

John Weir Perry and Madness and the Person-Centred Approach

Ivan Ellingham
Hertfordshire Partnership NHS Foundation Trust
North Hertfordshire College

Telephonic Encounter

John Weir Perry's phone call surprised me. I had written to him some time before expressing my interest in his work and saying I was going to be in San Francisco for a few days and would it be possible to meet him. However, not having heard from him by the time I was actually in San Francisco--it was the summer of 1983--I had more or less forgotten about writing to him. When he announced himself over the phone, therefore, it took me a while to get my bearings. Aside from which, as our verbal interchange progressed, I became increasingly 'discombobulated'--as Americans say--by Perry's conversational style. The 'pregnant pauses' were so huge that it felt a bit like sailing alone on the high seas and occasionally being hailed by a passing ship. It was very much an interactional style in the responsive mode: him just saying enough to let me know he was still there before offering a chasmic space which I felt drawn to verbally fill.

He spoke slowly too, as I recall, in that kind of laid back, relaxed *mañana* style that I associate with American men from the southern United States. Here was someone, I thought, who has done so much psychotherapy that he is permanently in the therapist's chair. As an individual who generally feels more comfortable in the responsive mode, I can't say I felt entirely at ease in our phone conversation--although at least something positive came from it in the form of my arranging to meet Perry in person in the city.

Discovering Perry

How it was that I learned of Perry and his work and was keen to meet him resulted from my interest in those 'alternate' and extraordinary states of consciousness that get dubbed mystical and/or mad and/or highly creative. Thanks to experiences of my own that could have earned such labels, I had embarked upon an intense period of study in a bid to make sense of them. Unsurprisingly my search had led me to the writings of Carl Jung, particularly his autobiography.

Jung's visionary experiences in the teen years of the 20th century have been labelled mystical by some, psychotic by others. But for his part Jung describes them as the source of all his truly creative ideas, albeit that at the time they exerted such power that he had found it hard to retain his hold on everyday reality. How he'd kept his sanity, Jung later confessed, was through drawing pictures of his visions, practising yoga, and enjoying a stable family life of wife and children--missing in this confession was substantial succour received from his then mistress, Toni Wolff.

It was at a certain point in my exploration of Jung's ideas, if I recall correctly, that I discovered the writings of Perry, a Jungian analyst and psychiatrist who employed Jung's ideas to make sense of the experiential process of individuals undergoing acute 'schizophrenic'¹ episodes. From 1947-1949 in Zurich Perry had been a student in the first class of the newly established C. G. Jung Institute. There

‘he was analyzed by Toni Wolff and C. A. Meier and was supervised by Jung’ (Benveniste, 1999, p. 48). Later when Perry produced his first book, *The Self in Psychotic Process* (1953), Jung had bestowed his personal *imprimatur* upon Perry’s formulations by writing its foreword. The book itself presents an account of individual psychotherapy Perry undertook with a woman with a diagnosis of acute catatonia.

When I met Perry my knowledge of this book was quite skimpy. I was, though, much more familiar with and interested in a later work, *The Far Side of Madness* (1976). This book was of special interest to me because not only does it point to a close connection between the experiences of Perry’s ‘schizophrenic patients’ and experiences of renowned mystics, but because in it he makes reference to his establishment of the Diabasis Project, a psychotherapeutic residential programme for young adults undergoing early acute psychotic episodes. Here compounding my interest was the knowledge that Carl Rogers had written an extremely favourable account of Diabasis in his book *Carl Rogers on Personal Power* (1977).

Rogers and Diabasis

With his primary focus on the nature of ‘personal power’, Rogers’ perspective on Diabasis is that it constitutes ‘an example that indicates the efficacy of the person-centered approach’ (1977, p. 23). Rogers relates that it had come into being due to Perry’s increasing conviction as a hospital psychiatrist ‘that most schizophrenic episodes were actually a chaotic but vital attempt at growth and self-healing, and that if such an Individual (he dropped the term patient) were treated as a person and provided with a close and trusting relationship, she could, in a relatively short time, live through this crisis and emerge stronger and healthier’ (1977, p. 23).

Basing his account both upon Perry’s writings and personal communication, Rogers highlights particular features of the Diabasis programme and its underlying philosophy. For a ‘home’ of six ‘Individuals’, staff were chosen, recounts Rogers, not on the basis of ‘paper credentials’, but for ‘an ability to relate to withdrawn individuals who were preoccupied with events in their inner world’ (p. 24).

Noteworthy for Rogers, too, is Perry’s portrayal of the milieu within the home as ‘non-authoritarian, and non-judgmental...in which each individual (staff as well as client) is allowed to express himself in whatever modes he chooses, emotionally, artistically, and physically’ with ‘clients at every point of their psychosis...regarded as being in a ‘legitimate’ state and are not compelled...to conform to ‘rational’ modes of behavior’ (quoted in Rogers, 1977, p. 24). In this milieu, expands Rogers, ‘the psychotic individual...is accepted by everyone in the house as going through a stressful period of growth during which he needs understanding and companionship’ (1977, p. 24).

However, just as important, affirms Rogers, ‘is the special relationship with one staff person, who thoroughly invests herself in building a trusting closeness with the troubled person’, a relationship in which ‘whenever possible the Individual selects the special person with whom to work’.

This and further components of the Diabasis programme reinforced for Rogers how much it--and the person-centred approach--‘contrast with the medical model of treatment of psychosis’ (p. 25). Profound difference exists, Rogers emphasizes, both in how the Individual’s experiencing is regarded and in how the living environment is organized.

To illustrate the difference in respectfulness for the Individual’s experiencing, Rogers quotes the following statement by a worker at Diabasis--a statement, interestingly, which employs the descriptive phrase ‘way of being’, a phrase Rogers was later to make his own by publishing a book of this title.

‘We feel’, says the worker, ‘that what is called madness can best be understood as a journey of exploration and discovery, regulated by the psyche, in which the various elements of the personality can be reorganized in a more fruitful and self-fulfilling way. This process can only occur, however, in an environment in which these altered states of consciousness are respected as valid ways of being, rather than being derided as ‘crazy’ and of no value’ (p. 25).

‘Under the medical model’, scolds Rogers, ‘this individual is first of all a patient rather than a person. She is diagnosed, and either explicitly or implicitly is given to know that she has an ‘illness’, a craziness, which is to be eliminated by heavy medication or shock therapy, or even restraint if necessary, until her ‘illness’ is eradicated’. (p. 25).

As to difference in living arrangements, Rogers highlights how the Diabasis programme ‘is a complete reversal of traditional hierarchical, psychiatric treatment’ (p. 26). In Perry’s words, ‘The philosophy of therapy [in Diabasis]...is not one of imposing order from above downwards by a regime of strict management, but rather it is more a fluid one of sensitively following the Individual’s concerns as they evolve through the process in order to catalyze it’ (quoted in Rogers, 1977, pp. 25-6). It is for this reason, that there was a democratic, community structure ‘in which ordering and integrating are expected to emerge from the spontaneous concerns and feelings and insights of both resident Individual’s and staff together’ (quoted in Rogers, 1977, p. 26). As Rogers comments, ‘This means that the Individual provides the leads, points the directions she needs to go. Empathically, the therapist and the other household staff act as companions in following those leads, without sacrificing their own feelings and personhood’ (1977, p. 26).

Actual Meeting

My subsequent face-to-face meeting with 69 year old John Weir Perry took place in the townhouse where he had his therapy room. I can’t recall now what he looked like, although I’m left with the impression of his being quite handsome and having well groomed white hair. This impression may have been to do with my having heard a rumour of his being attractive to women, a rumour that I’d heard shortly before I met him. The townhouse where we met was located in a quiet residential area and the therapy room itself large and airy, peacefully secluded at the back of the house and rather dimly lit. Ideal, I thought, for a clandestine tryst, with a choice of either the chaise-longue I was sitting on or the one on which Perry sat opposite me.

Possibly prompted by these low level associations I proceeded to ask Perry about his personal experience of Jung. How true were the descriptions of Jung in the various biographies I had read? Was Jung the rather saintly, sage-like figure so revered by the quasi-groupies that surrounded him, the so-called 'Jungfrauen' ('Jungfrau' is German for 'virgin' or 'young woman' and the Jungfrau also is a tall Swiss mountain)? Or was he the more besmirched figure featured in Paul Stern's biography *The Haunted Prophet* (1976), the devotee of open marriage who arranged for C. A. Meier to carry out couple therapy with Toni Wolff and Jung's wife when the two women couldn't manage to get along?

Perry seemed somewhat bemused and amused by my question. 'Somewhere in between the two', was his non-committal but not unfriendly reply.

As we moved on to discuss other matters, Perry informed me that Diabasis had gone out of existence due to political opposition and the drying up of state funding. He also informed me that he no longer worked directly with individuals undergoing psychotic experiences. It was in any case, he said, extremely demanding work. When he had been seeing such individuals he had seen them on alternate days for at least three sessions a week. Now his way of life involved driving in from his home across the Golden Gate Bridge to spend from 8.30am until 11.30 am studying and writing before seeing people for individual therapy in the afternoon.

It was mention of the topic of individual therapy that led me to pose Perry the following question concerning a young man I'd come across in a psychiatric ward in Illinois. The individual in question had been hospitalized for going round wearing a black mask and calling himself the Lone Ranger. I had been quite amused to discover that on the psychiatric ward itself all the medical staff called their patient by his real name, whereas patients themselves called him 'Lone' or 'Lone Ranger'. 'As his therapist', I asked Perry, 'which name would you have used? Perry's answer, as I recall, was that probably he would have called the man Lone Ranger, although at the same time he would have had a look in his eye which told the person: 'We both know you're not really the Lone Ranger, don't we?' Incidentally, part of the reason for the young man's identification with the Lone Ranger was that the Lone Ranger went round doing good while the young man knew himself not to be a good person. Therefore it made sense for him to wear a Lone Ranger mask because in that way he could disguise his real identity and be accepted as doing good--and in a sense become a good person.

When it came time to take my leave of John Perry, I left with the impression that here indeed was a good person, someone with a distinctly benign presence.

Perry's significance for the person-centred approach

Following my meeting with Perry, I returned to the University of Illinois to write up a dissertation which in large part dealt with the relationship between mysticism, madness and creativity (Ellingham, 1984). Subsequently I returned to England and in the meantime stored Perry's views at the back of my mind as I sought to fathom the organismic philosophy of Alfred North Whitehead and set about the basic matter of earning a living.

It was only when I started to re-visit my ideas on madness and mysticism for a paper on Rogers' hypothesis of the formative tendency (Ellingham, 2002) that I looked again at Perry's ideas, discovering that he had recently published another book *Trials of the Visionary Mind: Spiritual Emergency and the Renewal Process* (1999), a work that Stanislav Grof describes as 'an excellent and comprehensive summary of John Weir Perry's groundbreaking work in the area of alternative approaches to psychosis that represents a theoretical and practical breakthrough' (Cover, Perry, 1999). I wrote to Perry only to learn that he had died in November 1998 before the book's publication. I very much regret not having made contact with him before then because I have come to believe that there is much to be gained by interrelating his ideas with those that underpin the person-centred approach--particularly in relation to developing scientific understanding of those experiences labelled by psychiatrists as 'schizophrenia'.

Briefly, several areas where I think Perry has something to offer the person-centred approach are:

1. Psychotherapy with individual's suffering severe mental distress

Perry's work essentially endorses the effectiveness of person-centred therapy for individuals with the diagnosis of 'acute catatonic schizophrenia'. 'When I was first entering upon medicine on the way toward psychiatry', recounts Perry, 'my cousin's wife told me about a psychosis she had had and about the ideas, feelings and delusional beliefs that had filled her mind. She wound up her account with one emphatic admonition: "What makes the crucial difference to a patient is to be able to talk all about it to someone who will really listen"' (1974, p. 2). 'I never forgot that tip', comments Perry, 'and have always put it into practice: many others have since told me of their recovering from psychosis when they found an understanding listener'. 'No one', he affirms, 'is more isolated when withdrawn in an altered state of consciousness. When one is thus prey to every psychic force, one is in desperate need of the human response of empathy, for which drugs are so poor a substitute' (pp. 2-3).

Overall, therefore, Perry can be said to emphasize the conveying of Rogers' core conditions (empathy, unconditional positive regard and congruence) as crucial to the recovery of his clients from acute psychotic experiencing. Indeed, we actually find Perry directly associating his therapeutic approach with that of Rogers. 'One speaks with the client', says Perry,

without any note of condescension, without any implication of the abnormality or sickness, but rather in a spirit of communicating directly with the healthy normative ego as if it were present and intact in the patient's psyche, even when made invisible by the turmoil of the initial fragmentation.... This kind of caring response with affirmation is the same as Rogers's 'unconditional positive regard'. A genuinely loving response is a frank and honest one, conveying what one sees and how one feels in reaction to whatever comes up. In no way does it call for a sweet or false stance. (1999, pp. 35-6)

Perry also describes such therapy in terms closely concordant both with Rogers' reference to the I-Thou character of the deepest counsellor-client relationship

(Rogers, 1967, p. 202) and with Dave Mearns and Mick Cooper's (2005) formulation of 'relational depth'. 'If we listen to individuals in the episode', elaborates Perry,

in an empathetic and caring manner, without the need to manipulate or control, or make them quieter or different in some way, we find, much to our surprise, that they may change spontaneously in a quite short period of time....Setting up in this way a bi-personal field of relationship, that is, one in which two psyches are in a process of opening up to each other, may establish an organizing effect that stimulates an integrative process. (1999, p. 4)

Here it is interesting that, like Rogers, Perry underpins such a 'non-directive' approach with 'a holistic view of the human organism' (1974, p. 3) allied to faith in its inherent capacities to grow and develop in the right interpersonal environment. Mirroring Rogers' affirmation that 'the client is the best guide' (1942, p. 131) Perry claims that 'the psyche still knows best how to mend its problems' (1974, p. 141). And, while Rogers declares that 'each human being has a directional tendency toward wholeness, toward actualization of his or her potentialities', an 'organic tendency toward ongoing growth and enhancement' (Rogers, 1980, p. 120; 1951, pp. 489-490), Perry posits that 'the psyche has an impulse to introduce the potentials that have been left out of the pattern of integration' (1974, p. 107).

For both Rogers and Perry, therefore, such a reconstitutive growth process involves a revamping of the client's 'self-concept', or self-image, as Perry generally refers to it. While both, too, regard inadequate parenting as a key factor in bringing about such damage--Perry, for his part, effectively aligning himself with the hypothesis of the 'schizophrenogenic' [i.e. 'schizophrenia causing'] mother, a hypothesis highly unpopular with the families of sufferers of severe mental distress.

2. Perry serves as an exemplar for future person-centred research into severe mental distress

Perry confessed himself 'baffled as to how to set up a scientific approach' to study of the inner experiencing of individuals recovering from acute psychotic distress. Here by scientific he had in mind the application of 'test conditions' and 'objective recording' interfering with investigation of a spontaneous recovery process that required 'the most committed therapeutic relation' and the establishment of a 'mutual emotional field...with the patient by entering into a reciprocal intimacy of feeling with him' (1962, p. 855). If, though, Perry been more conversant with the whole tradition of person-centred research or had read Dave Mearns and John McLeod's account of 'A person-centred approach to research' (1984), an account which affirms the scientific validity of phenomenological process research conducted by an empathic, participant researcher, hopefully Perry would not have had such qualms.

Under such circumstances, Perry might have employed certain 'objective' recording devices. But, even so, given that he was not simply projecting Jungian ideas onto his clients' experiencing, what he discovered, through engaging in in-depth 'person-centred' therapy with some dozen of more acutely psychotic individuals, was that their road to recovery was marked by a common sequence of visionary experiences, a sequence paralleling that found in the evolutionary history of human

culture as recorded in ancient myth and ritual. Perry's interpretation of such a discovery, one very much in tune with Jung, was that recovery from acute psychosis required the radical re-structuring of a person's self-concept, a 'breakdown to breakthrough' that involved going back to basics to build a more adequate sense of self--this re-building process mirroring the original evolutionary process by which our modern sense of self emerged from its cultural past.

Whatever value we may place on such an interpretation, what we can say is that in accord with the tradition of person-centred research and in relation to the inner experiencing of acutely distressed individuals, Perry devoted himself to elucidating the hidden order in 'the *process* by which personality change takes place' (Rogers, 1967, p. 126). There are those in the person-centred approach such as Ute Binder (1998) and Margaret Warner (2002), who have similarly attempted to make scientific sense of the same kind of human experiencing, but there remains plenty of scope to corroborate or disconfirm Perry's findings from a person-centred theoretical perspective. [Nowadays (2016) I would also have included reference to the work of Garry Prouty and his development of 'Pre-Therapy'].

3. Diabasis as exemplar for a non-medical, person-centred approach to severe mental distress

Little needs to be added here to Rogers' own ringing endorsement of the Diabasis programme. In my view, those concerned with the development of a viable person-centred approach to the care and recovery of the severely psychologically distressed would do well to study and build upon the example of Diabasis and other related psychosocial approaches, especially Soteria which enjoyed links with Diabasis in the San Francisco area.

4. Further development of Rogers' theorizing

At the end of his life, Rogers formulated his hypothesis of a 'holistic force' or 'formative tendency at work in the universe...at every level' (1980, pp. 113 & 124). Previously Rogers had posited the existence of an organic actualizing tendency and deemed it responsible for the growth in self-awareness of the individual person, of counselling clients in particular. By further claiming that the actualizing tendency was part of the overarching formative tendency, Rogers linked the evolution of consciousness in the individual with that of the human race as a whole. Here, a specific claim he made was that the greater a person's self-awareness 'the more surely the person will float in a direction consonant with the evolutionary flow' and thus be 'functioning fully' (pp. 128-9).

Building upon Jung's ideas, such a link between personal growth and human evolution is an explicit part of Perry's formulations. For Perry, when the acute psychotic episode is allowed to run free a 're-alignment' of a person's self-image and self-awareness takes place involving the deepest levels of the self-structure. And in the re-building process that then ensues the stages passed through mirror those through which the human race progressed in its evolutionary and cultural development as recorded in myth and ritual.

On this whole topic, therefore, of understanding the growth of self-awareness, both from an individual and cultural point of view, there is much to be gained, I believe, by interweaving Rogers' and Perry's ideas--not least by exploring the relationship between Rogers' conception of the fully functioning person and Perry's observation that 'it sometimes happens that gifted persons come through a schizophrenic episode with profoundly significant insights or powerful new codes of mores for their culture, and through messianic calling actually become prophets and leaders of social reform' (1974, p. 72).

Should Jesus come again, that is to say, knowledge of Perry's writings might help us avoid 'sectioning' him and ensure we tell Satan to get behind us.

1. Note: With no adequate scientific theory to define them, I use psychiatric terminology such as 'schizophrenia' and 'psychosis' with misgivings.

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