman of Breslov (1772-1810), used to tell about how an old Jewish sage cured a “prince who thought that he was a rooster.”2 There are many versions of this story (in some, the Prince believes he is a turkey), but they all agree about the basic way in which the sage intervened. As our readers will likely see in the version of the story reproduced below, the sage’s interventions have a great deal in common with what was found to be successful with the schizophrenic individuals described in the articles here:

There was once a king and queen who had a son who was the apple of their eye. Nothing was spared this boy, the greatest shirts and tailors and teachers, so that one day he would be a fine king.

But one day something happened to that boy just as he was becoming a man. He woke up one morning, and he thought he was a rooster.

He took off all his clothes; he got under the table, ate crumbs off the floor, flapped his arms like wings, and crowed. It was a disaster.

The King tried everything: healers, doctors, wise men, and advisers. No one could help until one day, an old man with a long beard came to see the King and he said, “Let me have a week with your son; I think I can help.”

The King was grateful for any advice, so the old man was brought

2The story was used, for example, by Rabbi Leonard Rosenthal in 5774/2013 as part of his sermon for Kol Nidrei (an Aramaic declaration recited before the beginning of the evening service on every Yom Kippur, the Day of Attonement) in the Tifereth Israel Synagogue of San Diego. See http://www.tiferethisrael.com
into the banquet hall where the Prince was under the table, and the door was closed behind him.

The first thing the old man did was take off all his clothes and get under the table with the Prince. He put his arms out like wings, and he went around crowing and eating food off the floor. The Prince looked up and said, “Who are you?” The old man answered, “I’m a rooster, who are you?” And the Prince said, “I’m a rooster too.”

He was so thrilled to have a bit of company, and they just pecked at crumbs, flapped, and crowed.

The next day the old man got up, put some clothes on, and went back under the table. The Prince looked and asked, “What are you doing? Roosters don’t wear clothes.”

The old man said, “That’s true, but I was cold, and just because I’m wearing clothes doesn’t mean I’m not a rooster.” The Prince was a little cold too, so he put on his clothes.

The next day the old man was walking around the room. “What are you doing?” asked the Prince. “Roosters don’t walk like that.”

“That’s true,” said the old man, “but my back was sore, and just because I’m walking like this doesn’t mean I’m not a rooster.”

The next day they ate fine food at the table with a knife and fork, and by the end of the week they were dressed in fine noblemen’s clothes, sitting at the table, eating beautiful food, and discussing ways of running a kingdom, justice, ethics, and philosophy.

Halfway through the conversation the young boy asked, “But what are we doing? Roosters don’t talk like this.” The old man said, “It’s true, but I’m enjoying the conversation, and just because we talk like this doesn’t mean we’re not roosters.”

And so, at the end of that day, the old man stood up and he said to the Prince, “I’m going to leave you now. But let me leave you with a little advice. Out there in the world there are a lot of enemies of roosters. Take my advice, don’t tell anyone that you’re a rooster.”

The Prince became a wonderful King, and no one ever knew that he was really a rooster.

To my knowledge, this story describes the first successful treatment of a schizophrenia-like psychosis that predates the modern era. Did it really happen? No one can say for sure. Nevertheless, the old sage’s interventions are strikingly modern and contain many of the elements that the articles in this issue recommend: a nonjudgmental stance, meeting the client where she is, understanding the client’s view of his situation, developing a sense of mutual trust, and gradually leading the client towards more nuanced and
constructive ways of understanding and expressing herself.

_Elinor Greenberg, PhD, CPG_
eлинorg@me.com

**REFERENCES**

The prince who thought he was a rooster. Retrieved 1 December 2014 from http://www.castlemaineindependent.org/2012/10/fiction-month-prince-thought-rooster/