

RECENT ADVANCES IN PERSONAL CONSTRUCT PSYCHOTHERAPY

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Kelly has repeatedly invited to experiment with his theory to prove its fertility. However, personal construct theory and its application to psychotherapy have seen few developments. A recent contribution comes from Walker's revision of the notion of psychological disorder which opens new perspectives to the understanding of several psychological events. Other contributions come from the narrative hermeneutic approach. The outline of personal paths of dependency, and the more recent proposal of forms of uncompleted recognition, are just examples of such a line of research that arises from a phenomenological and hermeneutic interpretation and elaboration of personal construct theory and psychotherapy.

Keywords: personal construct psychotherapy, hermeneutic constructivist psychotherapy, disorder, forms of uncompleted recognition

Usually, when I choose the title of a paper, I have only a vague idea of what I shall write. Given the end result of the present paper, it should have been titled "Things I would have liked to see in personal construct theory and that I endeavoured to introduce in it".

It is my opinion that personal construct theory (PCT) is a great and revolutionary psychological theory and that its application to psychotherapy anticipated about 40 years what now are the constructivist approaches in the field. I was dazzled by PCT when I first met it in 1981, both through the writings of George Kelly (1955; Maher, 1969) and its embodiment in Don Bannister, whom I had the luck to know personally.

But love should not be blind to the flaws of the loved one, so as not to risk that worship leads to accept all without reservations, moreover blaming oneself for any lack of understanding. So, for once I am willing to commit sacrilege by pointing out some of what I consider Kelly's flaws, and outlining my attempts at elaborating his theory and its application to clinical practice according to a hermeneutic interpretation.

KELLY'S FLAWS, OR, RATHER, THINGS I WOULD HAVE LIKED TO SEE IN PCT AND THAT I ENDEAVOURED TO ELABORATE

Is it possible that someone who studied Kelly's work can claim to have understood what he "really meant"? As far as I am concerned, in the last 35 years I have read and re-read nearly all his published and unpublished writings, and I have a lack of understanding about several aspects of his theory and of its application to psychotherapy.

To my great relief, Raskin (2006) maintains that "Kelly can be interpreted as saying different things in different parts of his work" (p. 51), and attributes the impossibility to understand what he really meant to the presence of contradictory statements. Even though, hermeneutically speaking, contradictions lie in the relationship between the reader and the text, it seems arguable to me that Kelly's work not only admits several interpretations, but that it also lays itself open to misinterpretations and incomprehension.

The lack of a linear and orderly exposition of his ideas in the two volumes of 1955 appears glaring. While the first three chapters of volume 1 present the philosophical and theoretical bases

in a very systematic manner, it is difficult to see a clear consequentiality in the other parts of his work, and in particular in Volume 2, devoted to clinical practice. Maybe this is the reason why Kelly himself takes care of providing in the preface a “Road map for the itinerant reader” with a “Diagram of chapter content” (1955, pp. xiii-xvi).

Also Walker and Winter (2005) – while discussing Kelly’s notion of disorder – are aware of a kind of fragmentation when they ask: “Why does dilation link to disordered construction and constriction to disorders of transition? Why are some processes such as dependency discussed in both sections? And so forth”. Moreover, Kelly’s formal definition of disorder appears in the first section of the chapter on the disorders of construction. Does it apply only to construction? “But if that is the case no definition is provided that relates to transition”. In short, the chapters on the disorders, Walker and Winter sum up, “are full of rich clinical examples, but lack the clear, incisive theoretical structure of earlier chapters” (p. 23).

The same observation can be made for the chapters on the psychotherapeutic process, similar to a list of procedures. On the other hand, Kelly himself, in the preface to the book, writes that in the second volume he has “striven for extensive coverage of cook-book details rather than precise logical development and economical description”, and that the two chapters on the appraisal of activities and experiences “are the much shriveled vestiges of our early manuscript efforts, years ago” (1955, p. xvi).

Such gaps and defects might invite a variety of theoretical and therapeutic elaborations. But this is not exactly the case. It is well known that PCT has been classified as a cognitive, a phenomenological, or a humanistic-existential theory, to say the least. But it is important to tell interpretation from elaboration. Rarely a particular interpretation has been followed by a corresponding elaboration.

As to the therapeutic praxis, I think it important to differentiate between the extension of the clinical applications of PCT to fields not explored in depth by Kelly – such as bereavement (Neimeyer, 1999, 2005), children and adolescents (Butler & Green, 2007; Ravenette, 1999), family (Procter, 2005, 2016), organisations (Cornelius, 2015) – and a proper elaboration of

Kelly’s original formulation – whatever it might be in the light of the above reservations. As far as I know, there are only few proposals of such elaboration. I like to mention Leitner’s (1988; Leitner et al., 2005) “experiential personal construct psychotherapy” and the “hermeneutic constructivist psychotherapy” (Chiari, 2017; Chiari & Nuzzo, 2010) as examples of systematic approaches, and, restricted to a specific but basic issue, the recent elaborations of the Kellian notion of disorder.

It is not the subject of this paper a detailed analysis of the supposed flaws in Kelly’s writings and thoughts. I would rather like to touch upon some issues I have been absorbed in during the past twenty years, while trying to elaborate PCT according to a hermeneutic interpretation. Roughly, they relate to the following matters which, according to me, deserve elaboration: (1) Kelly’s questionable view of knowledge as inferred from his position named *constructive alternativism*; (2) his lack of concern for possible aspects of commonality in the content besides the form of personal construction systems; (3) his lack of interest for providing a developmental view of the person; (4) his deficient elaboration of the notion of core role, and his sketchy description of its formation; (5) the marginal importance attached to his indeed innovative notion of disorder; (6) his, to say the least, non-linear description of the psychotherapeutic process as a whole.

I shall outline my tentative contribution to the above matters, not necessarily in this order because some of them overlap in my elaboration.

A critical analysis of Kelly’s view of knowledge

I was among the first to maintain that PCT can be viewed as the first expression of psychological constructivism in the fields of personality and psychotherapy when I proposed the distinction between an epistemological and a hermeneutic constructivism (Chiari & Nuzzo, 1996a, 1996b). But what kind of ‘constructivist’ view of knowledge does Kelly espouse?

If one reads his presentation of the philosophical position he called *constructive alternativism* when isolating it from its context, one can easily give it a hermeneutic interpretation: “We

assume that all of our present interpretations of the universe are subject to revision or replacement" (Kelly, 1955, p. 15, italics in the text). And soon after: "There are always alternative constructions available to choose among in dealing with the world". But let us have a look at what precedes these sentences. "[...] there are various ways in which the world is construed. Some of them are undoubtedly better than others" (pp. 14-15). In what sense "better"? "They are better from our human point of view because they support more precise and more accurate predictions about more events" (p. 15). Is here Kelly making reference to given events "out there"? This seems to be the case, because he specifies soon after that ...

... since an absolute construction of the universe is not feasible, we shall have to be content with a series of successive approximations to it. These successive approximations can, in turn, be tested piecemeal for their predictive efficiency. Essentially this means that all of our interpretations of the universe can gradually be scientifically evaluated if we are persistent and keep on learning from our mistakes. (ibid.).

From our mistakes!

On the other hand, reading on, one runs into the Construction Corollary and discovers that a person "anticipates events by construing their replications" (p. 53). And, in the Individuality Corollary, one discovers that people differ from each other, "not only because there may have been differences in the events which they have sought to anticipate, but also because there are different approaches to the anticipation of the same events" (p. 55). And, as if that wasn't enough, one also discovers that the validation or invalidation of the anticipation of a particular event is dependent on the compatibility or incompatibility, *subjectively construed*, between one's prediction and the outcome observed (p. 158, italics mine). How could one make a mistake in the sense of a wrong construction of the world? And, by the same token, how is it possible to state, as Kelly (1966/1970) kept on doing about ten years later, that "at some infinite point in time human vision will behold reality out to the utmost reaches of existence" (p. 1)?

I believe that Kelly indeed spread his wings from a realistic view of knowledge towards a

view that nowadays can be considered constructivist, yet remaining suspended in mid-air, that is, without transcending once and for all the opposition between realism and idealism, and this for two reasons. The first is his personal rooting in a rationalistic view of science, of which his early formation in engineering and mathematics is evidence. The second is his limited knowledge of phenomenology, he regarded as a form of idealism portraying "environment as a figment of [...] imagination" (Kelly, 1969/1965, p. 219). The following passage can be used as a final evidence of Kelly's ambiguous or, maybe, epistemological form of constructivism (Chiari & Nuzzo, 1996b):

But let us assume also that there is indeed a real world out there, one that is largely independent of our assumptions. [...] To understand this objective world is to be able to do more than trace its permanent features; we must anticipate the flow of its events. Now it is precisely at this point that our line of reasoning veers away from classical phenomenology. While we do hold that perceptions are anchored in constructs, we hold also that some constructions serve us better than others in our efforts to anticipate comprehensively what is actually going on. (Kelly, 1977/1963, p. 220).

If only Kelly had grasped the phenomenological notion of *intersubjectivity*, his theory would be perfectly in line with what I call *hermeneutic constructivism*. Armezzani and I (2014a) have extensively commented on Kelly's attitude towards phenomenology, and went so far as to uphold the thesis that PCT presents many aspects that, if disclosed, could make of it an example of the realisation of the Husserlian project of a rigorous science of experience (Armezzani & Chiari, 2014b, 2015).

ASPECTS OF COMMONALITY IN THE DEVELOPMENT OF PERSONAL WORLDS

If the person is a process, why not a developmental view?

A complained absence in Kelly's theory is a developmental view of the person. Even though

there are many elements in PCT useful to the purpose – such as preverbal and nonverbal construing, dependency constructs, and the notion of dispersion of dependency – they are not inserted into a systematic view of development, so as to account for crucial psychological issues such as the emergence of self-consciousness and the formation of identity, to quote some of the most important. Some followers have begun to elaborate the subject “from within” (Butler & Green, 2007; Ravenette, 1999), thus creating an alternative to the questionable choice to recur to a hybridisation with other theories, mostly the attachment theory.

Far from the intention to draw a systematic view of development, but just driven by the growing interest in the dispersion of dependency as a prominent dimension in people turning to psychotherapy, twenty years ago, together with a group of colleagues, I hypothesized and verified the possibility to differentiate developmental paths channelised by the major transitions that children experience in their early relationship with their parents (Chiari, Nuzzo, Alfano, Brogna, D’Andrea, Di Battista, et al., 1994). We proposed three main ‘dependency paths’, initiated respectively by the transitions of aggressiveness, threat, and guilt. Recently (Chiari, 2017), I described a fourth dependency path channelized by anxiety.

The notion of dependency path derives from the intersection of various levels of commonality.

A first level is represented by the assumption of similarities in the personal constructions of particular relational experiences, such as those described in terms of validation, invalidation, and nonvalidation. Parenthetically, they remind of Laing’s (1961) notions of confirmation, rejection, and disconfirmation. The personal constructions seem more likely to be similar when the experiences concern early relationships and are recurring.

A second level is represented by the very diagnostic constructs. Actually, diagnostic constructs – reminiscent of the Husserl’s notion of form – can be regarded as structural invariants extracted from formal regularities abstracted from singular events (Armezzani & Chiari, 2014b).

A third level is represented by the assumption that different psychotherapists, moving from

similar assumptions, are likely to construe in a similar way the processes they observe.

Commonality by form and commonality by content

In discussing the implications of the Commonality Corollary Kelly writes that ...

... it is an observed fact that certain groups of people behave similarly in certain respects. Some of these similarities are associated with similarities in their ages, some with similarities in what is expected of them by their associates, some with similarities in experience, and some with other kinds of constructions of similarity. Indeed, if we wish, we can approach the matter of similarities between persons from any one of a number of angles (Kelly, 1955, p. 93).

The above-mentioned paths of dependency result from the observation of similarities in the construction of experience of people who supposedly have followed a specific developmental path. However, Kelly seems much more interested in the form of personal constructs – as revealed by the professional constructs – rather than in their content. But not only this. In the section concluding the chapter on the disorders of transition, Kelly devotes one page to the “disorders arising out of the content rather than the form of personal constructs”. He explicitly distinguishes the cases in which “the client’s difficulty arises out of the intrinsic meaning of his personal constructs rather than out of the general form which they have assumed” (p. 935). This section has always puzzled me. Does Kelly mean that a personal construct psychotherapist should be more concerned with the form of the constructs than with their content? How could it be possible? I am used to apply professional constructs to my understanding of the narratives by which clients organize their experience, regarding form and content as complementary, inseparable aspects.

RESORTING TO SELF-RECOGNITION

When combining my opinion that it is theoretically correct to look for similarities in the con-

tent of people's construction systems and my interest in elaborating the notion of core role, I suggested some narratives which appear recurrent in the construction of experience of people in psychotherapy.

In PCT the concept of personal identity is somehow covered by the notion of core role, in which I find two main causes for dissatisfaction: (1) even though Kelly maintains the relational nature of core role and gives some examples of its construction within the family, his description of the process of core role formation and conservation is sketchy; (2) Kelly focuses his attention on the personal perception of a loss of core role structure, namely *guilt*; I am particularly interested also in what I define as "one's recognition of playing a role and being granted a role in relationship with others." In my experience, many people turning to psychotherapy complain of a lack of recognition from others, or show evidence of a struggle for recognition. So, my interest in elaborating PCT according to a hermeneutic constructivism led me recently to address the issues of self-recognition and personal identity, inspired by the recent work of two philosophers: Honneth (1995) and Ricoeur (2005).

Starting from the assumption of a constitutively relational and intersubjective structure of the person, the recognition of one's own identity must necessarily come from a social recognition. The process is supposed to begin within the family in the dialectic mother-child, where the development of identity is linked to the mutuality of intersubjective recognition.

This mutuality consists in the willingness to recognize each other as *dependent from each other*, but at the same time as *fully individualized*. However, the realization of a full reciprocal recognition is questionable, and it seems more appropriate to suppose a continuum between recognition and misrecognition to the point of nonrecognition.

Inspired by the psychoanalytic theory of object relations, both Honneth and Ricoeur locate the possibility of a reciprocal recognition – enabling the establishment of relationships of relative dependence – in the intersubjective balance between two poles: that of fusion on one hand, and that of self-affirmation in solitude on the other.

My suggestion is that in PCT such intersubjective balance can be found in the notion of

dispersion of dependency (Walker, 1997), associated with the possibility of establishing role relationships with others through the construction of their construction processes. On the contrary, an intersubjective imbalance can be seen as characterized by a low dispersion of dependency, where people allocate their dependencies either on few people, or on themselves.

On this basis, I suggested a *path of completed recognition in the form of acceptance*, where the mother shows acceptance of the child and the child construes as validated the anticipations relative to the meeting of his or her requests. In turn the mother's extensive construction of the child's construction processes offers the child the possibility of construing a variety of regularities in her and favours the aggressive elaboration of role constructs and a dispersion of dependencies.

I am of the opinion that people presenting a disorder had experienced a greater or lesser want of mutuality in the early relationship with their parents, with prejudice to the completion of the process of recognition. At this point a diversion to the notion of disorder would be suitable.

The disorder focused and enhanced

Kelly (1955) defined a *disorder* as "any personal construction which is used repeatedly in spite of consistent invalidation" (p. 831), or as "any structure which appears to fail to accomplish its purpose" (p. 835). In his later writings Kelly did not go back to the notion of disorder.

Walker (2002; Walker, Oades, Caputi, Stevens & Crittenden, 2000; Walker and Winter, 2005) critically analysed and revisited Kelly's view of disorder by putting it in relation to a blockage in the *validation cycle* (Kelly, 1955, p. 160) or in the later described *experience cycle* (Kelly, 1966/1970, pp. 18-19), within the more general notion of *optimal functioning*. Briefly, Walker conceptualizes the disorder in terms of *non-validation*, meant as a protective strategy for avoiding revision of construing whenever it may lead to a threat regarding "either much of what we construe or to core/superordinate areas of our lives" (Walker, 2002, p. 60). In these cases, "the failure adequately to test out our construing" implies that "we remain stuck, immobile, unable

to move forward, and unable to reconstrue” (Walker & Winter, 2005, pp.27-28).

My view is similar to the above, but with an emphasis on the active choice of ‘disordered’ people not to verify core role aspects of their construction in order to conserve a social adaptation, given the anticipation that the result would jeopardize the integrity of their identity both in case of validation and invalidation. Even though not explicitly stated, also Kelly (1955) seems to view the disorder as a kind of elaborative choice when suggesting that “even an obviously invalid part of a construction system may be preferable to the void of anxiety which might be caused by its elimination altogether” (p. 831).

Paths of uncompleted recognition

Now we can come back to the suggestion that people presenting a disorder had experienced a greater or less want of mutuality in their relationship with parents, with prejudice to the completion of the process of recognition. Such incompleteness can be seen as related to the validation experiences I described as involved in the dependency paths channelized by threat, guilt, and anxiety, and entails the feeling of a non-recognition of one’s core role.

The resulting struggle for recognition might be more appropriately called a *search for social visibility*, or *search for consideration*. Self-recognition is accompanied by the construction of the experience of ‘being-with’ others at a low level of cognitive awareness (the person lives the feeling of being recognized); also, it is not about particular aspects of self. On the contrary, the sense of consideration is accompanied by the construction of the experience of ‘being-among’ others at a higher level of cognitive awareness (“I ask myself whether I am taken into consideration by others”), and it is about a specific construction of self the person strives to see acknowledged by others – as ready to help, trustworthy, competent, and the like.

Elsewhere (Chiari, 2016a, 2017) I presented the three paths of uncompleted recognition.

In brief, an imbalance between the two poles of fusion and self-affirmation in solitude leaning towards the fusion pole favours a *path of uncompleted recognition in the form of fusion*. Here, the person comes to see the possibility of

preserving an adaptation as dependent on the conservation of a proximity to the significant other, which has to be reconciled with the preservation of individuality.

An imbalance between the two poles of fusion and self-affirmation in solitude leaning towards the self-affirmation pole favours a *path of uncompleted recognition in the form of contempt*. Here, people come to see the preservation of an adaptation as dependent on their meeting others’ expectations. However, this would require the sacrifice of self-affirmation.

In the *path of uncompleted recognition in the form of negligence* the imbalance between the two poles of fusion and self-affirmation in solitude assumes a particular connotation. Here, the children see the formation of new constructs hindered by the unavailability of validating data, that is, by nonvalidation meant as impossibility of verification, and therefore experience anxiety.

It is easy to see the four paths of recognition above described as the ontogenetic development of the paths of dependency channelised respectively by aggressiveness, threat, guilt, and anxiety.

The utility in considering clients in the light of the paths above outlined lies in the possibility of anticipating many of their relational processes and of accelerating the focusing on the disorder presumably implied in the complaint. Even though the paths are suitable for being used as stereotyped, constellatory constructions, they should be considered as hypotheses, that is, propositional constructions. Quoting Kelly (1955):

When the scientist formulates a hypothesis as a propositional construct he says, in effect, ‘Here is a proposition. Let us act as if it were true. Then we can see if what we expect to happen will actually happen. If it does happen, we will try a related experiment. If it does not happen, our whole world will not collapse as a result; we need then only modify this one proposition’ (p. 598).

I already mentioned that Kelly, once presented his definition of disorder, seems not to refer to it when addressing the treatment of the disturbed client in the chapters devoted to the disorders of construction and the disorders of transition, as if he had used the same term with a professional and an ordinary meaning. From my point of

view, the person's choice of not verifying a core role construct – and the resulting blockage of the experience cycle – should be the primary indication for psychotherapy, and its resolution the key sign of its success.

People turning to psychotherapy are threatened. They are more concerned with the preservation of their integrity than with a personal change, and the very disorder is the expression of their conservative choice.

THE PSYCHOTHERAPEUTIC PROCESS

The elaboration of personal construct psychotherapy I began to call *hermeneutic constructivist psychotherapy* since 1999 (Chiari & Nuzzo, 1999) avails itself of the affinities I found between personal construct theory, phenomenology, hermeneutics, and the theory of autopoiesis (Chiari, 2016b). In particular, Maturana's (Maturana & Varela, 1987) distinction between organisation and structure of living systems allows to see people as operating structural changes in order to conserve their living organisation in the biological domain, as well as their organisation of self in the linguistic domain. The diagnostic or professional constructs suggested by Kelly can be used as indicators of the processes ongoing. In my revision, threat, guilt and anxiety refer to processes relating to intimations of endangerment/disintegration of the organisation of self, whereas constriction/dilation, tightening/loosening, the levels of cognitive awareness, permeability/impermeability, aggressiveness and hostility refer to processes relating to the conservation/restoration of the organization of self.

Viewed in the above light, the psychotherapeutic process takes a direction different from the one based on a distinction between disorders of construction and disorders of transition. Processes such as tightening, loosening, constriction, dilation and the like are regarded as elaborative choices aimed at conserving the organisation of self, and as such should be respected. It is not clear to me whether Kelly would share this view. For one thing, he deals with the disorders involving core constructs in the chapter on the disorders of construction, equating them with the disorders involving tightening and loosening, preemption and dilation – whereas the disorders

involving constriction are dealt with in the chapter on the disorders of transition. Besides, he suggests, for instance, to deal with clients showing tightened constructions starting with “a course in training on how to loosen one's conceptualization” (Kelly, 1955, p. 850), and to treat the loose construing “by tightening up a nut here and backing off a screw there” (p. 862). It is not surprising that Kelly warns against the hazard that the clients precipitate into anxiety, guilt, or a sudden dilation, which is why he advises the psychotherapists to check that the clients can handle the changes they try to favour.

The attention of the hermeneutic constructivist psychotherapist is focused first and foremost on the understanding of the core role dimension implied in the disorder, and afterwards on the possibilities of eliminating its being an obstacle to the client's experiential process. This can be done by favouring a revision of the construct, and the basic approaches described by Kelly to this purpose are indeed valuable. The role of the psychotherapeutic relationship deserves a special consideration to the extent that the therapist, by assuming a position which is orthogonal to the core role construct implied in the disorder, allows the client to explore, experiment and work out new ways of relating (Chiari & Nuzzo, 2005).

The above, of course, is the heart of the psychotherapeutic process. Usually a long, preliminary phase is necessary, and I like to refer to it as a hermeneutic conversation similar to that described by Gadamer (2013). The client's willingness to converse can be fostered through the adoption of a credulous approach, the attitude of acceptance, and the use of the techniques of reassurance and support. The search for further meaning can profit from the conversational acts described by Kelly in terms of the techniques of controlled elaboration, beginning with the complaint and directing towards the client's core narrative. It is a course that involves coming back again and again to the subjects of conversation, each time adding understanding to understanding, by moving dialectically from the parts to the whole and from the whole to the parts, in a way similar to the description of the hermeneutic circle made by Heidegger and Gadamer. Lastly, the creation of alternative narratives amounts to a reinterpretation, where the dialectics of the questions asked and of the answers given is

directed to pursue the numberless implications of the issues dealt with.

CONCLUSION

Kelly contrasts the philosophical position of ‘constructive alternativism’ he espouses with ‘accumulative fragmentalism’. According to the latter, truth is collected piece by piece, and “science [...] progresses by a series of technical ‘break-throughs’” (Kelly, 1977, p. 10). Limited to the field of psychotherapy, the approaches which espouse accumulative fragmentalism can be easily enriched with the addition of the latest discoveries, even coming out from other scientific disciplines, and give their followers the feeling of a continuous progress along the way, leading to an ever-growing knowledge of psychopathological states and their treatment. The adoption of constructive alternativism exposes to a radically different scenario. The process of integration between old and new fragments must be replaced by a process of elaboration and reconstruction aimed at imagining alternative ways for helping people to free themselves from the voluntary captivity of the frozen worlds they inhabit (Chiari, 2016c), through the recovered possibility of elaborating and reconstructing their own experience. This is what is meant with the term ‘advances’ in the title of this article.

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