

Theoretical Evolutions in Person-Centered/Experiential Therapy: Applications to Schizophrenic and Retarded Psychoses
Garry Prouty. (1994).
Westport, CT: Praeger.

In the course of my clinical training, a young client experiencing family problems expressed to me her concern that therapy was "only for crazy people." When I mentioned this to my supervisor, he suggested I tell her that psychotherapy is for people who are *not* crazy. Of course he meant that, in his opinion, psychotherapy is not helpful for those who suffer from the delusions, hallucinations, and disorganized thinking that are the hallmarks of psychosis. Garry Prouty's recent book, *Theoretical Evolutions in Person-Centered/Experiential Therapy* provides a welcome dissent from this widespread view. His contribution is especially valuable in that he works with the most disabled of this hard to reach group.

Prouty, who studied with Eugene Gendlin at the University of Chicago, begins by reviewing Carl Rogers's person-centered approach, particularly the therapist's "core attitudes," and Eugene Gendlin's early work (late 1950s to early 1970s) on experiential theory. The theoretical contributions of Rogers and Gendlin provide the springboard for Prouty's own work.

In Chapter 3, one of the clearest in the book (which is sometimes burdened by technical and "insider" language), Prouty contrasts the theoretical perspectives of Rogers and Gendlin and points out their limitations with regard to severely regressed clients. Most important is Rogers's failure to provide any theoretical definition of psychological contact. The reader will recall that the first of Rogers's necessary and sufficient conditions for change to occur is that two persons are in psychological contact (Rogers, 1957). Neither did Rogers suggest any means of restoring psychological contact if it is missing or impaired. The fact that psychological contact was often lacking between therapists and schizophrenic clients in the Wisconsin Project is suggested as a factor in the project's lack of success. Prouty's achievement is that he recognized this lack of psychological contact as a problem *that could be remedied* and then found the means with which to address it.

In Part II ("Evolutions in Person-Centered Theory"), Prouty presents his system of "Pre-Therapy," both as a theoretical system and as a clinical method. The purpose of Pre-Therapy is to develop or restore the functions necessary for psychological contact, in order to make psychotherapy possible. Prouty describes the concrete attitude and existential autism of regressed mentally retarded and schizophrenic clients. In existential-phenomenological terms, Pre-Therapy enables the client to move from existential autism (existence is incoherent, empty, meaningless) to existential contact (the basis of meaningful existence).

Prouty describes the very concrete contact reflections that he uses to reach schizophrenic and retarded clients. The first of these, situational reflections ("You are holding the chair"), facilitate the client's contact with reality (or contact with the world). The second, facial reflections ("You look sad"), help clients to develop affective contact (or contact with self). The third, word-for-word reflections, help clients to develop communicative contact (or contact with the other). In addition, body reflections, via empathic body duplication by the therapist or verbal description of the client's body ("Your arm is in the air") help the client to experience his body as part of himself. Finally, reiterative reflections, that is, a repetition of reflections that have been successful in making psychological contact, are used to further develop contact between therapist and client.

For the person-centered therapist, it is important to realize that with regressed, "out of contact" retarded and schizophrenic clients, *"the therapist does not know the client's frame of reference"* (p. 49). Thus empathic contact has a different focus, which includes the client's concrete

"pre-expressive" behavior, the client's struggle to develop coherent experience and expression, the lived experience of the psychosis, and the unique temporal and spatial experience of the client.

In Chapter 6 Prouty demonstrates Pre-Therapy by providing transcripts of sessions with three clients. In the first example, psychological contact was restored with a severely regressed catatonic schizophrenic client after twelve consecutive hours of Pre-Therapy. In the second case, Pre-Therapy was employed as successful crisis intervention with a mentally retarded woman, diagnosed as hebephrenic schizophrenic, who experienced an acute psychotic episode. In the third example, Pre-Therapy enabled a profoundly retarded young man to eliminate symptoms of crying, psychomotor retardation, mood swings, and obsessive stereotypic behaviors, and to improve reality contact and social communication. Any quibbles with the somewhat inconsistent coding of contact reflections by the therapist in the transcripts evaporate in the face of these moving case vignettes.

In Part III ("Evolutions in Experiential Theory"), Prouty notes that Gendlin regarded hallucinations as "structure-bound" (static, repetitious and unmodifiable) experiencing. Prouty suggests that to shift from a non-process to a process structure, it is necessary to shift from bodily phenomenology to the primacy of the symbol. The hallucination is an example of the most concrete type of symbol, what Prouty calls a "pre-symbol." The hallucination is experienced as real, but it also has a volitional quality (e.g., "These images are my unconscious trying to express itself"). The hallucination refers to reality-based experiences that can be integrated by means of Prouty's Pre-Symbolic Experiencing. Psychotherapy that utilizes Pre-Symbolic Experiencing can take several forms, all of which process and integrate the hallucinatory experience. These include person-centered therapy, a process conception of psychotherapy, the Pre-Therapy technique, and a Gestalt approach. In the latter, the hallucination, like the dream, is regarded as a self-fragment to be integrated. Thus in Prouty's extension of Gendlin's experiencing, the hallucination represents not an obstacle but a valuable means of integrating unconscious experience.

It is unclear to me whether Prouty thinks his methods are effective with people who are severely or profoundly mentally retarded but not psychotic. He seems to suggest that Pre-Therapy is useful with people who are *both* retarded and psychotic, but a case vignette describes Pre-Therapy with a profoundly retarded young man who is not psychotic. It might be noted that Pre-Therapy for the profoundly retarded is mentioned at the end of the book under "future possibilities."

For those mainly interested in clinical practice, Chapters 5 and 6 provide the theoretical rationale and examples of practice for Pre-Therapy. Therapists who already favor the person-centered, experiential, or Gestalt approach will also be interested in Chapter 7, which demonstrates the incorporation of Pre-Symbolic Experiencing into these approaches.

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REFERENCE

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.

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