Personal Construct Psychotherapy

Advances in Theory, Practice and Research

Edited by

DAVID A WINTER PhD
University of Hertfordshire and
Barnet, Enfield and Haringey Mental Health NHS Trust

and

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LONDON AND PHILADELPHIA
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In his work *The Psychology of Personal Constructs* (Kelly, 1955/1991a/1991b), George Kelly used psychotherapy to exemplify how his theory might be applied. He was at pains to point out that it would apply as much to those who read his book as to those with psychological problems described in it. Perhaps because he used psychotherapy as his example of how his theory might be used, this has been a major focus for those working with personal construct theory in the years since Kelly's *magnum opus* was launched into the psychological arena.

The contributors to *Personal Construct Psychotherapy: Advances in Theory, Practice and Research* demonstrate both the quality and the breadth of application of personal construct psychotherapy as well as the influence it has had on the development of other therapeutic approaches. There is much to discuss arising from the extensive coverage in this book, so I would like to dwell on just two issues that seem important to me. One is the growth of the philosophy of ‘constructivism’ and the opportunity this offers for the integration of the ‘psychotherapies’ and the other is the increasing demand for evidence of effectiveness of personal construct psychotherapy itself.

George Kelly’s own philosophy of *constructive alternativism* underpins the whole of his theory of personal constructs and hence his psychotherapy. Many are of the opinion that this has played a major part in the increasing importance given to the philosophy of *constructivism* in psychotherapy and in psychology itself. Several authors here give readers in-depth insights into the importance of this development and the advantages it offers for integrating many psychotherapies under the constructivist umbrella.

My personal interest is whether increased focus on constructivist philosophy may result in the *theory* of personal constructs increasingly taking a back seat. That may, of course, be no bad thing. Kelly himself said: ‘Our own theory, particularly if it proves to be practical, will also have to be considered expendable in the light of tomorrow’s outlooks and discoveries. At
best it is an ad interim theory' (Kelly, 1955/1991a, p. 14/p. 11). So the issue is not so much whether it will hasten the demise of personal construct theory itself but whether one can conduct effective psychotherapy solely from a philosophical standpoint. I would argue that psychotherapists need the structure of a theoretical system to guide their day-to-day work. This book plays a major role in highlighting the issues involved in keeping personal construct psychotherapy alive as an identifiable therapeutic system as opposed to constructivism providing the main focus as an integrative approach to psychotherapy as a whole. Of course, there may well be room for both. This book helps us understand more clearly the issues involved.

My second interest is in the value of seeking research evidence to demonstrate the effectiveness of personal construct psychotherapy. Many people from many therapeutic persuasions consider the search for evidence of effectiveness is doomed to failure, the main reason being the number of variables that can never be controlled. Who decides what ‘depression’ is, for instance? Diagnosis of many problems tends to be unreliable except in their most severe form. Even when it is agreed that people in a certain group are definitely ‘depressed’, the individual variation within that group is usually very great. Then there are the therapist variables, which again are numerous. In fact, the editors cite me in their preface as saying in 1972 that personal construct psychotherapists may show very little in common in their practice. They go on to say that this book emphasizes the diversity of the therapy and that that is particularly apparent in Part Two, 'which does not attempt to be comprehensive (neither could it be, for there are as many different forms of the therapeutic approach as there are individuals seeking therapy)'. This all adds up to the possibility that psychotherapy in general and personal construct psychotherapy in particular cannot be treated like soap powders showing which washes whitest. This book adds weight to that argument by reporting the effectiveness of a wide range of specific personal construct therapeutic approaches that have been used with specific problems in specific contexts.

I have raised just two issues that are addressed in this comprehensive work. There are many others. Without doubt this is a major work in the field of psychotherapy in general and of personal construct psychotherapy in particular. It will be of value to anyone interested in the many approaches that are subsumed under the general title of 'psychotherapy' as well as those who specialize in the application of the theory of personal constructs to psychotherapy.

Fay Fransella
Half a century has passed since George Kelly (1955/1991a/1991b) published *The Psychology of Personal Constructs*, setting out what he considered an alternative to existing psychologies. It therefore seems timely to present the developments of the therapeutic approach derived from his theory. Personal construct theory was first applied in a clinical setting and, although extensively applied in other fields (Fransella, 2003), it is in this setting that it has been most extensively elaborated. The theory has also influenced a range of other forms of psychotherapy that have been developed subsequently, the originators of which have in many cases acknowledged a debt to Kelly (for example, Beck et al., 1979; Ellis, 1979; Mahoney, 1988a; Mischel, 1980).

Being based on a theory that emphasizes the multiplicity of constructions of the world, it is not surprising that there are numerous alternative approaches to personal construct psychotherapy. Indeed, Fay Fransella (1972, p. 231) remarked that ‘if one observed a dozen people who say they are doing “personal construct psychotherapy”, they will seem to have very little in common.’ This book captures this diversity, which is regarded not as a weakness of this form of therapy but as an indication of its flexibility and the creativity with which it has been applied to a very wide range of clinical problems across the full age range. The different approaches to personal construct psychotherapy are unified by a common commitment to the basic principles of personal construct theory. However, as will be apparent in the chapters that follow, a distinction can be made between those approaches that are ‘purist’ and those that attempt some integration of personal construct with other approaches or use personal construct theory as a framework for an integrationist approach to psychotherapy (RA Neimeyer, 1988a). This integration is most comfortably achieved with therapies within the constructivist tradition (although it has been argued that even integration with other constructivist therapies may lead to a dilution of the personal construct approach (Fransella, 2000)), but it has not been
limited to these therapies. Indeed, as we shall see, whereas some authors stress the contrasts between personal construct psychotherapy and traditional psychoanalytic and cognitive therapies, others attempt to integrate personal construct psychotherapy with apparently constructivist variants of these approaches.

A further issue on which these authors express contrasting views is 'evidence-based practice'. Some argue that the notion of evidence is incompatible with a constructivist approach but others have carried out investigations of the process and outcome of personal construct psychotherapy using either traditional research designs or, as might be expected in an approach that emphasizes the personal nature of construing, intensive single-case studies. Our own position is that it is as incumbent on personal construct psychotherapists as on therapists of any other persuasion to examine the effectiveness of their approach, and indeed this book was initially conceived following a symposium on the evidence base for personal construct psychotherapy, which we convened at the Twelfth International Congress on Personal Construct Psychology in Seattle. As we shall see, this evidence base is now impressive.

We are delighted to have been joined in this venture by authors from three continents. Most of them have made a long and distinguished contribution to the field of personal construct psychotherapy but some newer 'recruits' have also joined them. This range of contributors, and the diversity and freshness of their writing, indicates to us the continuing vitality of Kelly's theory and therapy 50 years on.

Part One of this book considers the general principles underlying personal construct psychotherapy, highlighting how these have been elaborated since George Kelly's original presentation of his theory. In Chapter 1, Jonathan Raskin, Kristian David Weihs and Laurie Ann Morano consider this form of therapy within the broader context of constructivism. Although there has been some debate concerning the degree of commonality between personal construct and other constructivist approaches, Raskin et al. highlight the similarities between them. As well as outlining the fundamental features of personal construct theory and therapy, they describe three other forms of constructivist therapy that they consider to be convergent with the personal construct approach.

Chapter 2, by Beverly Walker and David Winter, focuses on the personal construct view of psychological disorder and its opposite - optimal functioning. Revisions to Kelly's original formulation of disorder are proposed, elaborating on the notion that this involves a failure to test out construing adequately. Implications for optimal and non-optimal therapeutic processes are discussed.

In Chapter 3, Sandra Sassaroli, Roberto Lorenzini and Giovanni Maria Ruggiero attempt to integrate personal construct theory, and in particular
the notions of validation and invalidation of construing, with both cognitive concepts and attachment theory. This is illustrated by case examples and by research on the role played by stress in eating disorders.

In Chapter 4, Gabriele Chiari and Maria Laura Nuzzo also examine convergences between personal construct psychotherapy and developments in both psychoanalytic and cognitive therapies as well as noting divergences between these perspectives. Their focus is on the therapeutic relationship and this is central to the ‘experiential’ form of personal psychotherapy described in Chapter 5 by Larry Leitner, April Faidley, Donald Dominici, Carol Humphreys, Valerie Loeffler, Mark Schlutsmeyer and Jill Thomas. Unlike the authors of some of the more integrationist chapters, they are concerned to highlight the features of personal construct theory that distinguish it from cognitive-behavioural perspectives but have similarities to existential approaches. As well as discussing the process of experiential personal construct psychotherapy they outline a diagnostic system derived from this approach.

In Chapter 6, Luis Botella, Sergi Corbella, Tary Gómez, Olga Herrero and Meritxell Pacheco identify themes that are common to narrative and post-modern approaches to psychotherapy. Personal construct psychotherapy is considered to be consistent with these approaches, to which, in the authors’ view, the systematization of personal construct psychology may make a major contribution.

Chapter 7, by Greg Neimeyer, Jocelyn Saferstein and Wade Arnold, considers how epistemological allegiances are reflected in the theoretical positions and therapeutic approaches adopted by psychotherapists. Relevant research is reviewed, some of which indicates the commitment of personal construct psychotherapists to a constructivist epistemology.

Chapter 8, by Harry Procter, although presented as a list of therapeutic ‘techniques’, is included in this section because it clearly outlines the basic principles of a personal construct approach when this is extended to work with families. In this chapter, we learn what guides the originator of personal construct family therapy in his work.

Part Two consists of chapters on the application of personal construct psychotherapy to specific clinical problems. Although this section indicates the wide ‘range of convenience’ of this form of therapy in the diversity of problems that are considered, it does not attempt to be comprehensive (and neither could it be, for there are as many different forms of the therapeutic approach as there are individuals seeking therapy).

Each chapter in this section considers how the problem may be understood in terms of personal construct theory. It outlines the principal features of therapeutic practice derived from such a formulation, illustrates the approach with case examples (with details altered to ensure client anonymity) and reviews any relevant research. In Chapter 9 Robert
Neimeyer describes an approach to working with grief that represents a radical departure from more traditional, stage models of bereavement and that draws upon personal construct theory as well as a broader array of constructivist narrative and social constructionist approaches. A taxonomy of disruptions of life narratives following loss is outlined, and therapy is vividly presented as a process of meaning reconstruction.

In Chapter 10, David Winter elaborates George Kelly’s taxonomy of suicidal acts by extending this to different types of deliberate self-harm. A psychotherapeutic intervention derived from this perspective is described and the findings of research indicating its effectiveness are presented.

Chapter 11, by Guillem Feixas and Luis Ángel Saúl, considers the dilemmas that underlie symptoms, and the techniques that may be employed in personal construct psychotherapy to resolve these dilemmas. Preliminary results from a multi-centre research project on this approach are presented.

In Chapter 12, David Winter and Chris Metcalfe indicate how agoraphobia may be viewed from a personal construct perspective. A group therapy approach derived from this perspective is described, research evidence concerning its effectiveness is presented, and a treatment manual for the approach is provided.

Chapter 13, by Kenneth Sewell, describes how traumatic events disrupt the construing of the traumatized person and outlines a framework for psychotherapy based upon this perspective. He emphasizes the centrality of ‘therapeutic love’ to such an approach.

In Chapter 14, Christopher Erbes and Stephanie Harter consider one particular type of trauma, childhood sexual abuse, in terms of the meaning system of the survivor of abuse. They illustrate a therapeutic approach that works within this meaning system, rather than imposing the therapist’s views, and review research on this approach.

In Chapter 15, Ian Gillman-Smith and Sue Watson explore how the psychiatric diagnosis of borderline personality disorder may be reframed in terms of personal construct theory, and describe a group psychotherapy approach derived from this model. Indications of the value of this approach are provided by client feedback and data from process research.

In Chapter 16, Eric Button considers eating disorders and their treatment in terms of clients’ construing and reconstruction of themselves and others. A distinctive feature of this chapter is that it includes an account, by one of Button’s clients, of her therapy.

Chapter 17, by Diane Allen, demonstrates that personal construct theory concepts may be usefully applied to understand the experiences of the person who hears voices. An innovative therapeutic approach based on these concepts is described and evidence is provided of reconstruing over the course of therapy.

Jim Horley, in Chapter 18, argues that there is an emerging forensic per-
sonal construct psychology. His own therapeutic approach employs both personal construct techniques and those derived from other theoretical perspectives. The need to adapt the personal construct approach for work in the forensic setting is highlighted.

In Chapter 19, Peter Cummins contrasts a personal construct approach with a cognitive-behavioural approach to treating problems involving anger. He conducts his therapy in a group setting and pays particular attention to the significance of problems with literacy and verbal fluency in his clients.

David Green, in Chapter 20, considers how personal construct theory may allow an exploration of 'young people's struggles to make sense of their existence'. This chapter draws particularly on Kelly's individuality, commonality and sociality corollaries.

Deborah Truneckova and Linda Viney consider a particular subgroup of young people, troubled adolescents, in Chapter 21. This chapter describes a group psychotherapy approach based on personal construct theory, explores helpful and unhelpful forces in the group process, and presents some research evidence of the effectiveness of this approach.

Chapter 22, by David Winter, contrasts personal construct psychotherapy for psychosexual problems with the more mechanistic approach that is commonly adopted in sex therapy. The holistic view of the person taken in personal construct psychotherapy and its technical eclecticism are considered to make it particularly suited to the treatment of such problems.

Sally Robbins, in Chapter 23, describes how a personal construct approach to working with older people has been elaborated in recent years. She indicates the axes along which such work may differ from that with young people and focuses in particular upon the elaboration of both the client's and the therapist's construing of old age as a major component of therapy with older people.

In Chapter 24, Lisbeth Lane and Linda Viney consider the emotions likely to be faced by women who receive a diagnosis of breast cancer and the importance of role relationships in adjustment following such a diagnosis. They describe a personal construct approach to group work with such women and present research findings suggesting the effectiveness of this approach.

Chapter 25, by Heather Foster and Linda Viney, illustrates how the menopause may face women with a need for reconstruction. Personal construct workshops that have been developed to facilitate such reconstruing are described and evidence of their effectiveness is presented.

Part Three considers the evidence base for personal construct psychotherapy. Chapter 26, by Sue Watson and David Winter, presents findings from one of the largest studies of this form of therapy, which compared it with cognitive-behavioural and psychodynamic therapies. Areas
addressed, as well as therapy process and outcome, include predictors of therapeutic change and relationships between measures of construing and of psychological distress.

Chapter 27, by Linda Viney, Chris Metcalfe and David Winter, uses the statistical technique of meta-analysis to evaluate the results of 17 independent data sets from comparative outcome research on personal construct psychotherapy. The findings are encouraging and support the continued use of this form of therapy.

Finally, although we assume that most readers of this book will have some familiarity with the concepts and methods of personal construct theory and psychotherapy, we have included a short appendix giving an introduction to them. More detailed accounts may be found in Kelly (1955/1991a/1991b), Epting (1984), Bannister and Fransella (1986), Fransella and Dalton (1990), Dalton and Dunnett (1992), Winter (1992a) and Viney (1996).

As well as thanking our authors for the very high quality of their contributions, we wish to acknowledge the help of Alex Clarke and Heather Mason in the preparation of the manuscript. David Winter is also indebted to the Psychology Department of the University of Wollongong and the Illawarra Institute of Mental Health for supporting his Visiting Scholarship in 2002.

David A. Winter
Linda L. Viney
April 2005
PART ONE

GENERAL PRINCIPLES OF PERSONAL CONSTRUCT PSYCHOTHERAPY
CHAPTER ONE

Personal construct psychotherapy meets constructivism: convergence, divergence, possibility

JONATHAN D RASKIN, KRISTIAN DAVID WEIHS, LAURIE ANN MORANO

It has been 50 years since George Kelly published his seminal two volumes, The Psychology of Personal Constructs (Kelly, 1955/1991a/1991b). In those volumes Kelly outlined personal construct psychology (PCP) in detail, emphasizing its psychotherapeutic implications. However, unlike many other clinically oriented theorists, Kelly did not tie PCP to an explicit therapeutic regimen. He did introduce one important clinical approach with fixed-role therapy, but the subsequent development of PCP has generally followed Kelly's lead by eschewing blind adherence to specific therapeutic strategies and techniques and instead tending to look at therapy in a more metatheoretical manner, seeing all theories and techniques of psychotherapy as constructive alternatives for understanding how to assist those experiencing problems in living. The advantage of this theoretical openness has been a willingness on the part of PCP therapists to make use of a disparate array of clinical approaches and strategies while avoiding the intellectual limitations of an unreflective theoretical eclecticism (Winter, 1992a). The disadvantage has been that, while PCP therapists have provided some stimulating and important discussions of therapy with a variety of client problems (for example Landfield, 1971; Epting, 1984; Landfield and Epting, 1987; Winter, 1992a; Faidley and Leitner, 1993; Leitner and Dunnett, 1993; Viney, 1996; Fransella, 1995, 2003), they simply have not produced the same impact as approaches willing to market more specific therapeutic programmes to practising therapists in search of explicit clinical techniques and strategies.

Concurrently, recent years have seen the rise of psychotherapeutic approaches dubbed 'constructivist' (for example Hoyt, 1994, 1996; RA Neimeyer and Mahoney, 1995; Sexton and Griffin, 1997; Mahoney, 2003). These approaches have been of interest to personal construct psychologists because they emphasize many of the same presuppositions on which PCP
therapy is based. They also offer some very concrete clinical strategies that seem consistent with PCP. However, despite their shared focus on meaning as central to therapy, there has often been an uneasy relationship between personal construct therapists and their constructivist cousins (Raskin, 2004). This is unfortunate, as they share much in common and can enrich one another’s work deeply. Building on this sentiment, we examine connections between personal construct therapy and other constructivist therapies.

**Basics of personal construct theory and therapy**

**Fundamentals of theory**

**Postulate and corollaries**

Central to PCP is the fundamental postulate, which states that people’s psychological experiences are structured according to how they anticipate life events (Kelly, 1955/1991a/1991b). People expect certain things from the world based on how they meaningfully make sense of their past experiences. They anticipate by construing, which involves the lifelong development and evolution of a set of hierarchically interconnected bipolar dimensions of meaning. These dimensions of meaning, or constructs, allow people to anticipate through contrast. For example, one person may construe the opposite of ‘happy’ as ‘unemployed’, while for someone else an individual who is not ‘happy’ is ‘responsible’. Every one of us creates a unique set of constructs, each consisting of some thing or idea that we identify and define in terms of its perceived opposite. Thus, constructs are conceptualized as bipolar mental structures used to understand ongoing experience. People continually revise and expand their construct systems.

**Constructive alternativism**

There can be an infinite number of ways to construe the world according to PCP’s seminal notion of constructive alternativism. All people filter the world through a set of unique personal constructs of their own making, so there are as many ways to construe circumstances as there are people to do the construing. Importantly, what is experientially true for a person is at least as dependent on that person’s constructs as it is on the world itself. That is, people construe life in unique and idiosyncratic ways, only getting at the way things are indirectly through their constructs. In this regard, PCP is in keeping with rationalistic and romantic philosophies, which stress – despite their differences – how the mental structure of an active knower is crucial in influencing what is known (Winter, 1992a; Chiari and Nuzzo,
Personal construct psychotherapy meets constructivism

1996a, 1996b; Warren, 1998; Raskin, 2002). By contrast, one could argue that PCP is not as consistent with empirical philosophical approaches and their emphasis on people as passively responding to sensory data. Perhaps this explains why both cognitive (rational) and humanistic (romantic) psychologists often lay claim to Kelly’s theory (Winter, 1992a; Raskin, 2002). It also offers clues as to why Kelly and other PCPers have often criticized psychotherapeutic approaches traceable to a more empirical philosophy (such as behaviourism) (Kelly, 1955/1991a/1991b; Winter, 1992a). Some basic therapeutic implications of PCP are examined next.

Fundamentals of therapy

Diverging from the medical model

Kelly’s magnum opus, The Psychology of Personal Constructs, does not read like an especially radical text. However, its formal and often stodgy style masks a conception of therapy that moves away from seeing therapy clients as victims of mental impairments that render their behaviour meaningless and incoherent. Instead, client problems are seen as meaningful, albeit often less than successful, efforts to navigate life. That is, PCP therapy moves away from the medical model of abnormality (Kelly, 2003). Currently, the medical model influences psychotherapy a great deal (Wampold, 2001). Those espousing it hold that psychological problems can be organized into concrete categories, each of which can be remedied via specific clinical interventions. The most prominent example of the medical model in current mental health practice is the Diagnostic and Statistical Manual of Mental Disorders, currently in its sixth incarnation (American Psychiatric Association, 2000). Though the authors of DSM remain neutral about the causes of particular categories listed in the manual, the manual itself is clearly structured according to a medical model. That is, behaviours are conceptualized as coherent syndromes or disorders over which those afflicted have little control – and each of these disorders requires systematic and specific treatment.

Meaning construction as agentic process

Kelly (1969a) was dismissive of the medical model’s ‘treatment-based-on-objective-diagnosis’ approach because it ran counter to the PCP notions of (1) people as forever in process, and (2) people as active participants in how they construe events and live their lives. Unlike the static and deterministic medical model view of people afflicted with DSM disorders, personal construct therapists tend to see people (even those experiencing great emotional anguish who currently are likely candidates for diagnosis of a mental disorder) as permanently in motion, continuously encountering
new experiences, and actively employing their respective construct systems to deal with such experiences (Epting, 1984; Winter, 1992a; Faidley and Leitner, 1993; Viney, 1996; RA Neimeyer and Raskin, 2000). As a result, personal construct therapists often question the utility of conceptualizing their clients' ways of construing self and relationships as disordered, even when their clients' ways appear to have extensive drawbacks. Several authors have written about the contradiction between traditional medical model conceptions of people as passive sufferers of universally similar disorders and PCP's process-oriented view of people as active meaning makers continually struggling to devise life-enhancing ways of understanding themselves and their world (Faidley and Leitner, 1993; Raskin and Epting, 1993; Honos-Webb and Leitner, 2001; Leitner and Faidley, 2002; Raskin and Lewandowski, 2000). More simply, to the personal construct therapist, psychotherapy is not an undertaking in which medical specialists cure passive persons of disorders or repair their dysfunctional mental states but rather it is about helping agentic individuals evolve new and more personally effective ways to make sense of life experiences meaningfully. Several concepts PCP therapists use in thinking about therapeutic change are described below.

**Experience**

*Growth through experience.* Personal construct psychotherapists' emphasis on process is best captured according to the *experience corollary*, which holds that people develop their constructions based on ongoing experience. That is, a person encounters something in the course of living, makes meaningful and organized sense out of it by construing it in a particular manner, and uses the resulting constructs to anticipate what might occur in future encounters; the person learns from experience by imposing an orderly structure upon it (Kelly, 1955/1991a). Experience implies both regularity and innovation as key to the ongoing process of construing. Consequently, experience can be both liberating and imprisoning. It is liberating when one uses it as an opportunity to revise one's constructions — after all, 'a person’s construction system *varies* as he successively construes the replication of events' (Kelly, 1955/1991a, p. 72/p. 50, italics added). The psychologist who, after years of laboratory training in deterministic research methodologies, has come to view herself as intellectually shallow for indulging notions of human agency may find experience a great liberator after encountering a colleague who endorses total determinism stammering to explain how he can hold students responsible for missing class. On the other hand, because '[t]o construe is to hear the whisper of recurrent themes in events that reverberate around us' (Kelly, 1955/1991a, p. 76/p. 54), experience can also be confining.
The case of Emily

For example, when 'Emily' – an 18-year-old still living at home with her parents – began therapy she saw herself as a neglectful daughter. This assessment was based on her ongoing experience with her parents, who diagnosed her avoidance of them as suggesting she did not care about them. Emily saw her encounters with her parents the same way they did. She found dealing with them stressful and each time she actively avoided them she construed herself as neglectful. Thus, by imposing regularity and orderliness on experience, Emily's negative view of self was confirmed. Therapy involved assisting Emily to consider alternative ways of imposing order on her experience. Recasting her parental avoidance as a means of warding off long-term patterns of parental scorn for her feelings was one such way that ultimately proved liberating to her. Through encountering experiences in the consulting room in which her feelings were accepted rather than scorned, Emily came to distinguish between more nurturing versus judgmental relationships. This allowed her to stop seeing herself as neglectful in those relationships where she felt criticized; instead she began to see her behaviour as adaptive and protective. Further, she began to experiment with being more attentive and open with those she came to see as accepting of her. In other words, Emily varied her constructions of ongoing experience as a result of her experience in therapy.

Individuality

Unique construing. In the individuality corollary, Kelly (1955/1991a) stated that individuals differ from each other in how they construe things. This is therapeutically important because it fosters psychotherapy as a process in which therapists try to understand the unique constructions of each client. It may sound commonsensical that therapists need to understand the meanings of every client individually. However, in a professional climate dominated by the use of general diagnostic categories that are often presumed to share common underlying processes (such as those contained in the DSM), the individuality corollary's idiographic emphasis cannot be overstated. The ease with which psychiatric diagnoses are bandied about in lieu of efforts to understand the personal meanings that clients bring to the consulting room is both remarkable and unsettling.

The case of Jamie

For example, a hospital admissions report about a recent client ('Jamie') who was experiencing psychotic symptoms indicated that the client's mother was 'Munchausen by proxy' because she refused to see her daughter as schizophrenic. Instead, Jamie's mother clung to alternative medical
opinions suggesting her daughter's emotional and cognitive problems were due to untreated Lyme disease. Never mind that the clinician diagnosing Jamie's mother (1) had not interviewed her and was presenting his diagnosis in a report ostensibly about Jamie, (2) downplayed that there were indeed multiple reports from a plethora of specialists, with little consensus among them as to the origin of Jamie's troublesome behaviour, and (3) used the Munchausen by proxy diagnosis incorrectly (there was no evidence the mother had physically tampered with her daughter to get medical attention; rather, she simply insisted her daughter was not schizophrenic). Across all the various medical reports about Jamie, there was no effort to try to understand either her or her mother's individual constructions of the situation (beyond that, many details of Jamie's case were incorrect in the psychological report her therapist received; clearly, the hospital staff were not listening carefully). It does not surprise us that a mother might try to extort validation, in a hostile way, to bolster her view that her daughter's problems did not result from mental illness (and, by implication, bad mothering?). While terms like 'schizophrenia' and 'Munchausen by proxy' may provide general ideas about the kinds of behaviours a clinician is referring to in a client (and, as in this case, her mother), they tell us nothing about the individual meanings - the personal constructions - of the people at hand. In personal construct therapy, such meanings are critical. The individuality corollary, in all its simplicity, is vitally important to PCP therapy because of how it stresses the need for therapists to move beyond general labels for client problems and towards a detailed understanding of each client's unique and personal experiential meanings.

Sociality

The therapeutic role relationship. When two people work to understand and empathize with one another's ways of construing thoroughly, they potentially create a meaningfully rich interpersonal relationship with one another. Kelly (1955/1991a) referred to such a relationship as a role relationship, and it is the major theoretical idea springing from his sociality corollary. Sociality and role relationships are important aspects of personal construct therapy, particularly for those who approach it from humanistic and experiential perspectives (Faidley and Leitner, 1993; Leitner and Pfenninger, 1994; Leitner and Faidley, 1995, 2002; Leitner, Faidley and Celentana, 2000). By establishing role relationships with their clients, therapists are better able to understand the world as their clients do. Often, this involves adopting a credulous approach, whereby what clients say is accepted as experientially true for them rather than dismissed as the product of dysfunctional thinking. The ongoing relationship between therapist