

# The image of the tree: Indigenous thinking about psychotic functioning

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**Abstract**

Three decades of listening to people suffering from psychosis is crystallised in the image of the tree. This narrative about mental health, in general, and psychotic symptomatology, in particular, was created for daily therapeutic work in residential psychiatry. It is a person-centred and strength-oriented way of looking at the existential impact of psychologically alienating experiences. Although indigenously unique, the author believes the image is universal and can serve many.

**KEYWORDS**

empowerment, imagery, indigeneity, narrative, person-centred, psychosis

Just like a tree, planted by the water, he would not be moved.

(adapted from the African American Gospel song “I shall not be moved”, quoted in the eulogy for Dr. G. Prouty given by Van Werde, 2014)

## 1 | INTRODUCTION

The author, his mentor and his place of work: I have lived experience of the existential importance of being rooted. After completing my degree in Psychology and Person-Centered Psychotherapy in Leuven, Belgium, I studied Pre-Therapy with Dr. Garry Prouty in Chicago, USA. Central in Prouty's work is the notion of ‘contact’, meaning awareness and connectedness. Over the course of my life's work caring for people experiencing psychosis, I have developed the image of the tree, which combines all these influences. Throughout the text, my personal reflections appear in italics.

## 1.1 | The author and his biography: The problem of anchoring

I was born in 1957 in the Flemish-speaking town of Genk in northern Belgium, which means I have always been exposed to other cultures. At the time of my birth, Genk had the highest number of different nationalities present in the whole of Belgium. The local coal mines—the only source of jobs and income—attracted people from all over Europe, who were willing to do the dirty work of mining in search of a better life.

The diverse population lived together relatively well, and many are convinced that one of the main reasons for this is the nature of mining work. In the coal mines (where everybody looked 'black'), utter solidarity was needed to get the hard work done, and ensure survival under harsh conditions. This attitude generalised over the years, translating into a strong sense of belonging, mutual respect, and peaceful coexistence. Even today, the people from that province have a strong feeling of regional identity. 'This is us, this is who we are, where we come from, here is where we belong', one could say.

At the age of 16, my father changed jobs and I moved to the centre of Belgium with my parents and brother. This was a major life change which, in hindsight, made a deep cut in my development—damaging my sense of being rooted and freezing newly started ventures. In addition, I had difficulties at school. The content was new and my struggles went unnoticed, leading to me falling behind and losing considerable self-confidence. My peers spoke a dialect very different to mine and, as a result, I had problems being understood well; for example, I had difficulty making quick jokes and expressing sensitive things. All this endangered my place in the social environment.

In summary, one could say that having to live all this can be understood as a loss of roots—roots that until then had been obvious and strongly present. It provoked a deep crisis, which, fortunately, turned out better afterwards. However, the existential depth of the feeling of 'losing one's anchoring' was engraved on me afterwards.

## 1.2 | Dr Garry Prouty, the mentor and main influence: The problem of 'contact'

Through a combination of his personal experience and professional history, Dr. Garry Prouty developed Pre-Therapy (Prouty, 1994; Prouty et al., 2017; Van Werde, in press; Van Werde & Prouty 2013). In his work with long-term patients in the state mental hospital of Manteno, Illinois (with an average duration of 30 years' admission in a hospital of 10,000 beds), he discovered that people can be called 'expressive' even when speaking and behaving in an incomprehensible and bizarre—so-called 'psychotic'—way. He called this not-yet-understandable functioning 'pre-expressive functioning', reflecting his professional experience of working with psychotic and disabled people. It reflected both his insight and belief that when taken seriously, under the right conditions, these kinds of behaviours will tend to move to an 'expressive' level. That is, they turn to being affectively felt, meaningful, understandable, and communicable. In Dr. Prouty's view, any symptomatic behaviour contains and expresses relational as well as experiential content. In his formulation, he implicitly referred to Carl Rogers and Eugene Gendlin, who respectively saw working with 'relationship' and 'experiencing' as the cornerstone of person-centred psychotherapy.

Prouty (1994) presented an existential view on being psychotic, understanding it as an absence of connection. He viewed pre-expressive functioning as a living embodiment of the fact that one has been taken hostage by their symptomatology. It is not a situation one has freely decided; rather, it is like being involuntarily imprisoned in one's own psychological bunker. Living symptoms in this way represents a dilemma. On the one hand, it implies that the symptomatology of psychosis is akin to living the idiosyncratic safety of being locked in and protected against potentially damaging and disturbing influences (e.g., people, events, demands and feelings). On the other hand, being psychotic implies living the frustration of not being able to come out unprotected—to relate, connect with the world, live a state of psychological freedom. 'Contact', then, can be considered the antidote for being locked in this kind of bunker—the antidote for psychotic alienation. Pre-Therapy describes how to offer this kind of contact and, thus, as a consequence, counterbalance and eventually lower the impact of psychotic functioning. To put it simply, more contact implies less psychotic functioning.

Prouty's Pre-Therapy is a teleological, humanistic and existential view on mental suffering. Man, following the French Philosopher Merleau-Ponty, is essentially considered to be a conscious being—aware of the surrounding world, aware of the inner world and able to communicate in a socially understandable way.

I am Dion, I'm sitting at my desk, outside the garden is beautifully covered with snow, I'm enjoying the lazy Sunday morning and smelling the scent of coffee, and I just had a heartwarming telephone call with my son, organising our next visit

In psychosis, however, all this basic contact functioning is endangered. One lives withdrawn in one's own idiosyncratic world—with no awareness of it nor a view on how to come out of it by oneself.

Everybody is following me, I can see footprints in the snow that prove it.

My son just checked up on me to get me out of the house, so that he can come in and change my computer so that everything I write will be communicated to a foreign secret service, which is threatening him and his family if he doesn't cooperate ...

Prouty described a non-directive technique of inviting the person to reconnect with his affective self, the surrounding world and the people present. He offered five kinds of reflections: (1) reflecting the very concrete reality of people, places, events and things, (2) reflecting the visual features of the face, (3) reflecting bodily posture and movements, (4) reflecting word for word what is verbally outed and (5) repeating any reflections that produced contact. Prouty posited that these reflections allow the practitioner to connect with the client on their level of functioning while fostering awareness of the things mentioned, thus bringing about 'contact'/connection/anchoring with and within the World, Oneself and the Other (termed Reality Contact, Affective Contact and Communicative Contact, respectively). This results in less psychotic functioning and more psychological freedom in making one's own choices (For full information about method, praxis, research and applications of Pre-Therapy across numerous settings, client groups and professions, see Van Werde et al., 2015 and [www.pre-therapy.com](http://www.pre-therapy.com)).

### 1.3 | The context: Mental health as the problematic of 'balance'

As I brought Pre-Therapy back 'home' to Belgium, after studying it with Dr. Prouty in Chicago, a question needed answering: how to translate this body of knowledge to a local context of residential psychiatric care for people suffering with psychosis (Van Werde, 2007, 2008, 2014, 2016). The clients on the treatment ward where I worked were no longer at the stage of acute crisis intervention—they already had one foot in the shared reality, so to speak. However, each still had one foot in their idiosyncratic psychotic world and would move in and out of these different realities involuntarily—what I called 'grey zone functioning'.

The question "Are they coming to get me?" turned out to be a blend of two realities: it covered both the patient's "realistic" concern about when her parents would arrive to take her home for the weekend, as well as her paranoid fear of being abducted and dying.

Willy, a patient I knew for several months already, suddenly addressed me as "Mr. Devil" when reporting what he did on the weekend. The idiosyncratic element of seeing me as the Devil represented a loss of contact about people, and invaded and blurred the conversation.

Numerous challenges were faced in treatment, prominent among them: what can one do to secure anchoring and counterbalance the risk of psychosis? How can people be strengthened, so that they can understand what causes or adds to the risk of losing oneself in a paranoid world? How can talking about overall treatment philosophy enhance patients' capacity to take charge of their own lives again? How can this vision be shared and worked on together by family, patient and staff?

We developed the image of the tree to cover these questions.

## 2 | THE IMAGE OF THE TREE

The image of the tree underscores the importance of being in balance, and formulates how balance can be restored and kept. It is a person-centred understanding of the process that brings people to the ward (for a full explanation of the 'contact milieu', with group sessions presenting this image, see Prouty et al., 2017, pp. 85–158).

People who entered the ward were called 'patients'. They were diagnosed as being psychotic, entering a medically oriented psychiatric hospital to be cared for by the psychiatrist and their staff. They considered themselves (mentally) ill, and their overall aim was to get healthy again by getting rid of this awful symptomatology. Medication was considered to bring relief via a quick and drastic impact on patient functioning. Most of the time, since their suffering was so big and their helplessness so massive, the patients were only interested in the main effects of their prescribed medications. This kind of thinking, together with the side effects of medication (being emotionally numbed, needing a lot of sleep, etc.), made it difficult to actively engage in one's own process of recovery and change from passive and receiving to hoping and doing.

In presenting the image of the tree, this lethargy is indirectly addressed and dealt with by appealing to the total person. It is not a symptom-oriented view; it is person-centred, looking at the total picture of the person one is. The dichotomous terminology of 'sick' and 'healthy' no longer served, and we started talking instead about 'balance' which proved less of an objectifying third-person's perspective and, therefore, less stigmatising. It represented life as a dynamic interplay between oneself and the other, within the ever-changing realities of the world. It is not a deterministic view, nor reductionist, nor moral. It is a model designed to empower by targeting and fostering insight as well as skills for sustainable self-management.

The image of the tree de-dramatises psychosis by describing it as an extreme form of being out-of-balance. As such, it tells one exactly what the therapeutic challenge at hand will be: to restore and to manage one's own balance of strengths and vulnerabilities. It gives an understanding of what has gone wrong and how, and it offers hope and guidance towards active recovery. It shows what is needed and where to invest energy, for what reason and to what end.

In our experience, when people visited the ward after many years of discharge, or when they were readmitted, the image of the tree stood out in their memory. Of the many things offered during their stay, they still remembered 'the tree'. The image and language were so easily understood because it aptly described the situation from which they were suffering. It also helped them to understand the way in which the ward was organised and what the reason was behind every therapy and activity that was offered to them. It made their stay comprehensible and acceptable; they felt that they were being taken seriously and carefully contained.

The thesis is that a tree consists of two major parts: a part that is in the air and a part that is in the ground. As bonsai art clearly shows, or as we can see when a tree is blown over and the roots stick out of the soil, the upper and the lower part of a tree match. Big trees have a lot of roots—vast foliage requires a vast bed of roots, while a small tree can make do with only some. In other words, the absolute grandeur is not important. It is the match that counts.

In human functioning, these two parts—these different worlds—need to be in balance for everyday life to be possible, with stability, wellbeing and growth apt to occur. We postulated that psychosis is akin to maximum incongruence between up-in-the-air and rooted functioning: an expanded foliage with a bed of damaged or even missing roots. It implies a loose grip on daily life, with vast foliage of idiosyncratic functioning taking over control.

## 2.1 | The foliage

So-called up-in-the-air functioning includes things like dreaming, phantasy, and ruminating—the kinds of functioning that can occur without necessarily being problematic. However, if these activities are not counterbalanced with things that require attention, one runs the risk of becoming lost in them. In the image of the tree, this means that my foliage starts growing and growing ...

When I dream away thinking about winning the lotto, I'm prone to missing the bus.

When I am worried about tomorrow, and when I don't have to walk the dog, nor have somebody visiting me or any other plans, it could well be that I spend my afternoon worrying endlessly, forgetting time and feeling worse and worse.

The concept of the foliage also includes other things people experiencing psychosis may report; for example, extrasensorial perception, déjà vu and telepathy. These are all experiences that do not need to pose problems; however, if they tend to control one's life, and if one does not have free choice to stop experiencing them, things can go badly:

When I was thinking about my wife, the radio played a song about red roses. Do I regard it as coincidence ('synchronicity') and can I put it aside easily, or do I get very worried, asking myself if someone is capturing my thoughts and wants to send me a message?

If we now think of other up-in-the-air functioning experiences such as delusions, hallucinations and hearing voices, it is clear that these experiences have great potential to cause suffering—they can stimulate great anxiety, overtake thoughts and feelings, and grow to dominate daily functioning, imprisoning the sufferer in their own private reality. They can take over so much psychological space—the foliage can get so vast—that it becomes threatening and unbearable, overtaking all other concerns. One patient said:

Every night, a voice tries to convince me to commit suicide. This really prevents me from going to bed, and I started to sit outside in front of my house, wrapped up in tin foil, so that the voices don't reach me that easily.

However, when one listens to the stories of people from the Hearing Voices Network ([www.hearing-voices.org](http://www.hearing-voices.org)), one has to admit that hearing voices can be manageable, and even enriching. In many cases, if someone can get their autonomy back and does not continuously lose themselves in a power struggle with the voices, living with the voices becomes feasible. Another patient said to me:

I started realising that I am the only one who can initiate an action. The voices can prescribe me anything they want, if I manage to not obey them, what can they effectively do to me, what can they do, to make me do things? If it gets difficult, I call my best friend and arrange a meeting, or call the support line of the Network and meanwhile do the breathing exercises that calm me down.

## 2.2 | The roots

The lower part of the tree represents everything that is grounded, rooted, solid and firm, offering foundations. We associate the latter with body-things like eating healthy food, a good balance between night (being asleep) and day

(being awake), physical health, careful grooming, feeling at home in one's body, and so on. Other roots to consider are having constructive social contacts and scheduling and doing things. This means both thinking and planning, and real action: working in the garden, grooming animals, cleaning and so on.

Being in contact with oneself is also a very important resource. It implies being able to focus and tap into your inner body knowledge, using it as a kind of psychological compass and grounding your decisions with it.

On the societal level, things like having a place to live in, having enough money, not having judicial processes going on and being administratively in order, can be very grounding. Being socially visible and tangible is crucial. To be someone in society, one has to belong somewhere, to have a certain place and role in society.

I am the father of Prosper, my son, who works at 'Restaurant du Progrès'. I live in the lower part of town, near the school where my son used to go. When I pass by, I see a lot of people I still know from the days that I brought my son to school. Every Saturday afternoon, I shop in a certain shop where I know and enjoy the contact with the owner. I am a member of the 'Friends of the Museum of Contemporary Art', and go there every time there is a new exhibition opening. People know my face there, and afterwards, during the drink offered, I am sometimes introduced to new people and discover common interests. I now work at the city 'Job and Integration Center', spending a lot of meaningful hours there, seeing my colleagues and earning my money. When I go home, I always have something to talk about ...

We can say that the two parts of our functioning are inversely related. More of the one implies less of the other.

When I am afraid of my neighbours, I tend to stay inside, only come out at night, don't really do anything, don't invest energy in looking good, go out, see people, neither plan nor enjoy activities. I may lose my job because of being sick a lot, or because I started behaving funny and not in line with the demands and structure of my job.

All this makes me lose myself in worrying more and more. It may trigger starting to ruminate about more people involved in a bigger conspiracy. This frightens me and further influences my behaviour, making me trust people less and less, and so on. Fewer roots, more foliage, more foliage, fewer roots.

### 3 | WORKING WITH THE IMAGE OF THE TREE

So when all this seems to be true, we have the key to what to do when psychosis is taking over control. The first objective is to put the tree back in balance again. This means trimming the foliage as well as restoring the bed of roots. Afterwards (or in parallel where possible), people can learn to better take care of their balances themselves.

In residential psychiatric care, in our so-called 'contact milieu', this balancing is exactly what we tried to do. It became clear that each member of the multidisciplinary team could contribute something to this process of offering contact and thus restoring balances. Reducing the foliage was supported by traditional medication: neuroleptics, sleep medication, anxiety medication and so on. As a rule, we tried to prescribe as few medications as possible but enough to have the desired effect. We were guided by the need for the patient to psychologically survive the imbalances of the moment. If the voices were too threatening, or the thoughts too disturbing, or anxiety made sleeping impossible, medications were used to lower that impact.

The Pre-Therapist could directly work with the psychotic material present in order to restore basic contact functioning. People came out of their isolated worlds and became connected again. The patients entered a level of conscious functioning, with restored awareness of people, places, events and things (Reality Contact), emotional life

(Affective Contact), and the ability to once again communicate in a socially understandable way (Communicative Contact). This enabled further psychotherapeutic work, feeding further psychological growth.

In our praxis, when the psychotic content was listened to in a pre-therapeutic way, patients sometimes made small steps forwards. This proportionally reduced the impact of the voices and tended to make the patient less psychotic. This is an illustration of how more contact counterbalances psychotic functioning. First, the patient has to be able to 'be with' the voices. Pre-Therapeutic reflections are suited to listening to what is going on in an accepting and concrete way. When the patient is able to really look at the experience of hearing these particular voices, willing to talk about it and open to integrating the feelings that emerge as they do so, a therapeutic process of unfolding starts. For example, when a particular client became more aware of the voices he heard and started to realise that they echoed the insults his ex-wife used to scream at him, the auditory hallucinations lost their intensity, were less threatening and took up less psychological space. He could then engage in further therapeutic work on his self-worth, his relational past and so on. He could also invest more time and energy in taking care of his daily life, giving him more energy and strength to develop further.

Prouty (2004) documented psychotherapies where the client worked through psychotic content and experiencing, revealing real life traumata and integrating them. This exceptional work radically stopped the growth of out-of-control foliage, giving back clients their psychological freedom. As the woman from the famous "snake case" said (she hallucinated a python curled up and threatening her for years, keeping her homebound) "Garry was the only one that could see me, separated from the disease" (words spoken by G. R. at the Memorial Service Of Garry Prouty, Heartland Memorial Center, Tinley Park, Illinois, USA, 7 June 2009).

Team members in residential care can contribute to strengthening newly recovered contact functioning by providing patients with opportunities to exercise them; for example, nurses can focus on a good rhythm of sleeping and being awake, as well as helping with grooming and so on. The psychomotor therapist works on developing better body awareness and acceptance, as well as being more in touch with oneself through yoga, relaxation. The occupational therapist offers concrete material to work with. Each individual practitioner brings people into connection (again) with earthy, grounding activities and functioning. In the narrative of the tree, all this means 'strengthening the roots'. So, therapeutically, we have this double way to be with someone. We work on directly lowering psychotic processing on the one hand, and strengthening anchorage on the other hand—knowing that it essentially is all about the same therapeutic movement, since these forces are directly and inversely related.

The image of the tree is easily understood by patients as well as by family. It helps them to clearly understand what we offer them and why: the reasoning behind our rationale and how it helps them get a grip on their situation.

It became clear that going to the session labour therapy serves to strengthen several "roots": one has to function in a group (social root), be there in time (the root of action, structuring oneself, planning and actually doing something—preferably with one's hands), hone skills and maybe learn a new technique (and later join a club where one can do this regularly, finding distraction, having something to do, and meeting others socially) and doing something other than staying in bed occupied by dominating thoughts and fears, as it was when I was still at home (strengthening the societal root).

Patients could be motivated more easily because staff also realised the value of their contributions and how their offer served to strengthen contact functioning. After all, this was the core reason why the patients were there in the first place. Therefore, the sentence 'I don't like painting' wasn't a sufficient reason for not going to labour and creative therapy, since strengthening the other roots was included and important.

Furthermore, the image of the tree gives insight into how to proceed in life beyond the hospital. The question of being ill-or-healthy now becomes: how to take better care of my (everyday changing dynamic) balances. It puts the person in the centre of their life again. It is not labelling somebody who is struggling with fearful experiences

'mentally ill'; instead, it shifts perspective from being sick and dependant to being potent, responsible and in charge. It became easier to communicate about all this since family, 'patient' and caregivers all started to speak the same language.

Regularly we invited parents, partners, and children and presented the image in group sessions. Processes could be discussed and explained, and family members better understood how to deal with psychotic functioning. For example: why is it better to mow the grass together, do the dishes and then go for a swim or walk the dog (read: to strengthen anchorage), than to endlessly discuss why a (delusional) thought isn't true and even stubbornly trying to prove the opposite (which would even mean inflating the foliage and thus further foster imbalances).

People also became better at seeing 'early warning signs' of losing their balance because they now better understood what was happening and what they could do about it.

A woman stopped looking at the TV, since the anchorman started talking to her personally again. She knew from former experiences that this could get out of hand, cause endless ruminating, and threaten her daily functioning. Instead, she concentrated on preparing handmade postcards that she wanted to send for Christmas. This grounded her and thus served her well.

Listening to people became less interpretative, less coloured by thinking in terms of sick/healthy. It became more like a search together, exploring how the need for more of this and less of that could be fulfilled—a search for what was needed and where to start. People understood this insight and found it incredibly helpful; it became a touchstone for whenever they began to notice psychotic symptoms (i.e., to say, when they began getting out of balance).

The treatment of choice is to contact and work with the part of a person that is still rooted and operative, and to ally with that part that can congruently deal with the situation or that still has some strength left. As psychotherapists or contact facilitators, we try to make contact with that, accompany it, strengthen the anchorage and help the person to gradually master the situation again. If our clients can join us in the image of the tree, this means that a certain distance towards their psychotic functioning is already established. You are looking at your problem, and therefore 'you' doesn't equal "problem" any more. This is an excellent starting point for further therapy. Alternatively, 'you' and 'the problem' can start a dialogue, and what was overwhelming can now be listened to, and perhaps revealed in its encoded messages. Or maybe the therapist is allowed to become an ally of the 'you' of the patient, and perhaps engage in 'trialogue' between patient, therapist and 'problems', meaning things can be worked out. Maybe, and probably only very gradually, clients can more become themselves again, decoding and integrating their psychotic experiencing. We believe that extremes need to be balanced and that everyone needs to find out for themselves how strong they are, what the therapeutic priorities for the moment are and how vast a top can be carried with the given roots.

## 4 | CONCLUSION

The narrative presented aims to help practitioners move away from a top-down, third-person perspective, symptom-centred model when working with people experiencing psychotic functioning. It provides understanding of the processes going on and gives both patients and their families a useful resource in learning to deal with their lives in a sustainable way. In this sense, the thinking and praxis described is fundamentally person-centred, and recovery and growth-oriented. It really empowers people, and we offer this image for use wherever it can serve.

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