

**IN MEMORIAM: GARRY PROUTY**

Ten years ago, my mentor handed me an article about a lecture he had recently attended. The lecture was by Doctor Garry Prouty on the subject of “Pre-Therapy,” and my mentor felt that Doctor Prouty’s work would interest me, given my lifelong passion for the psychotherapy of schizophrenia and related psychotic experiences. To say that I was interested in Doctor Prouty’s work would have been – and remains – something of a colossal understatement. Pre-Therapy changed my life, and my work, from the moment my mentor placed the article in my hands.

I read about how Doctor Prouty had worked for decades in a non-directive tradition with psychotic experience. I read that Doctor Prouty valued so-called hallucinatory and delusional experiences and validated the expression of such experiences equivocally with other, more pedestrian, types of human expression. I read that Doctor Prouty could work therapeutically with individuals who did not express themselves verbally, or in common colloquial ways. I determined at that moment to meet Doctor Prouty in person.

I should say something about the way in which reading about Pre-Therapy felt like something of a homecoming for me. There was nothing in the description of Doctor Prouty’s work which felt unfamiliar or revolutionary in any theoretical sense. Rather, the approach of suspending judgment, interpretation, and differential valuing underlying Pre-Therapy made immediate, intuitive, and pragmatic sense to me from my first acquaintance.

My mentor was kind enough to telephone Doctor Prouty and make a recommendation on my behalf, and I attended in person his next scheduled lecture in Chicago. I was a nervous wreck before meeting Doctor Prouty in person – I can only liken it to the feeling of meeting a rock star or a favorite celebrity: I did get his autograph, along with an agreement that Doctor Prouty would supervise my clinical work in exchange for my assistance in translating his English-language work into German. In my shiny new copy of *Theoretical Evolutions* he wrote: “Your intelligence and compassion make us colleagues,” which was the highest compliment he could give me at the time.

I began a clinical placement at a local state-operated mental health care facility. Twice a week I made the hundred-mile round trip to the state hospital, meeting with five individuals with schizophrenia on a long-term residential unit. Once a week I made another hundred-mile round trip in the opposite direction to sit – literally – at Doctor Prouty’s feet, and process my experiences in Pre-Therapy. The technical training itself was entirely my own – I memorized the nuts and bolts of all the ways in which one might typically respond in Pre-Therapy, and practiced by myself. Many times Doctor Prouty would comment that I “knew” the approach better than he himself, and this was likely true from a technical perspective – Doctor Prouty was a thinker, not a do-er. At some point during my clinical tenure, Doctor Prouty and his wife gifted me with the first-ever certification of an American as a Pre-Therapy trainer.

Thanks to Doctor Prouty, several novice American practitioners were able to attend the International Pre-Therapy Symposium in Belgium in 2001. We were invited to present our work, some of which was published in the *International Pre-Therapy Review*, and were generally warmly received. Following my tenure at Chicago-Read, I was able to continue to practice Pre-Therapy within the person-centered approach at the Chicago-Counseling and Psychotherapy Center while accruing hours toward my LCPC licensure. The Pre-Therapy Institute was even generous enough to sponsor my licensure cost, and I continue to promote Pre-Therapy today through academic workshops at Benedictine University, The Chicago School of Professional Psychology, and Argosy University. In the Summer of 2009, Argosy offered its first-ever credit-course in Pre-Therapy at the graduate level, which many students cited as the “best course” they had ever taken. Pre-Therapy continues to be taught at The New Center and The Carl Rogers Institute as part of their didactic group supervision rotation.

In 2008 it was suggested that I assume leadership of the Pre-Therapy Institute itself. Despite a landfall of international interest in membership, the transition did not go well, and caused many personal and professional misunderstandings between the Proutys and myself, which spread wider ripples of dissent within the American Pre-Therapy community. The Institute was ultimately returned to the

control of Doctor Prouty's estate, and remains professionally dormant. However, Pre-Therapy continues to flourish in Western Europe, and we American practitioners continue to believe in, and promote, the approach as an ethical approach to the problem of providing non-directive understanding to under-resourced clinical populations.

I feel grateful to have had the opportunity to work under Doctor Prouty's tutelage, and to be encouraged in my own intuitive work by someone who could truly appreciate its value and my own motivations. Many gifted Americans work with Pre-Therapy in the Mid-West today – Leslie Spencer, Heather Parris, Jim Doherty, Susan Pauna are only a few, and excellent work on Pre-Therapy by Korey McWilliams and Margaret Warner can be accessed by students who are eager to expand their understanding of the approach.

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I was formally introduced to the theory and practice of Pre-Therapy while attending Benedictine University's Master's in Counseling Psychology with Amanda Lowe. I was working full-time as a group home manager and was overseeing a varied group of clients in this transitional living situation. I felt drawn to understanding and being able to communicate with my clients in their most "symptomatic" states, and felt that this was a very misunderstood and often underserved population. Dr. Prouty's work was inspiring and gave me hope that through the use of empathic reflections, I could connect with my clients no matter what they were experiencing. Although the agency I worked for had very compassionate staff and the clients were well cared for, they operated under a medical model of treatment. If some of the more chronic clients would have a relapse of psychotic symptoms, they would immediately be hospitalized and/or have their medications adjusted as this was seen as the only option. Pre-Therapy offered another, more humane (in my opinion) solution to this situation. For my internship I worked at another of the agency's group homes, offering therapy to the clients for whom this normally would not have been an option, in Carl Rogers' definition of