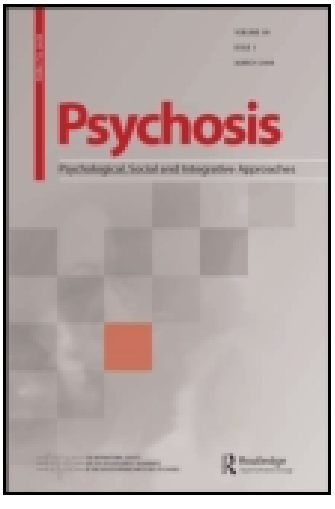

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An introduction to pre-therapy

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An introduction to pre-therapy

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This article briefly introduces Garry Prouty's pre-therapy with people diagnosed with psychoses. It includes a short discussion of the theory of pre-therapy and illustrates the practice of pre-therapy with examples of "contact reflections" and an excerpt of dialogue. It also points to the link between pre-therapy and psychoanalytic attachment theories. It is the author's hope that readers will find useful inspiration for their own practice.

Keywords: pre-therapy; contact reflections; empathy; tuning in; being with; attachment; mentalizing

Pre-therapy was developed by Garry Prouty during the last three decades of the last century and is most fully laid out in his 1994 book. It can be regarded as an extension of Carl Rogers' (1951) client-centered therapy, but as the name suggests, pre-therapy can be applied by therapists of all orientations. Pre-therapy is to be used when persons are "pre-expressive" as Prouty has it. In practice, this is experienced by the therapist as having no understanding or no sense of what goes on *in* the client. Their sense of empathic mutuality with the client fails. The empathy of the therapist applying pre-therapy is to the other person's immediately observable behavior and surroundings and it is communicated by way of several types of "contact reflections". The following section offers a short survey of the contact reflections of pre-therapy and their rationale. The author hopes this may stimulate readers to seek further acquaintance with pre-therapy, particularly in the works of Prouty (1994), van Werde (1994a, 1994b), Prouty, van Werde and Pörtner (1998, 2000) and Sanders (2007). It is this author's conviction that studying these works and gaining experience with the practice of pre-therapy is a must for any professional who considers working with the more withdrawn psychotic and near-psychotic clients in psychiatric hospitals and sheltered living facilities.

The clients for whom most therapies were originally developed have a rather solid sense of themselves from which they express themselves with the intention of being understood by the therapist. They are in contact with themselves, with others, and with the world around them. This is what allows the therapist to have an experience of their inner frame of reference or what goes on beneath their skin. However, it is exactly these "contact functions" that seem impaired with many psychiatric clients, either continuously or intermittently. In mainstream language, these patients are described with terms such as "dissociated", "behind a glass wall", "out of contact", "chronically

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withdrawn and incommunicative", "catatonic", "autistic", etc. Theoretically, the contact reflections attempt to restore and stabilize the contact functions mentioned above.

It is also the author's hope that the examples given below will convey an impression of the extraordinary concreteness of contact reflections. Therapists who work with clients whose contact functions are firmly established are often unaware of the relatively high level of abstraction of their responses to clients, because their clients are expressing themselves on the same high level of abstraction. However, such is not the case with some psychotic clients. If their level of experience is very concrete the therapist must respond on the same level for there to be any possibility of getting in touch with the client. Many attempts to contact these clients are way above their heads and therefore unsuccessful. Getting used to working at this very concrete level is not easy and takes time. When first applying contact reflections it often feels awkward, almost condescending to the client, as if merely parroting the client, because the contact reflections are so literal. However, it helps to think of the relationship one has with an infant. Grown-ups spontaneously and lovingly reflect babies and small children literally. They say: "My, aren't you crawling fast", or "Oh, what a big smile", or "You are painting it red all over", etc., and they look forward to the infant's "next move". As time goes by, and as therapists experience the positive effect of the pre-therapeutic contact reflections in establishing contact with the client, they'll come to experience the concreteness of these reflections as a gentle expression of their wish to get in contact with the client, of their acceptance of and compassion with the client, and of their wish to continue being with the client. A very important aspect of contact reflections is that they enable therapists to be with clients who are very scared and fearful of contact in a non-imposing, non-intruding and non-demanding way. They help therapists to just be with the client, which is a lot easier said than done, as anybody who has tried it can testify. In short, the contact reflections help therapists meet their clients where they are and on their own terms.

In this connection it is worth mentioning that pre-therapy is used with promising results as the core concept in the milieu therapy of wards for people with psychosis (Van Werde, 2002) as well as in sheltered living facilities for people with psychosis and other special needs (Pörtner, 2000).

In short, the goal of pre-therapy is to restore the client's contact functioning to a level where ordinary psychotherapy or other kinds of help become possible, i.e. to a level with the necessary minimum of mutuality of contact. When this level is reached, pre-therapy is contraindicated.

Thus, pre-therapy is meant to be exactly what its name suggests: a *pre*-therapy, i.e. a practice that is not carried beyond the point of the client functioning well enough to participate in any of the traditional psychotherapies. The case with "Svend", below, illustrates that clients can sometimes become better functioning within a single session, and it is therefore important that the therapist is sensitive to the momentary level of functioning of the client and practices pre-therapy or one of the traditional therapies accordingly.

The contact reflections

Five distinct kinds of contact reflections are specified in pre-therapy.

1. Situational reflections

The therapist reflects the surrounding reality or milieu of the client, i.e. "The sun is shining", "People are talking outside", "The crows are making a lot of noise", etc.

Situational reflections tend to restore and facilitate clients' reality contact.

2. Body reflections

The therapist reflects the body posture or body movement of the client, either by imitating it bodily, or by verbal reflection of it, or both. For example: "You are looking at the pictures on the wall-board", "You have your head in your hands", "We are looking at each other", or, shaking his head as the client does: "We are shaking our heads". Further, the therapist holds his hands to his ears as the client holds his hands to his ears, or the therapist paces the floor along with the client saying, "We are pacing the floor".

Body reflections tend to restore and facilitate clients' contact with their own body (realistic body image, reality contact).

3. Facial reflections

The therapist reflects the affective facial expression of the client, i.e. "There are tears in your eyes", "You are looking worried", "You are looking pleadingly at me", etc.

Facial reflections tend to restore and facilitate the client's contact with themselves and their feelings.

Often a facial reflection brings another emotional reaction to the face of the client and it is important to reflect this, too. If, for example, the therapist has reflected: "You are looking angrily at me", and the client then looks scared, the therapist reflects: "You are looking scared".

4. Word for word reflections

The therapist reflects, word for word, what the client has just said. With apparently incoherent clients, the therapist reflects the words and sentences or sentence-fragments he understands, or the words and sentences or sentence-fragments that seemed most meaningful to the client.

C: It's all – the sexual thing is all there is – common and general.
T: The sexual thing is all there is, common and general.
C: They took me out; they give it to me to ameliorate me for it.
T: They give it to you to ameliorate you for it.

Word-for-word reflections tend to restore and facilitate the client's communicative contact.

5. Reiterative reflections

The therapist repeats the reflections that have been most successful with respect to facilitating the contact functions and the experiencing process of the client. The excerpt above continues as follows.

C: To prepare me.
T: To prepare you.
(Pause)
T: You said: "They give it to me to ameliorate me for it". (Reiterative reflection)
C: They prepare me with the medicine, that's what it's for.

(Later in the session, C tells with indignation of her conviction that her psychiatrist wants a sexual relationship with her and is preparing her for it with the medication.)

An excerpt of a pre-therapeutic dialogue

"Svend" is diagnosed with paranoid schizophrenia. He rarely seeks contact with others, there seems to be nothing he wants others to understand about himself and he expresses no need for help, psychotherapy or otherwise. The wish to enter a psychotherapeutic relationship with this client is not the client's wish, it is the therapist's wish, so the therapist is the one who takes the initiative to talk with him in his room on the ward. This excerpt is from the sixth session.

T0:	I thought that maybe … if there was anything you might like to tell me today, about how you feel, and about your situation, how you look on it?
C1 (In a very matter of fact, "there's no discussing it", way):	I feel well.
T1:	You say you feel well, and you look very determinedly at me.
C2:	Yes, I feel well, and that's a fact. (Pause, C looks down on his lap)
T2:	You say it's a fact you feel well, and now you look down and are quiet.
C3:	Yes, I feel well when I drink coffee, juice, and things like that, but water is no good – and I've stopped eating.
T3:	As long as you can drink something that tastes good you feel well, but you've lost your appetite?
C4:	Yes, and I also feel well because I'm now totally out of the church.
T4:	It's a relief to be finally out of it.
C5:	Yes, well, I'm not totally out of it, I still receive their newsletter, and I can't read it, it was a mistake that I joined the church, I'm confused about it – I have to tell them to stop sending the newsletter.
T5:	The church was really too much, and now you need to get that newsletter off your back, that'll be a relief?
C6:	Yes, that's it, I need to stop the newsletter and to have my mail delivered here, then I can feel fine – but I do feel fine here.
T6:	You like to be here, and if you had these things settled you could enjoy it better, be more at ease?
C7:	Yes, precisely, that would be nice. (Pause, C moves his head around in abrupt jerks, staring at different spots)
T7:	You turn your head this way and that way and look around.
C8:	(grinding his teeth): My father is Satan.
T8:	You grind your teeth and say "My father is Satan".

C9:	He has slaughtered my mother, he is the real Satan, and the Danes are his devils and devils' brood.
T9:	He is the real Satan, because he has slaughtered your mother, and the Danes are his devils and devils' brood.
C10:	Not all Danes, people here are nice to me, but he has slaughtered my mother and if he does it again I'll slaughter him.
T10:	You feel you'll slaughter him if …
C11:	(interrupts eagerly): Yes, he has terrorized my mother all her life, psychological terror … her name is Maria, if Satan harmed Maria … Joseph would slaughter him, I'm Joseph.
T11:	You say "I'm Joseph" and you feel like you think Joseph would feel if Satan harmed Maria, is that it?
C12 (nodding his head and smiling):	Yes, and I'm not afraid of Satan, I'm not afraid of anything.
T12:	You smile at the thought that you are not afraid of Satan or …
C13 (interrupting):	Yes, I'm not afraid, I'm glad of that, but why does he always have to be so rotten, last time he visited he brought some fruit from his back garden; it smelled awful and then I took a bite and it tasted hellish … I threw it all away
T13:	You think that everything he brings …
C14 (interrupting):	Yes, why does he have to be so provocative?
T14:	Like "Why the hell can't you buy me some good fruit that I like, instead of bringing me the rotten leftovers from your back garden?"
C15:	Yes, I think he never spreads anything but shit around him – I can't bear being near him.

The client spends the rest of the session exploring his relationship with his father in a way that seems much more coherent and less infiltrated with psychotic ideation than in the first part of the session and in a way that would make it appropriate for the therapist to start applying their ordinary therapeutic practice. Also, a few times during this session, the therapist, who is a client-centered therapist, responds with the explicit empathy that is characteristic of this approach (T4, 5, 6, 14). Thus, the therapist must constantly be able to move fluently between their ordinary approach and pre-therapy.

When the client and therapist of this excerpt take their leave of each other, the client heads towards the nurses' office to secure their help with resigning his membership of the rather fundamentalist religious sect of which he has been a member. He has evidently, for a while, at least, become interested in his surroundings on a much better level of contact.

Pre-therapy research

To the best of my knowledge, there is still no existing research into the effect of pre-therapy with psychotic clients. All the supportive evidence for the value of pre-therapy with these patients comes from the positive experiences of a relatively few practicing clinicians.

This is perhaps no wonder, since pre-therapy is a new development and knowledge about it, and the practice of it, is still not widespread. Undertaking a

sufficiently well-designed research project would therefore be beyond the resources of most current practitioners.

Still, research has been done, with promising results, into the construct validity and reliability of the variables that might be employed in effect studies (Prouty, 1994, pp. 44–46; Dinacci, 2008, pp. 75–87) and the first small effect study is currently being carried out in England (Traynor, personal communication, 2010). More about research into pre-therapy can be found in Dekeyser, Prouty & Elliot (2008).

The relation of pre-therapy to psychoanalytic attachment theory

The pre-therapist is trying to "tune in" (Stern, 1985) to the client, just as "good enough" parents try to "tune in" to their infants, and mostly succeed in doing so. This "tuning in" is done in a way that makes it obvious that the "tuning in" reflects the infant/client not the parent/therapist. The "tuning in" is "marked" by the parent/therapist, i.e. it is plainly *not* an (acting out) identification with the infant/client. By taking in these attunements (marked contact reflections and empathic reflections) it becomes possible for the infant/client to create a concept of themselves, to, literally, "make up their minds", i.e. to become "mentalizing" (Allen, Fonagy, & Bateman, 2008). Conversely, serious "tuning in" failures forebode attachment disturbances and deficient development of mentalizing capacities in the child or, in other words, it is a precursor to various forms of psychopathology – or it predicts, in therapy, that there will be no positive outcome of the therapy and, even worse, that the therapy may harm the client.

Prouty calls clients who are candidates for pre-therapy "pre-expressive". Allen et al. call small infants and the most disturbed clients "pre-mentalizing". Prouty focuses on the lack of (abstract) symbolization of experiences in pre-expressive clients (Prouty, 1994). Allen et al. focus on the "psychic equivalence mode" (mental states are equated with reality), the "pretend mode" (mental states are decoupled from reality) and the "teleological mode" (mental states are expressed in goal-directed actions instead of explicit mental representations) in "pre-mentalizing" clients (and infants) (Allen et al., 2008, pp. 349–350). Prouty and Allen et al. seem to be describing the same phenomena with the two terms "pre-expressive" and "pre-mentalizing", even if the term of Allen et al. is better differentiated. The reason for "pre-expressive" being a less-differentiated term is probably that pre-therapy was originally developed for clients in the "psychic equivalence mode". It is only in recent years that pre-therapy, coupled with one of the more ordinary therapies, is also being applied with clients in the other pre-mentalizing modes described by Allen et al. (Prouty, 2008; Sommerbeck, 2003).

Finally, the Lacanian analyst Villemoes' (1989, 2002) notion of the "best friends" relationship, which avoids the I–Thou relationship that is often threatening to psychotic clients, seems similar to the safe and undemanding atmosphere that the pre-therapist attempts to create. This is most clearly so with clients who are more disturbed than "Svend" in the excerpt above. With the most disturbed clients the use of situational reflections becomes more frequent, i.e. the therapist attends to the "common third" of immediate interest to the client ("we hear a buzzy noise, outside"), and also often addresses the client with their first name, rather than with "you": "Leny is looking out of the window" or "we are looking out of the window", etc. (Peters, 1995). In these cases, the therapist avoids the use of "you" and "yours", like Villemoes recommends on the basis of Lacan's theories, i.e. the I–Thou relationship is avoided.

Summary and concluding remark

This article briefly introduced the theory of pre-therapy and illustrated it with an excerpt of dialogue. It also found points of correspondence between pre-therapy and modern psychoanalytic attachment theories and theories of mentalizing. It is the author's hope that readers may find helpful inspiration for their own practice of psychotherapy with psychotic clients in the pre-therapeutic approach, just as has been the case for the author.

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For further reading go to the Pre-Therapy International Network's website bibliography on http://www.pre-therapy.com/index.php/references. It carries a complete, updated list of all pre-therapy publications in many languages.