

Personal Construct Psychology

New Ideas

Peter Caputi, Heather Foster and Linda L. Viney

University of Wollongong, Australia



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Peter Caputi is a senior lecturer in the School of Psychology at the University of Wollongong. He has published over 30 journal articles in the areas of Personal Construct Psychology, information systems and measurement issues in psychology, as well as co-authoring a textbook in research methods. He has reviewed for the *International Journal of Personal Construct Psychology*, now the *Journal of Constructivist Psychology* and *Personal Construct Theory and Practice*. He has also edited conference abstracts for the *Australian Journal of Psychology*.

Linda L. Viney is Professor in Clinical Psychology at the University of Wollongong. She was instrumental in introducing Personal Construct Psychology in Australia and published extensively in the area as well as generally in clinical, counselling and health psychology. She has been Consulting Editor and Editor of the *Australian Psychologist*, and official journal of the APS. Linda has also been Foundation Member of the Editorial Board of the *International Journal of Personal Construct Psychology*, now the *Journal of Constructivist Psychology* (1988–), and Guest Editor of the issue based on the Fourth Australasian Conference on Personal Construct Psychology, which she co-ordinated, in Volume 3 (1990). Special Editor 1999, *Community Mental Health Journal*, for the American Association of Community Psychiatrists.

Heather Foster PhD, Dip Ed (Tech.), is a registered psychologist who has applied personal construct psychology in clinical, academic and research areas of psychology. Her research interest is in changes in mid-life, particularly menopause. She draws on a wide background in psychology and vocational education and training and worked for many years in the NSW vocational and education training system. Her work included counselling, teaching, curriculum, policy and management roles, and involved writing, editing and managing the production of educational publications.

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Preface

In 1955, George Kelly published his seminal work, *The Psychology of Personal Constructs*. This two-volume work was theoretically challenging and provocative! It provided a statement about how people make sense of their worlds, as well as an approach to clinical practice, based on an original theoretical framework. In presenting his theory, Kelly abandoned traditional concepts in the psychological literature, concepts such as motivation (Monte, 1987). Instead, Kelly proposed that individuals engaged in “scientific” activities similar to his own endeavours. Kelly saw people as “personal scientists” seeking to understand their lives by devising and testing hypotheses about their worlds and the people that share them (Monte, 1987).

The central concept in Kelly’s theory is *construction* or *construing*. People construe or make sense of their worlds, the events in them, and of themselves. This process of construing (and re-construing) results in a system of constructs that provides a unique framework for understanding and anticipating events in one’s world. The underlying philosophical assumption in personal construct theory is that “all of our present interpretations of the universe are subject to revision or replacement” (Kelly, 1955, p. 15). This position is referred to as a philosophy of *constructive alternativism* (Winter, 1992, p. 4). This position posits that an individual is not “limited to” a particular interpretation of their world. People can re-interpret their worldview and make way for alternative, more meaningful interpretations of their universe (Winter, 1992). However, the philosophy of constructive alternativism is not a solipsistic position. Kelly does not deny the existence of an objective reality. Rather, he argues that we cannot experience the real world directly. We construe that world; we give meaning to it and anticipate future events (Winter, 1992, pp. 4–5).

People construe their worlds in various ways. People’s experiences of the world are diverse. Although having its origins in clinical psychology, Kelly intended his theory to have a wide range of applicability. The literature associated with Personal Construct Theory (PCT) demonstrates that Kelly’s ideas

have been applied to areas as architecture and death studies (Neimeyer, 1985). The central focus of the theory, however, is still with psychotherapeutic applications, although the theory is underused in clinical practice, and few clinical programs in universities cover the theory in detail (Winter, 1992).

The chapters in this book represent current applications of PCT to a diverse range of topics. In addition, they represent the internationalization of Personal Construct Psychology research, with contributions from authors from the United Kingdom, the United States, Europe and Australasia. There are five main sections to this book. The contributors to *Section I: Theory and History* provide a snapshot of some of the current theoretical and methodological issues in PCT. Linda Viney discusses PCT-based models and the role that such models may play in assisting psychotherapists' work with people. Trevor Butt's Chapter demonstrates how Kelly's theoretical roots are grounded in pragmatism. The relationship between "the artistic outlook" and the psychology of personal constructs is explored in Bill Warren's Chapter. In Chapter 4, Paula Eustace shows how Kelly's work is consistent with a post structural interpretation of social processes, and she suggests the possibility of including discursive practices within a constructivist position. Prasuna Reddy and Richard Bell and Harald Seelig and Radó address methodological and analytic issues in Chapters 5 and 6. *Section I* concludes with a very personal account of the history of PCT in Australia, and ways in which isolated research communities can cope with the tyranny of distance.

Section II: Assessment and Understanding begins with Larry Leitner's chapter on therapeutic artistry, the role of therapeutic creativity and the therapist as artist. Derek Oliver and Mark Schlutsmeier present a PCT perspective on multiculturalism in psychotherapy in Chapter 9. Sally Robbins and Mike Bender provide an interesting account of understanding dementia using PCT. In Chapter 11 David Winter and his colleagues present the findings of a study supporting the link between psychotherapists' theoretical orientations and their core construing. In the final chapter in this section Julie Ellis presents a personal construct perspective of nurses' professional identity.

The third section of the book, titled *Problems of Living*, begins with a chapter by Nicole Rossotti and her colleagues dealing with role of trust and dependency in people's lives. Bob Green provides a PCT account of factors contributing to cannabis use. In Chapter 15, Carole Carter and Linda Viney explore the application of PCT to our understanding of the effect of clients disclosing after sexual assault. In Chapter 16 Lis Lane and Linda Viney present their work on using personal construct theory, in particular role relationships, to make sense of women's experiences of breast cancer. Alessandra Iantaffi's Chapter on researching the personal experiences

of disabled people, especially women in higher education concludes *Section III*.

Good evidenced-based research is important in any domain of psychological inquiry. In *Section IV: Evidence-based Interventions*, personal construct theory forms the basis for three varied areas of empirical research. These studies test and provide evidence for the effectiveness of personal construct approaches taken. In Chapter 18, Heather Foster and Linda Viney present a study dealing with women's changing constructions at the time of menopause. Lis Lane and Linda Viney write of a study investigating the benefits of group psychotherapy with survivors of breast cancer. The third chapter in this section is by Deborah Truneckova and Linda Viney and reports on group work with troubled adolescents.

The five chapters that make up *Section V: Other interventions, clinical and educational* demonstrate the wide applicability of personal construct theory. In Chapter 21, Pam Leung reports on pre-service teachers' perception of successful language teachers. Sabrina Cipoletta, in Chapter 22, explores movement in personal change, a personal construct approach to dance therapy. Following this, in Chapter 23, David Mills investigates the relationship between George Kelly's personal construct theory and Alexander technique. Finally, in Chapter 24, Viv Burr applies a personal construct perspective to a discussion of the art of writing in relation to embodiment and pre-verbal construing.

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SECTION I

Theory and History

1

Applying Personal Construct Models to Work with People¹

LINDA L. VINEY

There is considerable pressure on practitioners who work with people to provide manuals or blueprints for approaching their tasks. However, personal construct practitioners believe that people are creative agents with free will, rather than robots or machines (Fransella, 2003; Kelly, 1955/1991; Raskin & Bridges, 2002; Rychlak, 2000), so that they resist providing such manuals. However, they do provide models that enable generalisation from one client to another or from one community to another. Models consist of a set of conceptual propositions. These propositions have consequences to be deduced (Hesse, 1967). Models and theories have similar structures (Hesse, 1967). Models are based on an underlying theory and inform both the planning of practice and interpretation of its outcomes. The scope of a model, then, is narrower than a theory. Each theory can have many models, but each model has only one theory. Theories need to be true, but models may not be. Models apply the ideas of a better known domain to a lesser known one (Harre, 1961). Models can also aid in understanding, generate new hypotheses, provide more information about the rules of inference about the phenomena, enable the expression and extension of psychological knowledge, help to evaluate the theories from which they spring and aid in the learning of skills by practitioners (Braithwaite, 1962; Harre & Secord, 1972). The propositions of models can also therefore be extended to aid us practitioners into strategies that we can follow.

¹ Based on an Invited Plenary Address for the 14th International Personal Construct Psychology Congress, Wollongong, NSW, July, 2001.

This chapter is about the use of models in personal construct practice. Some standards by which they can be judged are provided, as well as the functions that models can achieve. Two examples of models are then described: one for a client and the other for a community. The paper owes much to Dr Lindsay Oades, with whom I first explored the implications of models, but for personal construct research (Viney & Oades, 1998). Both he and the Wollongong Personal Construct Research Group have been very helpful in honing this chapter.

SOME STANDARDS FOR PERSONAL CONSTRUCT MODELS

Models must be *firmly based in the theory* from which they emerge (Howard, 1998). A model that is only loosely related to its parent theory may be confusing and misleading to the practitioners who attempt to use it. In the case of personal construct models, their propositions must be firmly based in the theory on at least four different levels. Most fundamentally, they need to be consistent with the assumptions about epistemology, approaches to the truth and other metapsychological assumptions of personal construct theory that have been identified (Chiari & Nuzzo, 1995; Neimeyer & Raskin, 2000). The propositions of the model also need to be consistent with the most crucial philosophical assumption of personal construct psychology, constructive alternativism, or that there are as many views of the world as there are people to have those views (Kelly, 1955/1991). Then the model propositions need to be consistent with the concepts of Kelly's theory, as well as with the concepts of the more recent extensions of the theory, if practitioners choose to use them.

Models also need to be *clearly and concisely described*. A model that is presented in a manner that is hard to understand is not going to attract practitioners. A two-fold standard is being suggested here. The first of these standards implies that a good model is one that is easy to comprehend and so to use effectively to generate practice (Paxton, 1976). The meaning of the messages in the propositions of a model should be unambiguous, and so open to only one interpretation. The second of these standards suggests that a good model is also one that is expressed using as few concepts as possible, but also as few words as possible, as briefly as it can be. Conciseness in a model, then, implies both simplicity of ideas and of the words used to express them.

Models must be *internally consistent* (Radford & Burton, 1974). A model that is based on concepts and assumptions that are in conflict is not going to help practitioners; in fact, it is going to confuse them. One way to ensure that a personal construct model is internally consistent is to show that none

of its propositions are in conflict with the concepts of personal construct theory. The model needs then to fit simultaneously with its assumptions at a metapsychological level, with the assumption of constructive alternativism and with the concepts of the theory. If these checks are carried out, and any failing proposition rejected, then the propositions of the model are likely to fit well with each other, as they should.

Models also need to be *parsimonious* or frugal. A model that is presented in a manner that is not as simple as it can be, taking into account the complexity of the phenomena considered, is going to irritate practitioners. The goal of the model builder should be to account for the maximum information with the minimum of propositions (Paxton, 1976). Where models with different numbers of propositions attempt to account for the same phenomena, those with fewer propositions are to be preferred. This principle of parsimony was formulated by William of Occam in the twelfth century, and is used today across a wide range of domains of thought, including the physical and social sciences.

Models need to *deal adequately with the psychological events* on which they focus. An otherwise elegant and appealing model is of no use to personal construct practitioners if it does not deal adequately with the phenomena which are at the centre of their practice. So while it is the case that models need to be consistent with the assumptions, theories, concepts and methodologies on which they are based, they also need to deal adequately with events. The propositions of a model should deal adequately with whatever physical, psychological, historical and contextual events the practitioners have in mind.

Models must also meet yet a final pair of criteria of being both *comprehensive and specific* (Marx, 1976). These criteria are somewhat in conflict because one aims for wide scope while the other aims for precision. Models, then, need to be sufficiently broadly-based to be able to include all relevant events, yet precise enough to make prediction possible. A model that consists of propositions that are limited and vague is not going to help them, as practitioners, and it is going to frustrate them. Models need then to be made up of propositions that provide both a sufficiently broad understanding of events, but also propositions that are sufficiently specific to make predictions that lead to assessments and interventions that are useful.

SOME FUNCTIONS OF MODELS

Models *prevent practitioners from being overwhelmed by the complexity* of personal construct theory and of the events with which they deal. In its

simplest form, it is a theory with 1 basic postulate and a set of no less than 11 corollaries. However, all those who have worked with the postulate and corollaries have found each one to be of considerable subtlety and complexity. So even deciding which part of the theory to apply to the psychological phenomena of interest can be difficult. Using a model, with a finite set of propositions, in personal construct practice, therefore, helps to focus on the parts of the theory that are relevant. Each one of those propositions uses only some parts of the theory, and so releases practitioners from responsibility for the other parts of the theory. Also, the physical, psychological, historical and contextual (familial, organisational and cultural) events with which practitioners deal also provide a very high degree of complexity, which can make it difficult for us to focus on some events rather than others. Using a model, with a limited set of propositions about a limited set of events, helps to focus on the events that are relevant and ignore those that are not.

Models make *accountable* and available to a greater extent, the theory that excites personal construct practitioners. This theory, as I have noted earlier, is an extremely complex and extensive one. Use of models based on it helps to make available and accessible parts of the theory that can become lost in or, at the least, overshadowed by other parts of it. The accountability of models, then, is one of their important functions.

Models also can provide *new ideas* for practitioners. This important heuristic function they share with theories (Hesse, 1967). This quality of both theories and models has been described as “fertility” (Lakatos, 1970). The production of new ideas results mostly from the juxtaposition of concepts and events in each of the propositions of the model. When the concepts and events come together, practitioners often find themselves generating new ideas about the events in which they are so interested, but about which their ideas may have been somewhat limited.

Models give practitioners, too, *better definitions* of, firstly, the concepts, and, secondly, the research variables, so that they can conduct much better assessments and interventions. The generation of clear definitions of the concepts in the propositions of the models ensures that such concepts are readily available and so can be carefully evaluated. These definitions also provide a degree of specificity which is helpful to better practice. Both of these characteristics of clarity and specificity lead to better definition and understanding of the variables that represent, in practice, the concepts at the theoretical level. Articulating the propositions of the models can also make it easier to check that there is an isometric relationship between concepts and variables.

Models give practitioners better tools for *checking that their collections of information are appropriate to the theory* they are using. As practitioners

spell out the propositions of their models, they can check on the assumptions that they make about people which could determine how they should understand and work. For example, personal construct theory assumes that the person is an active chooser and creator of meanings in a social context (Chiari & Nuzzo, 1995; Fransella & Dalton, 1991). It therefore may follow that the assessments and interventions should allow both parties to be treated as active creators of meaning in a social context (Viney, 1987). Another example of how the propositions of models constrain the practitioners who use them follows. If the model propositions assume that the meanings created by people on the basis of their individual and often different life experiences may be unique (Kelly, 1955/1991) then much information about their clients, and their assessment and intervention, should make sure it includes any unique aspects.

Models enable practitioners to *make predictions* about their practice. Kelly (1955/1991) saw a good construct system as a “useful” system, and to him “useful” meant being able to employ the meanings involved to anticipate and control one’s own behaviour and those of other people. When he applied these ideas to practice, Kelly may well have maintained that good practice involves the testing of predictions about the events of interest. The ability of practitioners to use the propositions of a conceptual model to generate hypotheses that can be tested is extremely important to them. That the propositions of the model have been clearly articulated also make it easier for practitioners to devise hypotheses that are both directly relevant to the events to be assessed and worked with and more immediately testable, than when no model is available.

SOME PERSONAL CONSTRUCT MODELS

Seven models from the Wollongong PCP group have been published. The earliest of these was Viney’s (1990) on psychological reactions to illness and injury, and crisis intervention counselling (Viney, 1995) and the model of Marilyn Rudd’s of the reactions of caregivers of demented spouses (Rudd, Viney & Preston, 1999). The most recently published of our models are those of Lis Lane for group work with women with breast cancer (Lane & Viney, 2002; 2005) and that of Heather Foster on workshops for reactions to menopause (Foster & Viney, 2002; 2005). There is also the model of group work with adolescent offenders and non-offenders (Viney & Henry, 2002). Deborah Truneckova has developed another model for distressed school-based adolescents (Truneckova & Viney, 2005). Four of my other graduated doctoral students also have developed such models which they have tested:

Carole Carter, Jeannie Higgins, Lindsay Oades and Patricia Weekes. These were models that made work with survivors of sexual assault, police, AIDS prevention in adolescents and parents of developmentally disabled children possible.

Two examples of personal construct models will now be shared briefly. They are both new. The first deals with individual clients, and both the propositions and the strategies following on from them are provided. The second model deals with the community.

THE CLIENT MODEL

The first of the propositions of the model of working with a client to be introduced is of constructs as the *meanings that everyone creates from their experiences*. These meanings involve interpretations, but also predictions.

Table 1.1 Personal construct model propositions and related strategies for clients (following Kelly, 1955/1991; and Viney, 2000)

Propositions	Strategies
1. Constructs are unique meanings developed through experience	1. Focus on clients' meanings, on which <i>they</i> are the experts
2. Meanings are bipolar, providing choices between alternatives	2. Recognise that clients' choices of meanings provide their choice of action
3. Meanings are linked into systems, with some more influential than others	3. "Ladder" to identify clients' most influential meanings about self, and protect them
4. All people have meanings that are preverbal	4. Be open to clients' preverbal meanings
5. People experiment with their meanings	5. If they feel safe, clients experiment with their problematic meanings in therapy
6. There are many different ways to make sense of events	6. Clients can re-interpret events in therapy
7. Negative emotions signal need to change meanings, e.g. anxiety and anger	7. Negative emotions need to be expressed, identified and accepted in therapy
8. Positive emotions signal confirmation of reinterpretations of meanings	8. Positive emotions should be more common later in therapy
9. Confirmation of people's meanings is often provided by other people	9. Confirmation by therapists of clients' meanings is important early in therapy; later clients need confirmation provided by others

They are *unique*, because each person has had somewhat different experiences over the different course of their interactions with others, and the world, from their earliest years. These attributes of meanings require that, when personal construct therapists interact with their client, they need to listen very carefully for the meanings of that client. This form of listening, called “credulous listening” involves containing, to some extent, the meanings of the therapists and acknowledging the role of the client as an expert on his or her own meanings is a helpful strategy.

These meanings are also *bi-polar*, so that every one of people’s interpretations of themselves and events involve choice between alternatives. The client then has choices about the interpretations he or she makes of himself or herself and his or her worlds, and so choices about his or her actions. Many clients, who have difficulty trusting their therapists, do not have such a belief. Aiding clients to become aware of these choices can be helpful to them. Some clients, however, are still not in touch with some poles of the meanings they once used to use; for example, some people who are severely depressed cannot retain access to any poles of their meanings other than those that are totally pessimistic and sad.

People’s meanings are linked into *systems of meanings, of which some are more influential and useful than others*. It is important, then, for therapists to protect the most influential and useful meanings of their client, especially those about himself or herself and the world. The procedure of “laddering” can be used to identify the most influential meanings about self that are both useful and also disruptive for the client (Fransella & Dalton, 1991). This is an extremely helpful strategy.

In this personal construct model of working with the client, another proposition is that many of people’s meanings are unconscious. These types of *meanings are described as preverbal*, to indicate that they either may have been developed by a client at a time before he or she was using words, or cannot be expressed in words because of the strong and distressing emotions linked with them. Therapists, then, need to attend carefully to signs of unverballed meanings in their client. This acknowledgement of preverbal construing in clients does not detract from seeing clients as experts. However, it does mean that therapists have access to some meanings and feelings to which clients do not have. Then therapists work with clients to make clear some meanings and help them to test their own and these additional meanings. In this process, the client reconstrues.

The next three sets of propositions and related strategies have to do with people as testers of meanings and the emotions that follow from this testing process. People function like scientists, testing their hypotheses about the world; but it is their interpretations and predictions that they test. In therapy,

then, it is a natural and ongoing process of *meaning-testing that occurs for a client* in therapy. A client needs to feel safe enough to experiment with their problematic meanings in therapy. This is one way in which the therapeutic relationship is central to therapy.

People have many different ways to make sense of themselves and events. Reality may exist, but people have only indirect access to it by *exploring a range of alternatives*. This concept is a liberating one for the client, because it means that in therapy he or she can re-interpret the events of his or her life.

When people *test their meanings, and they are not confirmed, it is then that they experience distressing feelings*. Using this approach, when a client feels *anxious*, it is when he or she recognises that the events he or she experiences are beyond the range of his or her interpretations and predictions. When he or she feels *guilt*, it is because his or her actions do not fit with his or her expectations for his or her interactions with others. When he or she feels *angry*, it is because he or she is refusing to give up the interpretations and predictions she or he has been making. Expression of these emotions is an important strategy of this model of therapy, but what is added is understanding of those emotions in personal construct terms.

When people *reinterpret their meanings, test them and they are confirmed, they experience positive and enjoyable feelings*, like happiness, contentment and pride. Positive feelings should therefore be more commonly expressed by the client in this model of therapy in later sessions.

The last proposition and strategy to be dealt with here involve the role of confirmation of meanings. When people test their meanings, confirmation of some of those meanings, especially the most powerful of these meanings, is important to them. Such *confirmation is often provided by other people*. To have people around who provide a range of different sources of confirmation can be helpful, because people are then no longer dependent on one source which may fail them. Early in therapy, therapists provide much confirmation for the influential and useful meanings of their client about himself or herself. This is another of the ways in which the therapeutic relationship is central to a model of therapy with a single client. However, later in therapy the client is encouraged to become aware of other sources of confirmation of his or her influential meanings, and to develop a range of such sources.

The *model of the client is evaluated* now, using the standards provided. Its propositions seem firmly based in personal construct theory, and they are clearly and concisely described. They should be internally consistent, in the sense of being based on the assumptions and concepts of the theory. The