CONSTRUCTIVIST TENDENCIES IN RECENT PSYCHOANALYSIS

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In recent decades psychoanalytic theory has undergone extensive changes. One aspect of these changes has been to make psychoanalysis more consistent with constructivist psychological theories, such as personal construct psychology (PCP). This paper examines several of the new currents in psychoanalytic theory from the perspective of their convergence with constructivist themes. Discussed are ideas of Alwood and Solorzano (1984), Peterfreund (1983), Ryle (1982), Soldz (1986, 1987), and Weiss, Sampson, and the Mount Zion Psychotherapy Research Group (1986). Similarities and differences in perspective between these psychoanalytic ideas and personal construct psychology are then discussed with the goal of furthering discussion between proponents of the rival theories.

In recent decades, psychology has been swept by a constructivist wave. Theories of people actively creating their internal worlds through assimilating and accommodating external stimuli to internal psychic structures are common in fields as diverse as perception (Gregory, 1970), memory (Loftus, 1980), cognitive development (Flavell, 1977; Piaget & Inhelder, 1969), emotion theory (Mandler, 1984; Solomon, 1976, 1981), and personality (Kegan, 1982; Kelly, 1955). Psychoanalysis, which has often been viewed, especially by critics, as a biological determinism, has also come to be influenced by constructivist tendencies. Much contemporary psychoanalytic theory is permeated with concepts of psychic structures that are used in the

Preparation of this paper was supported in part by the Research Training Program in Social and Behavioral Sciences, NIMH grant no. MH14246, and by the Institute for Health Research, a joint program of Harvard Community Health Plan and Harvard University. I would like to thank Michael Davis, Lois Keithly, Tamar Springer, and Melinda Salomon for their comments on an earlier draft. An earlier version of this paper was presented at the Seventh International Congress on Personal Construct Psychology, Memphis, Tennessee, August 1987.
construal of experience and are modified as the result of their application. These new developments in analytic theory should make psychoanalytic concepts more congenial to other constructivists.

Kelly once wrote of Freud’s theories that:

There was so much truth in what he said—so much new truth. . . . As the years go by, Freudianism, which deserves to be remembered as a brave outpost on the early frontier of psychological thought, is condemned to end its days as a crumbling stockade of proprietary dogmatism. Thus, as with other farseeing claims to absolute truth, history will have a difficult time deciding if Freudianism did more to accelerate progress during the first half of the Twentieth Century than it did to impede progress during the last half. (1969, p. 67)

I want to suggest in this paper that Kelly’s obituary was premature, and that the new ideas circulating in psychoanalytic circles are worthy of the attention of other constructivists, especially of personal construct theorists and therapists.

I will examine some contemporary analytic works that I think are especially congenial to constructivists. These works were not chosen because I necessarily agree with the detail of the theoretical positions they represent, but because they are especially good illustrations of the variety of constructivist positions represented in contemporary psychoanalysis. I will then briefly discuss the strengths and weaknesses of personal construct psychology (PCP) and psychoanalysis in forming a more useful theory of human functioning. Throughout, I will emphasize clinically relevant concepts. In encouraging this cross-fertilization I am in agreement with Bieri (1986), who also encouraged personal construct psychologists to pay greater attention to psychoanalysis. The limitations of space will preclude a detailed examination of these theories, so all that I can hope to accomplish is to whet the appetite for a closer examination of these new ideas.

CRITIQUE OF METAPSYCHOLOGY

One of the central debates in psychoanalysis over the last two decades has concerned the status of metapsychology in psychoanalytic theory. Briefly, metapsychology consists of the concepts of forces, drives, and structures, based on physicalist metaphors, that are presumed to have an actual existence and that are used to explain clinically observable phenomena. Among the most prominent metapsychological concepts are those of libidinal and aggressive drives, and the division of the mind into different psychic structures, such as ego, id, and superego. Many writers have argued either that the particular metapsychology developed by Freud was wrong, or that psychoanalysis as a psychological theory could exist totally without any metapsychology. Perhaps the most central concept in psychoanalytic metapsychology, and the most criticized, is that of instinctual drives. Many writers have argued that the concept is inherently confused and/or in contradiction to what is known about human neuropsychological functioning. The concept of drive, in these authors’ viewpoints, is a concrete representation of the human experience of being drive, of not being in total control, and of the effort required to accomplish goals (Eagle, 1984; Klein, 1976).

Another set of concepts to come under attack is that of the tripartite division of the psyche into three separate structures: the id, ego, and superego. The development of psychoanalytic ego psychology by A. Freud (1966), Hartmann (1958), Waelter (1936), and others was originally seen as a correction to the early psychoanalytic emphasis on repressed sexual drives as explaining all psychological phenomena. Even this modification, however, has become increasingly problematic. Though the ego psychologists place greater emphasis on the importance of ego functions, they continue to argue over exactly what functions are or are not a part of this structure and exactly where the boundary between the ego and the other structures, especially the id, are to be drawn. Recent critics of metapsychology have called for a halt to this debate by pointing out that the concept of the ego as structure was a human creation that can be abandoned when its limitations are recognized (Shafer, 1976).

It might seem that without metapsychology there would be no distinctively psychoanalytic theory, but the critics argue that this is not the case. There are two general approaches that have been adopted by these theorists. One approach advocates forming a new metapsychology, which would be more consistent with what is known of general psychology and neurophysiology (Basch, 1986). Another approach argues for a purely psychological theory that explains the clinical phenomena generated during psychoanalysis and intensive psychotherapy (Klein, 1976). Psychoanalysis, according to these theorists, consists of a set of concepts regarding the role of intentionality, both conscious and unconscious, in psychological phenomena.

Unfortunately, arguments over the correct direction that analytic theory should take have become clouded by arguments over the relation of psychoanalysis to science and the humanities. Thus, many of the authors adopting the total rejection of metapsychology justify
their position by reference to philosophical positions such as phenomenology and hermeneutics, which are sometimes used to deny the scientific nature of psychoanalytic inquiry. Psychoanalysis, they argue, is a hermeneutic enterprise concerned with the explication of human meanings and is not concerned with questions regarding scientific explanation. While I won’t delve into the philosophical issues here, I will indicate that I believe this position to be based on a misunderstanding of the nature of science and to be contrary to the example of people like Kelly (1955) who attempted to construct scientific theories of human subjectivity. This position rests on a confusion of the physicalist concept of particular theories with the nature of science as such. Recent works by Bhaskar (1979), Edelson (1985), Gruenbaum (1984), and Mattick (1986) have provided excellent critiques of the hermeneutic interpretation of psychoanalysis, and of social science in general.

STRUCTURES OF SUBJECTIVITY

In order to illustrate the nonmetapsychological approach to psychoanalysis, a representative theory will be discussed, that proposed by Atwood and Stolorow (1984) in their book *Structures of Subjectivity: Explorations in Psychoanalytic Phenomenology* and related works (Stolorow & Atwood, 1979; Stolorow & Lachman, 1980). Despite the use of the word phenomenology in their title, Atwood and Stolorow conclude an extensive discussion of phenomenological philosophy with a statement that psychoanalysis has nothing to gain from this philosophical position. Rather, the term is taken to indicate that Atwood and Stolorow (1984) take subjective experience as the subject matter for their theory. They define:

Personality structure (as the *structure of a person’s experiencing*. Thus, the basic units of analysis for our investigations of personality are *structures of experience*—the distinctive configurations of self and object that shape and organize a person’s subjective world. . . . We conceptualize these structures as systems of ordering and organizing principles . . . through which a person’s experiences of self and other assume their characteristic forms and meaning. (pp. 33-34, emphasis in original)

Such a conceptualization of personality structure bears striking resemblance to the basic tenet of PCP, namely, that organized systems of personal constructs are the basic units of personality. Further-

more, the emphasis on the person’s experience of self and others is consistent with the PCP emphasis on the importance of core role constructs in maintaining self stability (Kelly, 1955; Leitner, 1987).

Psychological health, as defined by Atwood and Stolorow, is also consistent with the PCP perspective. Health consists of an “optimal structuration” of the person’s psychological organization. Optimal structure involves the person’s ability to assimilate many different types of experience, while remaining flexible enough to accommodate new experiences of self and others. This balance of accommodation and assimilation allows the continuing development of the subjective world in response to interactions with others. Atwood and Stolorow’s position on this issue is reminiscent of the Epping and Amerikaner (1980) position emphasizing the importance of actively reconstructing the world without regularly ending up with “massive, rapid, and possibly chaotic revision of the (construct) system” (p. 61).

In a similar vein, Stolorow and Lachman (1985) advocate a revision of the psychoanalytic concept of transference:

*TThe concept of transference may be understood to refer to all the ways in which the patient’s experience of the analytic relationship is shaped by his own psychological structures—by the distinctive, archaically rooted configurations of self and object that unconsciously organize his subjective universe. Thus transference, at the most general level of abstraction, is an instance of organizing activity—the patient assimilates the analytic relationship into the thematic structures of his personal subjective world. (p. 26, emphasis in original)

Note again the emphasis on the patient’s subjective experience of her/himself in relation to others. This position is almost entirely consistent with Kelly’s (1955) concept of transference:

Transference . . . has to do with one’s perceptions of persons who perform parts in cooperative social enterprises. It refers to the way one attempts to subsume the constructs of others. In psychotherapy it represents the client’s bid to subsume parts of the construct system of the therapist and hence to play a role in relationship with him. Unless the client makes an effort to construe the therapist by transferring role constructs upon him, the therapist is scarcely able to exemplify any aspect of reality in the hope of having it meaningfully interpreted. (p. 664)
Both Kelly’s and Stolorow and Lachman’s discussions of transference lead to the implication that transference is not solely the creation of the patient. That is, the patient is using his or her subjective structures in order to make sense of, or interpret, the actual behavior of the therapist. Transference, in both views, is not distortion but creation, albeit often relatively problematic and nonfunctional creation. Kelly (1955), like most psychoanalysts, sees transference as central to the therapeutic project: “[W]e may say that the therapist is always looking for transferences, trying to get them formulated as testable hypotheses, designing experiments, and confronting the client with negative as well as positive results, upon the basis of which the transferences may be abandoned and replaced” (p. 665).

Other than style, the greatest difference between these two concepts of transference is the use of the word “archaic” in Stolorow and Lachman’s definition. While psychoanalysts are placing increasing emphasis on the patient’s here and now experience of the therapeutic situation (Gill & Hoffman, 1982), they believe that the most problematic structures of subjectivity tend to be formed early in life and remain relatively unmodified, ready to be revived later in life (Eagle, 1984). While this position is not explicitly contradicted by Kelly or most PCP theorists, they tend to pay less attention to developmental aspects of problematic construing processes. To some degree, this difference in emphasis may reflect differences in the nature of the therapy usually undertaken by analysts and personal construct therapists. Most personal construct therapy is of relatively short duration (Neimeyer & Neimeyer, 1987). Those PCP therapists who engage in longer therapy, such as Leitner (1980, 1987), also appear to find it useful to think about the patient’s childhood and the constructs formulated during that period.

The word “archaic” has a second connotation that may elucidate another difference in emphasis between psychoanalytic and PCP perspectives. Stolorow and Lachman (1983) believe that transference involves a regression to previous, more primitive, organizations of subjectivity. That is, in contradistinction to the classical analytic viewpoint that transference involves regression to earlier psychosexual stages, Stolorow and Lachman believe that it is earlier structural organizations that had been “prematurely aborted, precluded or disavowed” (p. 22) that are revived in the therapeutic relationship. Even here, similarities to personal construct thinking may be detected. Thus, Landfield and Epting (1987; cf. Soldz, 1988a), in their analysis of patient repertory grids, assert that some of these patients have construct systems structured more like those of young children than like those of “healthy” adults.

OBJECT RELATIONS THEORY

British psychoanalysis has long been dominated by variants of object relations theory. While many distinct theoretical approaches are included under the object relations umbrella, the distinguishing characteristic of such theories is that psychic structure is conceptualized as being based on internalized images, termed internal objects, of developmentally early experience of interactions with significant others, in particular the mother. The developmental level and structural characteristics of these internal objects play a large role in object relations theories. Thus, in contrast to classical analysts who place instinctual drive and defense at the center of attention, for object relations theorists, relationships with others are primary from birth. The libidinal stages that are primary in classical theory are viewed by object relations theorists more as modes of relating to others than as ways of deriving pleasure. For example, orality is conceptualized as a mode of relating that involves an attempt to symbolically incorporate the other, as if she or he were a part of the self.

Because object relations theory emphasizes psychic structure as internalized representations of interpersonal relationships, it is easy to see its affinity with constructivist approaches. There is, for example, a similarity between object relations theory and the psychoanalytic phenomenology of Atwood and Stolorow (1984) discussed in the previous section. Yet most object relations theorists are weak in their conceptualizations of the process of change, both in personal development and in psychotherapy. There is no equivalent in object relations theory to the Piagetian concepts of accommodation and assimilation adopted by Atwood and Stolorow, or to the Choice corollary of Kelly (1955).

One partial exception consists of the work of Winnicott (1965, 1971, 1975) on the role of play and symbolization in human development. Winnicott emphasizes the lifelong importance of transitional phenomena, objects or symbols that are viewed as bordering the person and the outside world, and about which the subject never asks, “Is this object a part of myself or of the outer world?” The prototype of such an object is the baby’s security blanket. Winnicott has, however, extended the concept to cover a wide area of symbolizing processes, including literature, art, and psychotherapy. For example, he argues that psychotherapy and psychoanalysis involve a creative process of playing by patient and therapist that enables the patient to discuss his/her fantasies without subjecting them to reality testing. Such an approach allows an exploration of the patient’s constructive processes without endangering them by premature testing.
Despite the tantalizing ideas in object relations theories, these approaches tend to be expressed in a rather picturesque, yet obscure, language that makes it hard for many, especially those not well versed in psychoanalytic argot, to read and absorb. Thus, similarities between these theories and constructivist approaches are particularly hard to detect and appreciate. One author well versed in both constructivist and object relations theory has, however, attempted to draw parallels between them. In a series of works (e.g., 1974, 1982) has developed a theoretical approach that draws on both the object relations version of psychoanalysis and on contemporary constructivist theories, including personal construct psychology and information processing cognitive models.

One particularly interesting aspect of Ryle’s work has been his attempt to operationalize a variety of psychodynamic concepts by means of the repertory grid (Rep Grid). For example, if in a graph of the first two principal components of a Rep Grid some elements are strongly identified with positive qualities while others are construed predominantly negatively, it is possible that this pattern may indicate the presence of the defense of splitting, a prominent concept in object relations theories.

It is notable, however, that Ryle’s (1975) attempts to develop Rep Grid measures of common psychoanalytic ideas were proposed rather tentatively and have not been further elaborated by him. In his more recent work, Ryle increasingly dropped psychoanalytic language while maintaining the analytic idea that patient’s problems frequently are the result of repetitive patterns of construing others. In a series of papers (Ryle 1979, 1980, 1981; cf. Soldz, in press), he has searched for a new language and new measures for representing these repetitive patterns of interpersonal construal. Thus, he has discussed “dilemmas, traps and snags” as types of problematic repetitive patterns. A dilemma, for instance, consists of an unusually strong positive or negative relationship between certain pairs of constructs. For example, when the constructs “is dependent on” and “is cross with” are highly positively correlated, the person is likely to get angry at people who are dependent on him or her. Dilemmas can easily be operationally defined in terms of a specially constructed Rep Grid, the dyad grid, in which the elements are relationships that are rated on supplied constructs such as “is dependent on.”

Another aspect of Ryle’s (1982) recent work is his attempt to develop a comprehensive model of psychotherapy based on an information processing cognitive model in which the individual defines goals, develops plans to accomplish those goals, carries out the plans, and evaluates the results. This process leads to possible revision of goals or assumptions regarding the situation and one’s capacity to act in it. Ryle attempts to represent a number of common patient problems and a wide variety of therapeutic interventions within the terms of this model. In particular, by using the model to represent several fundamental psychoanalytic concepts, he has furthered attempts to relate psychoanalytic ideas to the broader realm of constructivist theory.

HEURISTIC PSYCHOANALYSIS

Another constructivist approach to psychoanalysis can be seen in the work of Peterfreund (1983) on psychoanalytic therapy. Peterfreund criticizes other analysts who, he feels, have adopted stereotyped approaches to their patients. In an effort to apply analytic theory, Peterfreund contends that analysts often interpret their patients’ verbalizations in a dogmatic way, without adequate concern for the actual reactions of the patient. These stereotyped therapists conform closely to critics’ (such as many PCP theorists') stereotypes of the psychoanalyst. Among the principal characteristics of stereotyped approaches to analysis are that:

They understand the case almost from the very start... The primary aim is to fit the case into the clinical theory that forms the basis for the early formulations. Meanings are in large part assumed rather than discovered... The psychoanalytic process is viewed as an attempt to get the patient to understand the initial formulation... The patient’s failure to understand the analyst or to accept what he says is viewed as resistance... The patient has a minimal role in establishing the truth of what may be going on or in what may have happened to him. Generally the patient is not viewed as an equal working partner, capable of confirming, revising, or refuting suggested interpretations, capable of evaluating what he hears, and fully capable of arriving at insights independently—indeed, often more capable than the analyst at arriving at insights... Built into stereotyped approaches are innumerable circular, self-confirming hypotheses in which refutation has no place. There is generally no true place for any process leading to discovery. (pp. 52-54)

In contrast to the stereotyped approach to psychoanalysis, Peterfreund advocates what he calls a heuristic approach that involves the tentative application of general strategies, or heuristics, to the analytic situation. When properly applied, Peterfreund contends that
this fosters a process of mutual discovery between the patient and analyst. Some of these heuristics are general strategies characteristic of many different schools of psychotherapy and should prove unobjectionable to most PCP therapists, for example, “Discover unique and personal meanings” (p. 180), or “Inquire of the patient if something is not understood” (p. 158). Other heuristics explicitly try to correct what Peterfreund sees as the deficiencies of stereotyped analytic approaches: “Build up understandings from within the data, for simple generalizations about small units of sharply observed phenomena to more encompassing ones” (p. 158), or “Work closely to experience; follow the patient’s emotional line” (p. 167).

Another set of heuristics is more explicitly psychoanalytic. They exemplify the strategies that analysts tend to use that, when used systematically, distinguish psychoanalysis from most other psychotherapies. Examples of these are “Allow free-associative disordered experiences which fill in the scene,” “Focus on the analytic process (and) foster the development of transference relationships,” and “Interpret input through models of early infantile and childhood experience” (p. 167).

Peterfreund also presents heuristics that the analyst should attempt to inculcate in the patient, such as “Introspect, scan, and allow free-associative detailing of current experiences; allow disordered experiences. Relive and revive segments of recent and remote past experiences.” He also suggests that the therapist encourage the patient to “Sort out, group, compare, and match experiences; generalize and classify.” Finally, there is one that is reminiscent of Kelly’s (1955) Choice Corollary: “Follow the associative path that is most evocative; test by looking ahead and evaluating” (p. 196).

This heuristic approach moves the process of psychoanalysis in a constructivist direction. It makes explicit that therapy should involve a process of discovery of personal meanings on the part of both the patient and the therapist. While these meanings may resemble those of other patients, it is the context of the individual’s life that gives them their unique flavor. Furthermore, by focusing attention on the strategies of the analyst, Peterfreund makes it clear that nothing should be sacrosanct in analysis. The analyst should be open to re-evaluating everything, even the heuristics used in conducting the therapy. Peterfreund’s explicit statement of them is the first step toward opening these strategies to clarification, debate, and possible modification or replacement.

Peterfreund’s statement of psychoanalytic heuristics resembles some recent developments within PCP. Landfield and Epting’s (1987) work on the Rep Grid contains a chapter stating explicit guidelines for approaching the analysis of a Rep Grid. R. A. Neimeyer (1987) derives some guidelines for therapeutic intervention from Kelly’s basic theory that provide an orienting framework for a personal construct approach to therapy. The formulation of such therapeutic strategies, or heuristics, appears to be a promising direction that can help facilitate the comparison between different schools of therapy, leading to clarification of differences and possible integration.

CONTROL-MASTERY THEORY

The psychoanalytic approaches discussed above illustrate the infiltration of the constructivist attitude into the psychoanalytic theory of personality and psychopathology, as well as the analyst’s approach to therapy. Both the Stolorow and Atwood and the Peterfreund works have reformulated much of psychoanalytic theory in terms that are more congenial to the constructivist. Yet, to a great extent, their intent is conservative, leading to a preservation of the traditional content of that theory and of the classical psychoanalytic approach to psychotherapy. Atwood and Stolorow and Peterfreund see their works as statements in more acceptable theoretical terms of ideas and practices that have implicitly guided the psychoanalytic clinician for years. A recent work by Weiss, Sampson, and the Mount Zion Psychotherapy Research Group (1986; cf. Soldz, 1988b) proposes a reconceptualization of the process of analytic psychotherapy that could have profound implications for the theory and practice of psychoanalysis. The novelty of the work is especially surprising in that it is couched in a theoretical language more characteristic of the ego psychology of the 1950s (e.g., Hartmann, 1958; Hartmann, Kris, & Lowenstein, 1964) that has recently come under sustained attack for its reification of psychological process (e.g., Klein, 1976).

According to the Weiss-Sampson theory, elsewhere called the control-mastery theory (Curtis & Siberschatz, 1986; Siberschatz & Curtis, 1986), psychopathology results from (unconscious) pathogenic beliefs that the patient constructed out of childhood experiences. Furthermore, the patient enters psychotherapy with an explicit, though unconscious, plan to test, and invalidate this pathogenic belief. Therapy, from this perspective, consists of a continuous process of unconscious tests of the therapist in order to determine if the therapist will act differently than the patient’s perception of the parents. If the therapist passes the tests, the patient will respond by opening up, producing new material, exhibiting a greater freedom and range of affect, and will construct her/his own interpre-
tations of the meanings of his/her verbalizations. In contrast, if the therapist fails the tests, the patient will respond by constricting his/her spontaneity in the session. Fortunately, as patients have a great stake in invalidating their pathogenic beliefs, they will often cue the therapist as to the right approach to take in order to pass the tests. For example, a patient may complain of a passive father in order to indicate to the therapist a need for greater activity and less tentativeness on the part of the therapist.

In order to illustrate this idea, I will briefly present one of the case illustrations from Weiss et al. (1986). It concerns 150 sessions from the analysis of a patient, Mrs. G., whose relationship to her male analyst was based on pathogenic beliefs developed in relation to her father.

As a consequence of her unconscious image that the analyst was vulnerable, she was afraid to be either assertive or submissive to him. She feared that if she were assertive with the analyst she would hurt him, and that if she were submissive to him . . . she would fall into a masochistic relationship with him from which she would be unable to free herself. (p. 18)

This patient tested her analyst by making many mocking, sarcastic comments. When the analyst reacted nondefensively, she would relax, become more cooperative, and bring forth new material. After many sessions in which the tests were repeated, Mrs. G. felt comfortable enough with the analyst to produce a fantasy of being beaten by him.

One distinguishing feature of the control-mastery theory is that it is based on an extensive program of empirical research. Weiss, Sampson, and the Mount Zion Psychotherapy Research Group (1986) have spent 10 years conducting empirical analyses of the process in 100 hours of the analysis of one patient. The basic unconscious plan of this patient was determined by a group of therapists. In the prototypical study, the analyst’s interventions were independently rated for compatibility with the patient’s plan, and the patient’s verbalizations after interventions were rated along a number of different dimensions. A number of such studies, reported in the book, lend support to the hypothesis. All of these studies have so far been carried out on a single case, however. Replication with many more cases is necessary in order to determine the generality of control-mastery theory to psychoanalysis. These ideas have, however, been extended to analytically oriented brief psychotherapy, also producing results supportive of the control-mastery hypothesis (Silberschatz, Fretter, & Curtis, 1986). But, as with the long-term case, these studies only included a small sample of cases. Despite the methodological limitations of these studies, the attempts to empirically test this clinical theory are commendable. Furthermore, the work of this group provides an excellent example of the adaptation of rigorous single case study methodology to verbal, relatively unstructured psychotherapy.

MODERN PSYCHOANALYSIS

Despite ideas like those of Peterfreund (1983) on the active, exploratory nature of psychoanalytic therapy, or Weiss et al.’s (1986) emphasis on the importance of patient testing during psychoanalysis and psychotherapy, psychoanalytic clinicians have remained remarkably resistant to major modifications of analytic technique. For most analysts, psychotherapy is conceptualized as a search for understanding on the part of the patient. The analyst’s role consists largely of providing interpretations of the patient’s (presumed) dynamics. The major differences concerning therapeutic technique among analytic schools concern the content of the interpretations and the definitiveness with which they are proposed. A few therapists who have been influenced by the analytic tradition, like Ryle (1982) and Wachtel (1977), have advocated the integration of techniques from other therapeutic schools, most notably cognitive and behavior therapy. The therapy of these integrationist advocates is considered by any to thus become less psychoanalytic in nature and has, so far, exerted little influence among psychoanalysts.

One exception to this rule of technical conservatism is the so-called modern psychoanalytic school that has been developed by Spotnitz (1976, 1985) and colleagues (e.g., Adams, 1978; Marshall, 1982; Spotnitz & Meadow, 1976). The theoretical justification for modern psychoanalytic technique is based on an extremely classical aspect of psychoanalytic theory, the theory of drives. Yet the actual therapeutic techniques appear to be best understood from within a constructivist framework, such as PCP. In traditional modern analytic theory (Spotnitz, 1985), severely disturbed patients are presumed to suffer from an inability to discharge aggression in a non-harmful manner, resulting in the aggression being turned against the self. Modern analysts argue that traditional analytic interpretive techniques are too stimulating for severely disturbed patients, leading to an exacerbation of the pathology. Thus, new techniques are needed that will insulate the patient from premature overstimula-
tion, while gradually helping the patient to give up resistances to verbal expression of the problematic aggression. These techniques, including object-oriented questions (as opposed to more traditional self-oriented questions), joining, and mirroring, essentially involve the analyst accepting the patient’s point of view and thereby obviating the need for the patient’s traditional defensive patterns. Gradually, through verbalization in the analytic situation, the patient develops more mature ways of handling drives without resorting to the previous self-destructive techniques.

In a series of papers, I have argued that modern psychoanalytic techniques are best understood from a personal construct perspective (Soldz, 1983, 1986, 1987). I argue (Soldz, 1983) that the prominence of aggression in severely disturbed patients can be understood in terms of Kelly’s (1955) theory of hostility. Hostility, for Kelly, consists of “the continued effort to extort validational evidence in favor of a type of social prediction which has already proved itself a failure” (p. 510). Severely disturbed patients are precisely those whose interpersonal construct systems are relatively unarticulated. Such patients are thus subject to virtually constant invalidation of the few core role constructs they have available to them. Hostility presents itself as a way in which they can continue to make some sense of their interpersonal world, avoiding the chaos of continuous anxiety [defined by Kelly (1955, p. 495) as “the recognition that the events with which one is confronted lie outside the range of convenience of one’s construct system”].

Modern psychoanalytic techniques can be interpreted as ways in which the analyst can intervene with severely disturbed patients without causing premature invalidation of what little psychic structure is available to them. Object-oriented questions, for example, involve questioning the patient about her or his understandings of the motivations of others, including the analyst (Soldz, 1986). This process helps the patient elaborate his/her constructs without endangering them by testing their accuracy. Frequently, through this process of exploration, patients develop new interpretations of themselves and others. As an example, a patient who wanted to know why, in her view, the analyst had been hostile at the end of the previous session was asked her ideas about why he had behaved that way. These questions, and the acceptance of her viewpoint on the matter, helped the patient talk about the fragility of her sense of self: any comment by the analyst that was unexpected led her to feel that there was something wrong with her. Perhaps not surprisingly, this patient has several times declared her appreciation for the analyst’s acceptance of her point of view.

Other modern analytic interventions, such as joining or mirroring of the patient’s resistive patterns (Marshall, 1982), can similarly be understood as ways in which the analyst can facilitate elaboration, and thus transformation, of a patient’s core role constructs without challenging the point of view of the patient (Soldz, 1987). After the patient has developed a more articulated construct system, the analyst can help her/him test predictions derived from these constructs in interactions in the analytic office, and eventually outside of it as well. More interpretive or confrontative approaches may become useful at this stage. However, two characteristics of the modern analytic approach remain. Like a good constructivist, the analyst always places primary focus on the patient’s unique conception of the world. Furthermore, the modern analyst emphasizes the obstacles, or resistances, to the patient’s engaging the world in a creative, experimental manner. At each stage of the therapy the modern analyst concentrates on the characteristics of the patients’ construct system that impede further growth.

PSYCHOANALYSIS AND PERSONAL
CONSTRUCT PSYCHOLOGY

The theories discussed above illustrate a variety of perspectives within contemporary psychoanalysis. All of these theories share an emphasis on the importance of examining the individual ways in which particular patients give meaning to their interpersonal world. They also share, though to differing degrees, a belief that people’s psychological structures are modified through a creative process of construing and reconstruing themselves and the world. As each of the theories discussed shares these two characteristics, each can be considered to be fundamentally constructivist in nature, whether or not the authors are aware of, or orient their work in terms of, the constructivist tradition. Thus, I believe, these examples illustrate that constructivist perspectives are alive and flourishing within contemporary psychoanalysis. Once this point is granted, the question arises of the relation of psychoanalysis to other constructivist theories, PCP in particular. Both psychoanalysis and PCP have placed great emphasis on listening to the patient and trying to understand the personal meanings embedded in the patient’s speech. Yet there are definitely different emphases between the two theories.

Psychoanalysis involves a long therapeutic process in which disordered modes of thinking that usually lurk in the background are brought to the foreground. It is assumed by virtually all therapists
from the psychoanalytic tradition that these disorganized modes of thought have some relation to forms of thought that occurred earlier in life, and that these “archaic” thought forms are integrally involved in the patient’s present difficulties. Furthermore, psychoanalysts tend to believe that there are certain issues that must be faced by all developing children, at least in this culture, and that these issues can provide focal points for the development of personal difficulties. Among these issues are the processes involved in the formation of integrated internalized representations of the self, others, and the self in relation to others; the nature of pleasurable bodily experience and its relation to the formation of internalized images of significant others, to adult sexuality, and to the nature of gender differences; and the role of aggressiveness and hostility in self identity and in the formation of intimate relations with others. Psychoanalytic theoreticians differ considerably in their understanding of the relative weight given to these various issues. But most analytic theories deal with each of these developmental themes in some way. Furthermore, psychoanalytic theory is especially useful in explaining the changes that take place in the way people make sense of and interact with the world on a daily basis. Psychoanalysis is also particularly weak in conceptualizing the finer aspects of psychic structure. Even recent attempts to adopt the concept of “schema” from cognitive psychology (Klein, 1976; Slap & Saykin, 1983) are vague. One particular weakness of these ideas is in the understanding of emotion and its relation to “cognitive” phenomena. For example, Slap and Saykin (1983) refer to cognitive-affective schemas, as if adding the word “affective” explains the relation between affect and cognition.

Personal construct psychologists, in contrast, have tended to focus more attention on structural features of people’s construct systems. Thus, cognitive complexity, hierarchical organization of constructs, and the process of construct transformation have been central concepts in much personal construct thinking about psychotherapy (e.g., Landfield, 1971; Fransella, 1972). PCP has a well-developed set of theoretical constructs regarding the structural aspects of changes in construct systems. These structural and change concepts are the strongest point of the theory. They are especially useful in making sense of the smaller changes that psychoanalysis has difficulty explaining. Furthermore, Kelly’s idea that emotions represent the awareness of imminent change in one’s core constructs is a particularly fertile place to begin in analyzing the relation of emotion to psychopathology and the therapeutic process (Soldz, 1983). Unfortunately, this area has received relatively little elaboration (McCoy, 1977, 1981). The nature of particular constructs or issues requiring construal has received less attention within PCP; however, the nature of relations with others has played a key role in PCP thinking (Kelly, 1955; Leitner, 1980, 1987; Soldz, 1986, 1987). Kelly’s Sociality Corollary and the key importance that he gives to the construal of other people’s point of view in his definition of role relationships placed interpersonal construal at the center of his psychology. Yet, unlike psychoanalysis, PCP contains few concepts that distinguish among qualitatively distinct types of role relationships.

As I have indicated, psychoanalysis and PCP have each developed distinctive research and therapeutic traditions, making integration unlikely. However, dialogue and cross-fertilization can be very valuable to each of them. PCP could gain by facing the issues regarding the importance of bodily experience, of childhood, and of archaic modes of experiencing that have taken a primary place in psychoanalytic theorizing. Psychoanalysis could make use of some of the central PCP concepts on the process of change, the structure of the personality, and the nature of emotion. Furthermore, PCP’s emphasis on structure independent of content can provide a language that can be used to represent the content of many other theories, including the several variants of psychoanalysis. Epping and Amerikaner’s (1980) personal construct explication of the concept of optimal functioning in a variety of psychological theories can serve as a model here, as can Soldz’s (1983, 1986, 1987) translation of some central concepts of the modern psychoanalytic approach (Spotnitz, 1985) to the treatment of severely disturbed personalities. It is to be hoped that such dialog will lead to improved psychological theories, as well as generate new therapeutic techniques. Both the psychoanalytic and constructivist traditions are extremely rich; it would be a shame if these riches were to remain forever isolated.

REFERENCES


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