

RELATING TO ROB A PERSONAL ACCOUNT OF CLIENT CENTERED WORK WITH A NON VERBAL CLIENT DIAGNOSED WITH SCHIZOPHRENIA, MENTAL RETARDATION AND BRAIN DAMAGE

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Background

I have been working with Rob (not his real name) since the Fall of 1997. I see him with a co-therapist about every other week for an hour. He is in his late twenties and has been diagnosed as brain damaged, mentally retarded, and schizophrenic. I was brought in to work with Rob and his family because he is essentially non-verbal and he and I both have had some previous American Sign Language training. His mother said that he had some sign language while in elementary school. When I first met Rob, he seemed to know the sign for "toilet" and would verbalize some words his parents asked him to say, usually "hello", "goodbye", and my name as well as my co-therapist's name. Rob would also occasionally repeat a word or two that someone said to him. Most of the time, however, Rob made indecipherable sounds and hand gestures to express himself.

Previous to my work with Rob, I had been trained in non directive client centered therapy and shown by my co-therapist the techniques utilized in Dr. Garry Prouty's pre-therapy approach to therapy with low functioning clients. These techniques consist of five "contact reflections": situational reflections, facial reflections, word-for-word reflections, body reflections, and reiterative reflections. Situational reflections are meant to facilitate contact with the world and refer to the client's situation, environment, or milieu such as "You are looking out the window." Facial reflections, according to Dr. Prouty, help connect the individual with the emotion showing on her/his face and may sound like, "You appear to be sad." Word-for-word reflections, Prouty suggests, develop communicative contact and consist of the therapist repeating sounds, words, or fragments of meaning the client expresses. Body reflections may be verbal expressions of what the client is doing with her/his body, or actual physical imitation of the client's actions and are thought to help the client experience the body as part of the self. Reiterative reflections refer to the principle that if a contact reflection successfully made psychological contact, repeat it. My intentions while working

with Rob were the same as when I work with any other client: to hold attitudes described by Carl Rogers as necessary and sufficient for therapeutic personality change of empathy and unconditional positive regard while being fully present and authentic. I utilize Dr. Prouty's techniques as tools to express these attitudes with Rob. I would like to express my sincere thanks to Dr. Prouty for all of his assistance and encouragement in my work and on this article.

The Session

This was the first session I had with Rob in almost two months. He and his mother arrived early and knocked on the office door while I was on the phone leaving a message with a colleague. Thinking it was my female co-therapist, I opened the door. To my surprise, Rob ran into the room followed by his mother. We did not have our usual greeting consisting of eye contact and a signed "hello" since I was on the phone and trying hard to remember what message I was attempting to leave. As I finished on the phone, Rob and his mother were removing their coats. Usually, I focus all of my attention on Rob while my co-therapist attends to his parents and whatever difficulties or events have occurred since their last meeting. Being the only therapist in the room, I responded to Rob's mother's conversation until it felt comfortable to fully attend to her son. After drinking water from the sink and being asked to stop by his mother, which often occurs during our sessions, Rob went to the waiting room and picked up a magazine with Princess Diana's picture on the cover. He brought it back into the office and began looking through it. I reflected, "You're looking at the pictures in the magazine," as he sat turning the pages with one hand pressed against his lap.

"I was afraid of this," his mother said, referring to Rob's hand in his lap. At home, she has reported, Rob frequently masturbates while looking at pictures of women in magazines. I have seen him press on his lap while looking at pictures of women with very short skirts in previous sessions. Before I began working with Rob, he worked with several female therapists and occasionally sessions had to be ended because he would attempt to masturbate and after being prevented from doing so in session, would leave to go to the washroom and continue masturbating.

Shortly after Rob began looking through the magazine, his mother excused herself to go to the drugstore to buy some necessity. While alone with Rob, I made the reflection, "You are looking at the pictures and touching yourself." I didn't make the same reflection earlier, I think, because of my embarrassment and the anticipation of disapproval from his mother. Rob didn't appear to find any pictures of interest as he spent no greater time with any one picture and turned the pages rather quickly. He went to the waiting room moving toward the stack of magazines. My co-therapist had arrived and she greeted Rob and escorted him back into our office. I told her I thought he wanted another magazine, but Rob stayed in the office and sat back down on the couch looking through the magazine and pressing his hand in his lap.

I had also noticed that ten minutes into the session, Rob had not been responding to my reflections in his usual manner. There wasn't the usual eye contact and personalized sign language that he and I had previously used to express contact with one another. His sign language included rubbing his fingers of each hand together and sometimes hitting or tapping

the top and back of his head with differently shaped hand positions. In this session, he was almost entirely non-responsive.

I continued to express my understanding of his behavior: "You are turning the pages and looking at the pictures in the magazine." "You are looking at each page, you went back to that page after you realized you skipped it." He finished looking at the magazine with his hand still in his lap, again, not appearing to find anything of interest.

Setting Boundaries

Then Rob stood up and stood directly in front of my female co-therapist with both hands pressed to his penis. She said "Hi Rob," and I said, "You are standing in front of Jenny (not her real name) and touching yourself with both hands." Rob is tall and very strong. He attempted to lift one of my co-therapist's crossed legs off of her other leg. "No," she said. I said "You are trying to pick up Jenny's leg and she doesn't want you to." He remained standing in front of her with his pelvis slightly forward pressing on his penis with both hands. I said again, "You are standing in front of Jenny touching yourself." She said, "Rob, please don't do that," and held her arms out in front of her. I said a little more firmly, "You are continuing to stand in front of Jenny and touching yourself with both hands and she does not want you to. Jenny is uncomfortable with you standing there and touching yourself." Rob sat down on the couch and looked at the magazine briefly and then stood back up in front of my co-therapist again, touching himself with both hands. I said, "You are standing in front of Jenny again touching yourself. She has said she doesn't want you to." She said, "Rob, please don't do that," and put her arms out in front of her again. Rob began reaching for her leg again and we both said, "No!" I stood up and touched Rob's shoulder. She said she was going to wait in the waiting room. At this point, Rob's mother returned and asked Rob what he had done. "You know you're not supposed to do that." She repeated this to him a few times before retiring with my co-therapist to the waiting room.

When they left, Rob was sitting back on the couch looking after where his mother had gone. "Your mom said to you that you know you are not supposed to do that to Jenny," I said. He went back to looking through the magazine and pressing one hand into his lap. I said, "You are looking at the pictures and touching yourself." "You are looking at the pictures and touching your penis." After a few seconds he looked up at me and made eye contact for the first time during this session. I said, "You're looking at me." He went back to the magazine. I said my understanding of his behavior, "You are looking at the pictures and rubbing your penis through your pants." I began to verbally reflect his actions explicitly. "You are pulling on your penis through your pants." "It seems you would very much like to masturbate." He eventually looked me in the eye and ran back to the door of the waiting room. I reflected his actions.

His mother heard him coming from the waiting room and told him to slow down, calm down. He went and stood directly in front of my co-therapist, looked at her lap, and pulled her arm to him. She said "Hi Rob." His mother said, "Gently Rob, be gentle with Jenny." He stopped pulling at her arm, but continued to stare at her lap. "Look up Rob," his mother said, "Look up at Jenny's head, her face." He continued to stare at her lap. His mother repeated her direction. He glanced up at my co-therapist and then moved to get another magazine. "No," his mother said, "I don't want you to have another book. Go back in with Charley." He and I moved back into the therapy room.

He took the magazine and sat on the floor and continued his masturbatory activity which I verbally reflected explicitly. He began making eye contact with me more frequently. He stood up and moved to the sink and turned on the water. I continued to make verbal responses following my understanding of his experience. He increased the vigor with which he was touching and rubbing himself and then went to unzip his pants. My spontaneous reaction was to stop him by putting my hand on his arm. I said, "No, Rob, you can't take your penis out here." I began using American Sign Language, which he has responded to in the past, as well as I could. "Not here," I signed and said. "Not here. There's nothing wrong with it, but you can't do that here. Not here."

Looking back after time and consultation, I wish I would have acknowledged the pleasurable feelings his actions may have been bringing him. I also wish that I would have stated that the reason he could not "do that" here was because I was uncomfortable with it, not because he was wrong to want to do it. He looked at me intensely while I was talking. He looked away, down at his pants, and back to me. I have no idea how much Rob understood of what I was saying if anything. He responds when his mother asks him to take off his coat, sit down, and many other things, but I didn't know if he knew the word "penis" or understood it was the time and place that made his masturbating less than ideal.

Rob zipped up his pants and went to the window. We have spent hours looking out the window and signing to the buildings, cars, or people. I've never known which or even if it mattered and Rob has never told me. I continued to state my understanding of his behavior. "You're looking out the window and making signs." He began to smile and eventually laughed. I laughed as well. I made the same noises he did out the window. We walked around the room. I duplicated his signs and sounds.

This was beginning to feel more typical of my time with Rob than in the past. We spent more time at the window making signs and sounds and I would occasionally state my understanding of him in words. Eventually, he stood back from the window and was holding his fingers in the palms of his hands. It was October in Chicago and the window was open a bit. I said, "It looks like you're warming your hands." I imitated his action. "Your hands are cold," I guessed.

He turned and looked directly into my eyes. He took my hands and placed them on his ears and put his hands on my ears. Then he pulled my forehead to his. We have stood in this position before. The first time occurred when I began to use his personal sign language to communicate with him. Immediately after I hit my own head for the first time with my hand in the position he used as hard as he hit his own head he "put our heads together" and laughed. It is my opinion that he is expressing his feelings of being understood or the feelings that arise when he is understood. Today he went further. He took my hands and put them behind his back. He hugged me hard and we held the hug. Then he took my hands in each of his. He continued to look into my eyes and smile and occasionally laugh. He squeezed my hands and I squeezed back for about a full minute. Then he went to the door of the waiting room. I was concerned he may want to show affection to my co-therapist that would turn sexual.

He walked into the waiting room and stood by my co-therapist. He put one hand on her shoulder and the other on her neck under her chin. He would frequently stand behind her and

go to hug her. She would ask him to put his hands on her shoulders to avoid him touching her breasts. The chair she was sitting on now had its back to the wall so he could not rest his hands on both shoulders. She and his mother asked him to take her hands instead. I stood close by in case he moved to grab one of her legs again. He walked around in front of her and took her hands in one of his and his mother's hands in the other. All three were smiling and Rob held eye contact with my co-therapist the whole time. He did begin to squeeze their hands tightly but stopped when his mother reminded him to be gentle. My co-therapist said, "You are being gentle with me." He came back into the therapy room and laughed and jumped in a circle. We continued the rest of the session in a very engaged and expressive manner.

Setting Limits

I felt that it was important to accept and not redirect Rob's masturbatory behaviors and even aggression toward my co-therapist, as long as she was not in danger, in order to express my unconditional positive regard for him. I did stop him from masturbating in front of me because I was not comfortable seeing his penis and I was concerned about legal ramifications of being witness to the sexual act of a client. This was a personal boundary choice that I made knowing there could be negative consequences. My concern for the therapeutic relationship was that the boundary would be set at the expense of the attitude of unconditional positive regard. I think the danger of damaging the relationship could have been lessened by a statement from me taking responsibility for my discomfort in the situation such as, "Rob, I don't want you to take out your penis here because I am not comfortable seeing you masturbate." Perhaps the empathic response regarding Rob's pleasurable feelings while touching himself would have made the boundary more palatable to him also, but the way he related to me afterward seems to support the idea that he still felt accepted by me. I know that my co-therapist and his mother could direct him to protect themselves or their levels of comfort, but as his primary therapist, I did not feel that it was my place or responsibility to do so. I have seen Rob withdraw as a result of redirection.

For example, in the session following this one, Rob was sitting in the corner of the therapy room and I was sitting about five feet away from him. My co-therapist and his mother were in the room talking with one another. Rob crawled over to me and put one hand behind my head and pushed my head down so I was looking at the floor. Then he started sniffing my hair which he has done numerous times before. His mother said, "No, Rob, no more sniffing. Use eye contact and signs to communicate to Charley. Stop smelling Charley's hair." Rob backed into the corner and sat with his head down for about five minutes after that. My co-therapist and his mother went into the waiting room shortly after that and Rob and I continued our session.

Although my understanding of Rob's experience is limited by the lack of verbal communication, there seems to be intrinsic therapeutic value in Rob's freedom to express himself and use his sessions in whatever way he feels.

Improvements

Rob's psychiatrist has noticed improvements in Rob's condition. He has told Dr. Prouty, who has consulted on Rob's treatment from the beginning, that he cannot attribute some of

these improvements to Rob's medication and believes the therapy we are engaging in is very helpful to Rob. He has certainly moved a great distance from his initial sessions in which he spent most of his time moving around the room touching objects. His parents have mentioned such changes as Rob being more calm and engaging more directly in relationships with them. He has shown more specific signs of affection and even participated in a family Thanksgiving for the first time when multiple family members were present. Dr. Prouty has relayed to me that in seeing Rob every six months, he has noticed changes in Rob as well. His impressions were that he was improved, made more direct eye contact, exhibited less wildness, and he makes more attempts to express himself verbally. Qualitatively, Dr. Prouty said he seemed more "relational." Personally, I have noticed that Rob seems to engage with me more freely and spontaneously than when we first started working together. He appears more readily to accept social contact with others and seems truly to enjoy engaging in relationships with many people in his life.

REFERENCES

- Prouty, G. (1994). *Theoretical evolutions in person-centered/experiential therapy: Applications to schizophrenic and retarded psychoses* (pp. 38-40). Westport, CT: Praeger.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.

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