28

PRE-THERAPY: IS IT PERSON-CENTERED?: A REPLY TO JEROLD BOZARTH

Garry Prouty
Chicago Counseling and Psychotherapy Center

ABSTRACT. *This paper presents Pre-Therapy as an evolution of Client-Centered therapy, while Pre-Symbolic Experiencing is seen as an evolution of Experiential therapy. Rogers considered Pre-Therapy to be of significance for the Client-Centered approach. Pre-Therapy emphasizes empathic contact, and is a theory of psychological contact. Pre-Therapy is not process-directive as is the case with Process-Experiential therapy, but surrenders to and follows the pre-expressive attempts of the client.*

INTRODUCTION

This paper replies to a critique of Pre-Therapy provided by Bozarth (1998). The method of presentation used is direct quotations combined with replies to each criticism. Additional commentary is also included.

THE BOZARTH CRITIQUE

Bozarth states: "They (McWilliams & Prouty, 1998) reiterate Prouty's 1994 contention that Pre-Therapy is an evolution of Client-Centered therapy (and in Prouty's 1994 contention, also of Experiential therapy)."

I would like to correct the *accuracy* of this statement. Pre-Therapy *is not* an evolution of Experiential therapy. Pre-Symbolic Experiencing *is* an evolution of Experiential therapy (Prouty, 1998). It deals exclusively with the psychotherapy of schizophrenic hallucinations. Gendlin describes these hallucinations as "Structure Bound." This means the hallucination is an experiential structure *not* in process. Gendlin (1964) describes this as "isolated," meaning not included in the felt functioning of the organism. He also describes it as "rigid," meaning not in experiential process. The problem is how to theoretically and practically turn structure-bound hallucinations into process. This is the purpose of Pre-Symbolic Experiencing.

Bozarth goes on to say: "I personally consider this assertion (evolution) to be a serious non-sequitur of Rogers' theory."

First, I should like to establish that Rogers considered Pre-Therapy to be of significance for the Client-Centered approach. He expressed this at a Chicago symposium (1986). Second, Pre-Therapy draws considerably on Client-Centered thought. Pre-Therapy emphasizes *empathic* contact (Prouty, 1994). This means the therapist is sensitive to the pre-expressive efforts of the client- the client's effort to self form through the unification of experience and symbols to become an expressive being. Pre-Therapy is empathic also, because it presents the therapist as "reflecting" on the concrete level of the client.

Further, Rogers' (1957) theoretical suggestion of "Psychological Contact" deeply influenced the development of Pre-Therapy as a theory of psychological contact. Rogers defined contact as the *first* condition of a therapeutic relationship, but *did not* develop the logical theoretical or practice consequences of this contact. Given the above emphasis on empathy and contact, Pre-Therapy could hardly be described as a logical non-sequitur.

Bozarth speculates that: "Rogers did not make much ado about contact since he did take it as a given."

In privately discussing Pre-Therapy with Rogers (Personal Communication, 1986), I asked why he did not fully flesh out the first condition (Psychological Contact). He replied that he did not have sufficient experience with psychotic and retarded populations.

Bozarth further states: "The theory of Pre-Therapy could "easily become a resurgence of the therapist as an expert who determines contexts for the client."

My reply is that Client-Centered therapy provides an *empathic context* for the client. Why "accuse" Pre-Therapy of the same?

Bozarth goes on to describe Pre-Therapy as manifest "how to do it system."

Pre-Therapy *is not process-directive* as is the case with Process-Experiential therapy (Greenberg, Rice & Elliot, 1993). Pre-Therapy *surrenders* to and follows the pre-expressive attempts of the client. It should be noted that Pre-Therapy is based on philosophical and scientific concepts. "Philosophy and science are hardly "how to do it systems." Also, nowhere is it written that the specified techniques are the only way to develop contact. Contact is a *psychological principle.* A spontaneity of response is illustrated in a videotape (St. Amundus Hospital, Beernham, Belgium). The therapist succeeds in making contact by offering the client a cigar. A brilliant case from Germany (Kreitemeyer, 1998) describes the development of contact with a caged, violent, psychotic client. The therapist, by rolling a ball of thread near the client, repeatedly, for several months, developed the contact that led to a successful treatment. People who do not know the basis of Rogers' work view reflection as "parrot talk," a technique only. Every therapy has technique. It is HOW THEY ARE USED that is the issue.

Finally, Bozarth presents an excellent case of Client-Centered therapy with a schizophrenic client as an example of contact as part of the relationship. The implication is that relationship alone is necessary and sufficient for treatment and that Psychological Contact is irrelevant or only of use with a few clients.

If the client had not responded to Dr. Bozarth, what would he have done? The psychologically isolated client is the heartland of Pre-Therapy- for clients not able to form a relationship.

Dr. Bozarth states: "My view is that the value of the Pre-Therapy system is primarily that of giving the therapist the security of something to do in order to have something to do in the relationship."

In a sense, Dr. Bozarth is correct. Many therapists have said it does give them a way to communicate empathy when a client is isolated and not in relationship. This is the meaning of Pre-Therapy- "pre"-relationship. The Wisconsin project found clients could not perceive the core conditions, even if they were objectively present (Rogers, Gendlin, Kiesler, Truax, 1967). Pre-Therapy is for the clients who cannot experience the "core conditions" due to psychoses or brain-damage.

Bozarth also states that "the internal chaos of humans is not resolved by the security of therapeutic systems and therapeutic expertise."

The internal chaos of human beings can be helped, when the primitive integrative forces of the person are facilitated. The identification and facilitation of these forces is not a violation of selfhood. They are the roots of growth.

CONCLUSION

There is a body of case readings and empirical pilot studies that point toward the value and validity of Pre-Therapy. These works, combined with European programmatic developments (Prouty, Van Werde & Portner, 1998) provide a basis for a serious review of theory and practice.

REFERENCES

Bozarth, J. (1998). Remembering Eleanor: A different way of contact. *The Person Centered Journal, 5*(1), 36-38.

Gendlin, E. (1964). A theory of personality change. In Worchel & D. Byrne (Eds.), *Personality Change* (Pp. 102-148). New York: J. Wiley & Sons.

Greenberg, L., Rice, L. & Elliot, R. (1993). *Facilitating emotional change: The moment by moment process.* New York: Guilford Press.

Kreitemeyer, B. (1998). Pre-Therapy as a treatment for the psychotic/retarded. Paper presented at the Pre-Therapy Conference, Diakonie Stetten, Stuttgart, Germany.

McWilliams, K. & Prouty, G. (1998). Life enrichment of a profoundly retarded woman: An application of Pre-Therapy. *Person-Centered Journal, 5*(1), 29-35.

Prouty, G. (1998). Pre-Therapy and Pre-Symbolic experiencing: Evolutions in Person-Centered/Experiential approaches to psychotic experience. In L. Greenberg, J. Watson &

G. Lietaer (Eds.) *Handbook of Experiential psychotherapy*, (Pp. 388-406). New York: Guilford Press.

Prouty, G. (1994). *Theoretical evolutions in Person-Centered/Experiential psychotherapy: Applications to schizophrenic and retarded psychoses.* Westport, Conn.: Praeger (Greenwood) Publications.

Prouty, G., Van Werde, D. & Portner, M. (1998).

Pra-Therapie. Stuttgart, Germany: Klett-Cotta.

Rogers, C. (1986). Symposium, University of Chicago Law School Auditorium, Video available through Institute for the Study of the Person, La Jolla, CA.

Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95-103.

Rogers, C., Gendlin, E., Kiesler, D. & Truax, C. (1967). *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics.* Madison, Wisconsin: The University of Wisconsin Press.

Policy Statement

The Person-Centered Journal is sponsored by the Association for Development of the Person-Centered Approach (ADPCA). The publication is intended to promote and disseminate scholarly thinking about person-centered principles, practices, and philosophy.