



Constructivist & Existential College
Maintaining Standards in Psychotherapy

NLPtCA ♦ PCPA ♦ SEA ♦ TRTA

**COMPETENCIES FOR CONSTRUCTIVIST
PSYCHOTHERAPISTS**

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General Overview

Psychotherapists who work from a Constructivist theoretical model would be expected to emphasise the following ideas:

A central assumption that people uniquely create their own personal realities

Individual experiences are ordered into organised patterns of meaningful relationship that are open to reconstrual

These dynamic ordering processes are related to a sense of self, and are highly structured within social and symbolic contexts

Ordering processes are reflected in the operation of a fluid internal and interpersonal dialogic process

Ordering processes occurs within an inter-relational context and are contrast-informed and mutually interdependent

People engage in lifelong exploration, elaboration, and differentiation of themselves and the ways by which they organise their living

The Constructivist model does not assume fundamental pathology

The Constructivist model does not posit normative assumptions concerning culture or models of development, but works within a propositional framework taking account of the client and their context and respecting diversity

The competencies have been arranged into three groups:

1. Theoretical Base
2. Therapeutic Practice
3. Professional Practice

These categories have been created as a means of identifying specific areas of work and some competencies are found across two or more of these categories.

The first category outlines the main aspects of working within a Constructivist model. The second looks at process that take place within the therapeutic encounter and the third at professional matters.

1 THEORETICAL KNOWLEDGE BASE

Constructivist psychotherapists should be able to work within a knowledge base to Constructivist College Standards of Ethical Practice and be able to:

- 1.1 Use a Constructivist frame to arrive at a negotiated understanding of the clients' presenting concerns
- 1.2 Elaborate the client's meanings to come to a shared understanding between client and therapist
- 1.3 Establish and engage with the client's assumptions and expectations of therapy
- 1.4 Use the client's language and emerging constructs to create an agreed structured framework for the work together, ensuring that an understanding of the purpose, nature and process of therapy is shared
- 1.5 Carry out an initial assessment of the client's general psychological state and wellbeing including risk, safeguarding and the appropriateness of a Constructivist approach for the needs of the client
- 1.6 Formulate the initial therapeutic outcomes or goals with the client(s).
- 1.7 Work creatively and respectfully with the client to elicit and elaborate their unique construct system throughout the change process whilst remaining mindful of possible threat to the integrity of the client's system
- 1.8 Translate professional understandings using common language within a therapeutic conversation taking account of the clients' own unique construct system
- 1.9 Demonstrate an ability to select and tailor interventions appropriate to the unique needs of each client
- 1.10 Be aware of and be responsive to the recursive resonance of the construct system of both the client and the therapist
- 1.11 Demonstrate the ability to be both reflective and reflexive, considering the lenses through which one is experiencing and being experienced at any given moment
- 1.12 Be aware of the co-created client/therapist relationship and its impact on the therapeutic work
- 1.13 Have a working knowledge of other theoretical models, their similarities and contrasts with the Constructivist approach and their range of application
- 1.14 Maintain knowledge and skills of evaluation methods both qualitative and quantitative to inform practice and inter-professional dialogue
- 1.15 Develop a reflective framework of practice, both internalised and in supervision with awareness of own personal and professional construct systems
- 1.16 Maintain an up-to-date knowledge of research related to Constructivist psychotherapy and related fields

- 1.17 Demonstrate an awareness of the limitations of one's own ability and the range of convenience of a Constructivist approach in respect of each client's presentations
- 1.18 Be aware of professional constructions and current psychological distinctions within dominant discourses relevant to clinical practices

2 APPLICATION OF THEORETICAL MODEL TO THERAPEUTIC PRACTICE

2.1 Constructivist Psychotherapists should be able to understand and agree the nature of the working relationship with the client with reference to UKCP and Constructivist & Existential College Standards of Ethical Practice

- 2.1.1 Negotiate with the client or clients to create an agreed contract for the therapeutic process exploring and establishing boundaries and the likely duration of therapy
- 2.1.2 Clarify and agree the purpose of the working relationship and the nature of the client's participation in the process
- 2.1.3 Ensure information about therapist's qualification and experience, including registration, indemnity insurance, complaints procedures, limits of confidentiality and data protection requirements is provided to clients as required
- 2.1.4 Conduct the initial stages of the working relationship in a manner which ensures a reciprocal process including opportunities for the client to ask questions, express doubts and assess the therapist
- 2.1.5 Discuss and review appropriateness of short and long term work with the client
- 2.1.6 Explore and clarify the client's expectations of the working relationship and the initial therapeutic goals to reach a mutual understanding of possible outcomes
- 2.1.7 Explore and identify potential obstacles to the working relationship with clients
- 2.1.8 Ensure information about the range of activities, therapeutic options and possible outcomes is provided in a format appropriate to the client
- 2.1.9 Assess the appropriateness of the Constructivist model for the client or clients with reference to professional constructs
- 2.1.10 Identify any need to refer clients to other professionals/services where appropriate.

2.2 Constructivist Psychotherapists should be able to establish and maintain the conditions necessary for an effective working relationship

- 2.2.1 Monitor and address the potential for power imbalance in the therapeutic relationship
- 2.2.2 Create and maintain a therapeutically safe and containing space in which the work can take place
- 2.2.3 Embody the conditions necessary for the working relationship to develop and explore any challenges
- 2.2.4 Explore and refine the ongoing boundaries and nature of the relationship
- 2.2.5 Demonstrate reflective and reflexive practice through dialogic engagement
- 2.2.6 Be aware of the client's own style of language and communication and use this to facilitate the therapeutic work
- 2.2.7 Demonstrate respectful commitment to the therapeutic relationship, transcending responses which may be construed as either negative or positive
- 2.2.8 Invite opportunities to review and reflect upon the therapeutic relationship
- 2.2.9 Recognise and respond to change and transitions as they occurs in the therapeutic encounter referring to constructs of transition as a theoretical guide
- 2.2.10 Utilise opportunities to pause, consolidate or redirect focus as required to sustain the therapeutic work
- 2.2.11 Demonstrate the capacity to contain and tolerate strong feelings or apparent absence of feelings from the client and work appropriately
- 2.2.12 Compare and contrast the client's and the therapist's constructions of the therapeutic relationship and utilise any similarities or differences constructively
- 2.2.13 Identify and review indications of possible separations and endings throughout therapeutic work
- 2.2.14 Collaboratively review progress throughout the therapeutic contract and within clinical supervision

2.3 Constructivist Psychotherapists should be able to demonstrate knowledge and application of Constructivist Theories

- 2.3.1 Acknowledge, accept and explore a state of “not knowing/unknowing” as part of the therapeutic process of propositional construing
- 2.3.2 Demonstrate the capacity to hold multiple perspectives within the professional framework incorporating constructions of self, the client and wider systems
- 2.3.3 Formulate professional hypotheses based on the client’s world view and assist them in considering alternative or modified constructions
- 2.3.4 Elicit and clarify the client’s verbal and non-verbal constructions of their world
- 2.3.5 Invite clients to actively experiment with and test alternative construing both within and outside the therapeutic setting
- 2.3.6 Ensure active consideration of social, cultural and spiritual contexts being mindful of discriminatory practices on the basis of age, sexual orientation, gender, ability, physical impairment, class, ethnicity and other prejudices
- 2.3.7 Work towards the empowerment of the client using constructivist principles in the recognition that each person is their own researcher
- 2.3.8 Use a range of constructivist evaluation frameworks to inform practice
- 2.3.9 Engage actively with theoretically-informed reflective practice in supervision

2.4 Constructivist Psychotherapists should be able to monitor the use of self within the therapeutic relationship

- 2.4.1 Continually develop their understanding of their own construing system and ensure that they can distinguish it from that of the client
- 2.4.2 Monitor their reactions to the impact of the client and the work, in order to remain of service to the client
- 2.4.3 Appropriately manage their responses during the therapeutic relationship

2.5 Constructivist Psychotherapists should be able to assess and review the therapeutic work

- 2.5.1 Assess and evaluate the impact of specific therapeutic interventions on the client and explore responses to change in the context of the client's world
- 2.5.2 Adopt a respectful and flexible attitude towards any ambivalence on the part of the client concerning change
- 2.5.3 Monitor the validity of the therapist's construction of the therapeutic work, both within the therapy and in supervision and reflexively apply the constructivist model
- 2.5.4 Review the therapeutic experience with the client to ensure that it continues to be of service
- 2.5.5 Discuss and agree changes in the direction and nature of the therapeutic work with clients.
- 2.5.6 Use constructivist professional constructs as a primary framework within which to judge performance and effectiveness, and demonstrate accountability to others
- 2.5.7 Review the management of potential disruptions, endings and terminations
- 2.5.8 Identify and elaborate therapist self-care strategies
- 2.5.9 Review and reflect on clinical practice applications in the light of supervision and Continuing Professional Development

2.6 Constructivist Psychotherapists should be able to effectively manage & plan endings

- 2.6.1 Identify and acknowledge what has been achieved and any issues that remain unresolved in the therapeutic work
- 2.6.2 Agree the nature of any subsequent contact
- 2.6.3 Manage any disagreements as to the nature and timing of ending respecting the client's potential for autonomy
- 2.6.4 Ensure resources and opportunities for continuing client support are made available, including onward referral where appropriate
- 2.6.5 Collaboratively review the client's strategies for managing any re-emergence of difficulties
- 2.6.6 Address any issues around endings in clinical supervision
- 2.6.7 Review endings in order to monitor professional competence and the quality of therapeutic relationships
- 2.6.8 Set in place procedures for dealing with clients in event of the therapist's incapacity or unavailability

3 PROFESSIONAL PRACTICE

3.1 Constructivist Psychotherapists should be able to demonstrate that they work within UKCP and Constructivist College Standards of Ethical Practice and that they are continually maintaining and enhancing professional competence

- 3.1.1 Work within agreed UKCP and Constructivist & Existential College codes of Professional and Ethical Practice and good practice guidelines
- 3.1.2 Work within agreed agency and organisational policies and procedures when working in those settings
- 3.1.3 Demonstrate active practical commitment to equality and diversity. Ensure anti-oppressive non-discriminatory practice with regard to ethnicity, gender, class, age, sexual orientation, ability, belief system and special needs
- 3.1.4 Consider the impact of the physical environment in therapeutic work
- 3.1.5 Consider the accessibility of service, within constraints such as cost, time, childcare facilities, etc
- 3.1.6 Provide information on Constructivist professional practice and complaints procedures at the first session and on request
- 3.1.7 Maintain and explain confidentiality in clear language appropriate to client needs and abilities within the current legal statutes
- 3.1.8 Work in partnership with carers, organisations and professional colleagues relevant to client's needs being mindful of relevant legal requirements
- 3.1.9 Provide timely feedback to referrers and other professionals having regard to the client's care and confidentiality and any risk factors
- 3.1.10 Ensure relevant and secure record-keeping within the requirements of the Data Protection Act
- 3.1.11 Ensure clients are aware of their rights with regard to accessibility of their records
- 3.1.12 Inform client immediately of any request from a third party for access to their clinical records or other information about them
- 3.1.13 Provide relevant support information to the client as appropriate
- 3.1.14 Maintain and implement up-to-date relevant legal statutes and requirements including Human Rights and Child and Vulnerable Adults Safeguarding Procedures
- 3.1.15 Ensure an up-to-date enhanced Criminal Record Bureau clearance is maintained
- 3.1.16 Maintain knowledge of risk assessment, including relevant crisis contact details
- 3.1.17 Ensure relevant CPD requirements are met in order to maintain and enhance professional competence
- 3.1.18 Actively engage in regular clinical supervision, commensurate with experience and complexity of the caseload in compliance with registration requirements
- 3.1.19 Maintain relevant professional insurances

- 3.1.20 Provide protocols in event of personal incapacity or unavailability
- 3.1.21 Demonstrate integration of theory and practice informed through critical review and analysis
- 3.1.22 Ensure all professional, commercial and interpersonal relationships reflect the ethics of the theory and practice of Constructivist Psychotherapy
- 3.1.23 Ensure marketing information accurately and realistically reflects services offered.
- 3.1.24 Manage ethical dilemmas arising from conflicting codes of practice by seeking guidance and advice from supervisor and colleagues as appropriate
- 3.1.25 Consider and monitor potential occurrence of generalisation and desensitisation

3.2 Constructivist Psychotherapists should engage in continuous personal and professional development

- 3.2.1 Maintain membership of the statutory registration body
- 3.2.2 Maintain membership of other relevant professional organisations and links with colleagues working in similar fields
- 3.2.3 Demonstrate a balanced approach to the selection of CPD activities
- 3.2.4 Fulfil CPD requirement to maintain registration and keep accurate records of CPD activities, submitting these for validation to the professional body as required
- 3.2.5 Facilitate and engage in appropriate research into Constructivist psychotherapy

APPENDIX: CONSTRUCTIVIST LEXICON

There will be different professional languages to describe Constructivist psychotherapy & each College group may elaborate these.

CONSTRUCTIVIST ASSESSMENT

An assessment strategy might be classified as constructivist to the extent that it

- (a) - elucidates "local", as opposed to "universal" meanings and practices in individuals or social groups,
- (b) - focuses upon provisional, rather than 'essential' and unchanging patterns of meaning construction,
- (c) - considers knowledge to be the production of social and personal processes of meaning-making, and
- (d) - is more concerned with the viability or pragmatic utility of its application, than with its validity, per se (Polkinghorne, 1992).

This emphasis on local, provisional, and pragmatic assessment of (inter)personal meanings can be illustrated by a closer consideration of two core techniques associated with a constructivist approach, each of which encompasses many different variations.

Although constructivist assessment methods have a history that dates at least back to the 1950s, they are currently enjoying a period of rapid development. In part, this reflects the growing popularity of constructivist and narrative approaches to psychological theory, with their attendant focus on the unique meaning-making processes of individuals and social groups (Neimeyer & Raskin, 2000). In part, their proliferation also reflects the continued elaboration of human science methodology, which has developed along both quantitative lines (as reflected in the range of computer programs for administering and analyzing repertory grids) and qualitative lines (as evidenced in thematic approaches to narrative analysis). Nonetheless, users of constructivist assessment methods confront problems as well as prospects, as they consider how to evaluate the validity and reliability of measures that respect the individuality, complexity, and mutability of the meaning-making processes of their subjects. Preliminary studies of the psychometric adequacy of these methods are encouraging, however, suggesting that the further refinement and application of constructivist assessment will contribute to a more adequate psychological science and practice in the future.

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Cycle of Experience

Kelly: "A person's construction system varies as he successively construes the replication of events" (1955/1991, Vol. 2, p. 5/1991)

CONSTRUCTS OF TRANSITION DIALOGIC

CREDULOUS APPROACH (PROPOSITIONAL THINKING)

The credulous approach is a stance of openness and acceptance adopted by a clinician in order to understand how the client is presently experiencing the world. In writing about [personal construct therapy](#), George [Kelly](#) (1955/1991) encouraged clinicians to take such an approach. The information a client shares in the consulting room is credulously accepted at face value and presumed to be experientially true for the client, even if this information does not fit with how others (including the therapist) might construe things. As Kelly (1955/1991) himself observed, an effective clinician “never discards information given by the client merely because it does not conform to what appear to be the facts! From a phenomenological point of view, the client—like the proverbial customer—is always right” (p. 241). Adopting a credulous attitude serves a simple but essential purpose: it allows the clinician to understand the client’s world by empathically viewing it through the client’s eyes (Leitner, Dunnett, Anderson, & Meshot, 1993; Neimeyer, 1995).

This recognition and understanding of the client’s perspective allows the clinician insight into the functioning of the client, specifically in terms of the personal constructs the client currently holds and how these constructs are put to use in everyday life. By adopting an open, empathic, and non-judgmental position, the clinician is able to get a sense of what it is like to live in the client’s experiential world, thus gaining an appreciation for the client’s present feelings and behaviors (Epting, 1984). The credulous approach conveys a great deal of respect for the client’s reality. It demonstrates that the client’s views are valid and valuable within the client’s personal framework.

Credulity, in this context, does not mean that the clinician blindly accepts everything the client says without question. The way the client initially presents to the clinician is the foundation upon which trust is built. The client will sometimes present in certain ways that may seem to reflect discrepancies or “untruths” as observed by the clinician (Fransella, 1995; Kelly, 1955/1991). However, it may be unwise to challenge the client, especially early in the therapy, for fear of damaging the trust that is crucial to forming a successful therapeutic relationship. Acceptance and respect are critical aspects of creating an environment where the client feels safe enough to allow the clinician to facilitate exploration of alternative ways of construing problems. When there is a discrepancy between how the client and clinician construe things, the clinician who has developed a trusting relationship with a client can introduce this discrepancy into the therapeutic conversation—not as a way of correcting the client’s “irrational” or “distorted” beliefs, but instead as a means to help the client consider the potential benefits and drawbacks of how the client currently construes events and, if called for, to encourage the client to entertain constructive alternatives to current ways of construing.

Of course, clinicians are not the only ones who can benefit from the credulous approach. Clients may often find it helpful to assume such an attitude. In so doing, they may playfully be able to try out alternative ways of construing events that lead to new behavioral possibilities. The credulous approach encourages both client and clinician to entertain new prospects for understanding themselves and their relationships by trying on for size novel ways of construing things in order to decide whether or not they might effectively make a difference (Landfield & Epting, 1987). Self-characterization and fixed-role therapy are examples of how the credulous approach can be applied to psychotherapy.

In sum, taking on a credulous approach allows the clinician to gain a level of understanding of the client's world through implementing a trusting, unwary attitude. The clinician is not attempting to discover where the client falls in relation to some preconceived truth about how the client should feel or behave. On the contrary, the client is leading the clinician into the client's personal lived reality. Once there, honest understanding can begin (Epting, 1984).

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CREATIVITY CYCLE

"The Creativity Cycle is one which starts with loosened construction and terminates with tightened and validated construction." (Kelly, 1955/1991, Vol. 2, p. 7/1991)

As one would expect in a theory to do with human experiencing and each of us being "a form of motion", Kelly describes three *cycles* to do with the process of construing. These three cycles describe *experiencing*, *decision making* and *creativity*. The [Experience Cycle](#) consists of five phases: *anticipation*, *investment*, *encounter*, *confirmation* or *disconfirmation*, and *constructive revision*. Certainly in personal construct theory's line of reasoning, experience is not composed of encounters alone.

The [CPC Cycle](#) (sometimes called the "decision making cycle") consists of first *circumspection* - one looks at possibilities, then comes *preemption* when we decide that the grand piano either will or will not go through that door, followed by *control* when we leap into action and try the door for size. As with the Experience Cycle, the person is actively involved in the CPC chain of events.

We are here focusing on the *Creativity Cycle* which is concerned, as its name suggests, with creative activity. It describes a process of construing that moves from [loose](#) construing to [tight](#) construing and back and forth until a person feels something has been "created" that can be test out. Unlike the Experience and CPC Cycles, there is no personal commitment involved here.

"Loosened construction ..sets the stage for creative thinking...The loosening releases facts, long taken as self-evident, from their conceptual moorings. Once so freed, they may be seen in new aspects hitherto unsuspected, and the creative cycle may get underway." (Kelly, 1955/1991; p. 1031/Vol 2 p. 330)

The primary example of loose construing is in *dreaming*. Ideas appear to drift around, they are not anchored in reality. We can experience this process when awake, for instance when day-dreaming. Ideas come together that have never been seen in that way before. That process can go on as long as one wants. But suddenly two ideas collide that make us sit up and, thereby, tighten our construing. "What an interesting idea!" "I wonder if that would work?" We may experience several of those occasions before we are convinced that this new idea really would work. We then have to go and test it out. After all, our behaviour is the experiment that always tests out our construing. The Creativity Cycle can be experienced in any context. Students go through many such cycles as they are introduced to totally new ideas and managers sometimes find it useful to work together on re-thinking the way they work. Being exposed to new ideas need not cause problems because, as the [fragmentation](#) corollary says, we do not have to give up an old idea before entertaining a new one.

Some people may have a problem in being "locked in" to one mode or the other. In that case, neither cannot be creative. The person using mostly tight constructions produces a lot of things but nothing that has not already been created. A person who uses only loose constructions never gets out of the stage of mumbling to himself. He cannot get around to testing out that construction. The creative person must have the ability to move from [loosened](#) to [tightened](#) construing. Those who prefer to construe the world from a generally tight position may well find loose construing [anxiety-making](#). For with loose construing we lose control of things, we do not know where such construing might lead. Those locked in to loose construing find it very difficult to

come to any firm conclusions. The counselling and psychotherapy process is a series of Creativity Cycles as the client explores new ways of dealing with life.

Without creativity our lives would be one monotonous continuum of well-worked out events.

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DESENSITISATION

THE C-P-C CYCLE

The C-P-C Cycle is described by Kelly as the cycle of construction involved in decision-making in which the self is involved. He defines it as

"a sequence of construction involving, in succession, circumspection, preemption, and control, and leading to a choice which precipitates the person into a particular situation". (Kelly, 1955, pp 379-390/Vol. 1, pp 261-263/Vol. 2)

Circumspection is the stage in which we consider issues propositionally, from a variety of angles. In the *preemption* stage, we select what we believe to be the critical issue and eliminate the other options from consideration. Finally, in the *control* phase we choose the alternative action through which we anticipate the greater possibility for extension or definition of our construct system.

In everyday terms, Kelly may appear to be doing little more than describing decision-making as a process of considering options, choosing one, and making something happen, but this simplification ignores the difficulty many of us regularly experience in moving smoothly through the three stages.

The circumspection phase may be bypassed if we construe [preemptively](#), considering few, if any, alternatives to our first ideas. Our construction of the situation may be so simple that we "quickly run out of angles from which to view it". Interestingly, Kelly warns us that the decisiveness we observe in those who preempt prematurely means that they may often be perceived as leaders, since the tendency to speedy preemption is seen to characterise the "man of action".

We may also find ourselves exercising maximum *control* by choosing from a constricted range of possibilities as a way of dealing with the [anxiety](#) and [threat](#) involved in opening up to more multidimensional construing. We construe the situation [preemptively](#), casting it into a single issue in an [impulsive](#) attempt to escape anxiety.

Alternatively, if we construe relatively [loosely](#), and habitually [dilate](#) our world to allow more and more variations, the *preemption* stage becomes the difficulty. The more we consider, the more implications and possibilities emerge. Fascinating and significant

though they may be, staying in *circumspection* too long holds us well back from any form of action. Kelly describes vividly the soldier who, remembering his other roles in life and considering a variety of ways of construing his actions, may find himself unable to crawl out of his foxhole.

A reasonable balance of *circumspection* and *preemption* allows us to assume *control* – to design and undertake an appropriate behavioural experiment. A clear choice and robust experimental design are the features of the control phase. While we are encouraged by Kelly to jump in with both feet, we are also cautioned to make sure there is somewhere to land. We aim to elaborate our predictive system through action, but we also need to maintain its essential features, rather than find ourselves thrown into chaos.

As we consider the process of decision-making from a variety of angles (that is, as we take a circumspective view of the C-P-C cycle), we begin to see that, far from being a simple and rather obvious process, it might be unusual for us, individually or collectively, to go through a well-balanced cycle. Kelly's insightful descriptions of the three stages can help us discover what might be happening when decision-making becomes problematic, and the cyclical model enables us see how we might move forward (or indeed backwards) with [creativity](#).

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CONSTRUCTS OF TRANSITION

The term refers to an actual or impending change in one's [construct](#) system. Different transitions – corresponding to as many diagnostic constructs (see [diagnosis](#)) – can be discriminated on the basis of their reference to nuclear or peripheral structures, to comprehensive or incidental changes, to the participation of one's [core role](#) in the change, and other criteria. Kelly (1955) described six constructs having to do with such dislodgment: [threat](#), [fear](#), [anxiety](#), [guilt](#), [aggressiveness](#), and [hostility](#), and two cycles of construction: the [C-P-C cycle](#) and the [creativity cycle](#). McCoy (1977) translated in terms of transitions many other emotions of traditional psychology.

However, it is important not to consider transitions as simple equivalents of [emotions](#). Kelly did not accept the mind-body duality and the cognition-emotion division. Rather, he tried to remain within the general framework of his own theory that, ontologically, is a form of monism (neutral monism) whereby both mind and matter are merely convenient ways of organizing events.

The notion of transition has a fundamental role in constructivist psychotherapy

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Kelly: "Hostility is the continued effort to extort validation evidence in favour of a type of social prediction which has already been recognized as a failure." (1955/1991, Vol. 2, p. 7/1991)

RESISTANCE TO CHANGE

From time to time all does not go well with predictions that arise from our construing of an event. Perhaps someone has always thought that she could be a very good artist if only she had the time. On retirement there is suddenly the time available and so she starts going to an art class. But it suddenly dawns on her that all is not well. The teacher and some of the other pupils think she is not making good progress. Invalidation faces her - perhaps she is not so good after all. She resists that change in her construing of herself. She does so because she is aware, at some [level of cognitive awareness](#), that the change will require her to reconstrue the sort of person she thinks she is. She becomes aware that change is imminent and comprehensive - in other words, the invalidation [threatens](#) her. She may say to herself "OK, I got it wrong, it's not the end of the world"; or she might join another class and try again. A third way of dealing with invalidation of this sort is to become [hostile](#). She may persuade herself that really she is still a potentially talented artist but she has just got a bad teacher and the students aren't up to much either. She is right and it is the others who are wrong - so she keeps the way she construes herself intact.

The opposite of the term "resistance" is usually something positive to do with change, making "resistance" undesirable and meaning "no change". That is unfortunate because personal construct theory sees resistance as helpful and understandable in certain contexts. Fransella (1993) suggests that it might be useful to build on the ideas of Watzlawick, Weakland & Fisch (1974) who talk of "persistence" being the opposite of "change". Persistence means actively seeking "no change". We can all resist change or persist in keeping the status quo from time to time and for the personal construct psychologist there is nothing wrong in that at all. Of course, it causes a problem if we become hostile on too many occasions but it is part of everyday life for most of us. It is in the counselling and psychotherapy situations that it becomes really important. The personal construct counsellor or psychotherapist does not see such resistance as a "bad" thing but as a reaction that needs to be understood. Quite often resistance is encountered when the psychotherapy is becoming too successful; the client is dealing with his or her problem too well. The person is suddenly confronted with the fact that they are well on the way to becoming "a person without my problem" - whatever that problem is. Things must be slowed down. The reconstruing undertaken so far needs to be consolidated.

One situation when resistance to change can occur is if the goal, or alternative [core role](#) is the ideal (Fransella, 1993). Then one confronts the "if only" cry. "If only I were not someone who stutters I would be a great orator"; "if only I were not an alcoholic I would be a powerful business man"; "if only I were not obese I would be a very successful fashion model" and so on. The client progressively discovers that there has to be fundamental change in how they construe themselves as the goal of the ideal is not tenable. He or she does not just need to change construing *within* the construct system, but gradually comes to realise that there really is no alternative except to change the system itself. Few of us can easily live the ideal. Relapse occurs

when the person sees they are moving toward the unconstruable rather than some idyllic existence. Not surprising that many relapse.

Leitner and Dill-Standiford (1993) describe some of the ways in which they have come to recognise "resistance" in experiential [personal construct psychotherapy](#). "Resistance" is thought to be the explanation when a client starts dealing with important matters in a very concrete way; when he or she becomes passive; or starts to deal with things impulsively (shortens the circumspection stage of the [CPC Cycle](#)). If we agree to change "resistance" to "persistence" then we can say that personal construct psychology states that a person is usually right in persisting in the status quo if the current invalidation of the behavioural experiments makes him or her aware that change will have to be more radical than the person can deal with at that time.

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PHENOMENOLOGY

Phenomenology is a philosophical movement that is normally seen as originating with the work of *Edmund Husserl* in the early Twentieth Century. It focuses on phenomena, the way the world appears to us. Husserl advocated methods of achieving phenomenological seeing. This was essentially an alternative construction to what he termed 'the natural attitude'. This was the taken for granted way of perceiving that carries with it cultural prejudices that pre-dispose us to seeing things in a particular perspective. In modern society, the natural attitude is infused with the doctrine of Cartesian dualism that separates subject from object. This has led to epistemologies (philosophy concerning our knowledge of the world) being either materialist or idealist. Materialism emphasises the way in which the world becomes known through our senses while idealism stresses the role of the mind in structuring our perception. This separation of subject and object has proved problematic for many sciences, none more so than psychology. Husserl hoped that phenomenology would become the basis of all scientific inquiry, arguing that the way the world appears must be fully appreciated before scientific explanations are sought.

The generation of phenomenologists that followed Husserl (for example, *Heidegger*, *Merleau-Ponty* and *Sartre*) are referred to as existential phenomenologists. In their different ways, they each emphasised our 'being-in-the-world'. This hyphenated phrase underlines that the person should not be conceived as a body containing a mind, but as situated in a social and physical context. This was seen by the

existentialists as a necessary corrective to what they saw as Husserl's drift into idealism. The position of being-in-the-world means that all perceptions and constructions are ultimately from a particular perspective in time and space. It is never possible to distil once-and-for-all truths and essences from individuals' constructions. There are strong links here with [constructivism](#) (Chiari & Nuzzo, 1996) and some contemporary construct theorists see [PCP](#) as fitting most comfortably into the phenomenological tradition (Warren, 1985, 1998; Butt, 2003). Like the phenomenologists, [Kelly](#) was concerned with how the world appeared to particular people; with their meanings that required the therapist/interviewer adopting a [credulous approach](#). The pragmatic tradition in which Kelly worked also rejected the Cartesian dualism that haunted traditional philosophy and psychology.

In '[The Psychology of Personal Constructs](#)', Kelly recognised a link between his work and what he termed 'neo-phenomenology', which he wanted to balance with the use of 'a more traditional methodology'. However, in his later writing he distanced himself from phenomenology, which he saw as imprisoning people within their own private worlds. (Kelly, 1969) This confusing of phenomenology with idealism probably came from Kelly associating phenomenology with the work of Rogers and Maslow, both of whom drew very selectively on European philosophers in their ideas about human nature (Holland, 1977). In fact, Kelly's focus on a psychology of personal constructs can be seen as a phenomenological approach. His suggestions for understanding the person, and in particular, his instructions for analysing [self-characterization](#) sketches (Kelly, 1955) provide good examples of elaboration of the phenomenological method.

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PERSONALITY

Unlike the majority of personality definitions, where personality is most often defined as distinctive individual character or that inherent quality of human beings which makes them individual, personality in PCP is closer to the eyes of the beholder. Personality is an abstraction from the activity of a person, with subsequent generalization of this abstraction to all manner of relationships of that person to other persons.

Four points about personality are of crucial importance:

- (1) It is not an inherent object that should be discovered, but an assessment based on abstraction of known activity of an individual person, so it can be generalized to the unknown activity of that person;
- (2) It is based on a person's relationship to other persons and not on some inner substance;
- (3) It is not neutral, but a value-laden term; and
- (4) It is a course of events – a process, not a static entity.

The person in PCP is perceived as the intersect of many [construct](#) dimensions. This means that a person is a unique combination of [dichotomous](#) categorical interpretations. Although it is often said that PCP [equates](#) personality with *personal* construct systems, persons in PCP are above all *social* beings, construed in the realm of social relations. Society therefore presents the necessary condition for the constitution of personal beings, their persons and personalities. Furthermore, social situations and social relationships are not determined by some inner essence of individual beings that occurs within them. Instead, people are determined and formed by their interpersonal relations. Thus personality in PCP does not reside in the human personal interior, but in the social space with other personal beings. One has to enter these social relations in order to become a person him or herself. Furthermore, personality is not given at birth; instead it is *potential* which has to be constructed through mutual relationship with others. Simply stated, we need others to acquire our own personality. Talking about others, we reveal our own abstractions, dimensions of meaning which comprise our own personal systems. In order to assess the personality of an individual, we must assess the ways (s)he makes sense about others. Therefore, what one says about another person becomes the source of data about the speaker, more than the person who is being spoken about.

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INVALIDATION

Invalidation is one of the outcomes of the testing out of our construing. We act in a manner that is consistent with the ways we make sense of the world. By so doing we can consider the consequences of our behaviour. Sometimes our sense-making is contradicted by the feedback we receive about our experimentation. It is this that the term invalidation encompasses. At other times it is confirmed, what Kelly termed [validation](#). The feedback we receive may be sensory - if I assume that the floor is solid and I find it crumbling when I start to step on it, I'm going to revise my theory and keep off it. But very commonly it is from the reactions of others, or our entering into the ways others' see the world, that the effectiveness of our own construing is evaluated.

Invalidation may be particularly problematic in childhood when our developing sense of ourselves as a meaning-maker is crucially being elaborated. Bannister (1963), for example, linked serial invalidation with the development of [schizophrenia](#). However

invalidation is not, in itself, a problem but is central to the elaboration of our construing system in ways that approximate reality.

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DIAGNOSIS

George Kelly (1955, p. 775) viewed psychiatric diagnosis as '*all too frequently an attempt to cram a whole live struggling client into a nosological category*'. His alternative approach, which he termed 'transitive diagnosis', was to use diagnostic dimensions focusing upon the avenues of movement open to the individual rather than a classification system based upon disease entities (Johnson et al., 2000). These diagnostic dimensions include [constriction - dilation](#); and [tight - loose](#) construing. Other diagnostic constructs used by Kelly, and described in other Colleges of the encyclopaedia, are [preverbal constructs](#); submergence; suspension; level of [cognitive awareness](#); comprehensive constructs; incidental constructs; [superordinate constructs](#); [subordinate constructs](#); [regnant constructs](#); [core constructs](#); peripheral constructs; and various constructs relating to transitions in construing (e.g. [threat](#); [fear](#); [anxiety](#); [guilt](#); [aggressiveness](#); [hostility](#); the [circumspection-preemption-control cycle](#)).

Kelly (1955, p. 831) defined as a disorder '*any personal construction which is used repeatedly in spite of consistent invalidation*'. Disorders involve a failure to complete the process of experimentation outlined in the [experience cycle](#). They may be regarded, just like the constructions of non-disordered people, as the individual's attempt to make the best sense of his or her world and to cope with or avoid invalidation. To this end, all of us use the strategies described in Kelly's diagnostic constructs, but while in the optimally functioning person there is a cyclical and balanced interplay of contrasting strategies, in disorders there tends to be the almost exclusive use of a particular strategy. Disorders may therefore be classified in terms of the strategies which most characterise them (Winter, 1992, 2003). Similarly, they may be viewed in terms of the [nonvalidation strategies](#)" which the individual uses in order to avoid making sense of some aspect of his or her world (Walker et al., 2000).

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