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The Flight from Relationship: Personal Construct Reflections on Psychoanalytic Therapy

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Psychotherapy is a difficult undertaking. The therapist faces the task of listening to a client's verbal ramblings, deciding what the client "really" means by her or his statements, and formulating appropriate interventions. Clinical theories are used by the therapist as an aid to the process of making sense of the client's utterances. Furthermore, such theories prescribe therapeutic interventions to deal with various clinical situations.

Kelly (1955), through his psychology of personal constructs (PCP), tried to develop a general scientific theory that would elucidate the processes whereby individual persons make sense of the world. Unlike many other approaches, such as phenomenology, Kelly's theory contains an elaborate set of constructs that can be used to conceptualize an individual's personal construct system. In addition, Kelly's theory contains at least the rudiments of a theory of how and why people change their constructs.

Despite the fact that PCP was originally devised largely as a theory of clinical practice, the greatest strengths of PCP so far have been in the realms of theory and research. There have been only a few attempts to derive a therapeutic technique from the theory (e.g., Epting, 1984; Fransella, 1972; Leitner, 1980; R. Neimeyer, 1986). Thus, personal construct psychologists who wish to benefit from the efforts of previous clinicians are likely to dip into work from other traditions.

The dominant theories among clinicians engaged in verbal therapy have been psychoanalysis and variants of humanism such as Rogers' client-

centered approach. Of these, psychoanalytic theory has provided the most broad-based framework for understanding clients' psychological functioning. Psychoanalytic approaches have been popular especially among therapists engaged in long-term treatment aimed at bringing about personality change. Perhaps because of this dominance, the psychoanalytic tradition reflects the clinical knowledge gained by numerous therapists over several generations.

My own clinical work has been influenced by both the personal construct and psychoanalytic traditions. Both PCP and psychoanalysis place a strong emphasis on understanding the client's unique way of relating to and making sense of the world. PCP provides a coherent theoretical structure that is especially helpful in elucidating the structural aspects of the client's meaning-making processes. Psychoanalysis contributes access to a rich clinical tradition built up over decades by hundreds of therapists. Among the most important themes in this clinical tradition are an emphasis on the role of childhood experience in the creation of adult personality and on the central role people's experience of others plays in psychic life.

The psychoanalytic tradition, interpreted broadly, also provides a variety of technical approaches for dealing with difficult therapeutic situations. I have been influenced especially by the Modern Psychoanalytic school that developed out of the work of Spotnitz (1976, 1985; Spotnitz & Meadow, 1976). While space precludes even the briefest summary of this approach, I will present a few modern analytic concepts that will be referred to in the case discussion that follows. I will then discuss material from two therapy sessions that illustrate the use of these concepts in guiding therapeutic interventions. Simultaneously, the clinical material will be conceptualized from the perspective of PCP to demonstrate my integration of psychoanalytic and personal construct concepts.

PSYCHOANALYTIC CONCEPTS

Resistance is a central modern psychoanalytic construct. However, the concept should not be understood as the pejorative accusation of client misconduct that has typified some psychoanalytic writing and that Kelly (1955) appropriately rejected. Spotnitz (1985) broadened the idea "to cover whatever obstacles to personality growth become manifest in the treatment relationship" (pp. 23-24). Resolving resistances becomes the central task of the modern analytic therapist. Spotnitz proposed a hierarchical classification of resistances such that those lower in the hierarchy should be dealt with before higher ones. The lowest level of resistance, which is prominent in the clinical material discussed in this chapter, is treatment-destructive resistance, namely, "any mode of behavior, that, carried far enough, would

break off the treatment" (Spotnitz, 1985, p. 171). For example, tendencies to be late, to miss appointments, or to refuse to talk are treatment-destructive resistances that, in this approach, are dealt with before other resistances, such as resistances to cooperative functioning.

In the early stages of a therapy, the modern analytic clinician intervenes minimally while paying special attention to the client's *contact functioning* (Spotnitz, 1985), that is, to the client's overt or covert attempts to elicit a verbal response from the therapist. Cuing therapeutic interventions to the client's contact functioning can allow the client to regulate how much personal interaction he or she can tolerate. In PCP terms, following the client's contact functioning protects him/her from premature invalidation of essential core constructs. Furthermore, study by the therapist of the client's contact functioning can provide much valuable information about the nature of the client's personal relationships and what kind of relationship the client anticipates engaging in during the therapy process.

Modern psychoanalysis is in agreement with Kelly (1955) that understanding and insight are not necessarily instrumental in bringing about therapeutic change. Both approaches advocate the therapist's adopting various roles in order to elucidate and change a client's habitual ways of dealing with the world. Spotnitz (1985) proposed a set of techniques which involve the therapist's adopting a certain role in regard to the client. These techniques, collectively known as *joining*, have in common that "the therapist agrees with the patient's words or his conscious or unconscious attitudes" (p. 264). The therapist communicates that "I am a person like (a part of) you," which reduces the threat of invalidation the client experiences, allowing a resistance to be overcome and new material to evolve. As a simple example, if a client says she doesn't feel like talking, the therapist can join this feeling by informing the client that she doesn't have to talk if she doesn't want to. This intervention often spontaneously produces much material on the meaning of silence for the client. From a PCP perspective, such interventions temporarily validate a portion of the client's construct system, which encourages him/her to elaborate further and conduct experiments with these modes of construing. Thus, paradoxically, support and validation of certain constructs allows their modification.

The last modern analytic concept to be discussed is that of the *object-oriented question*, which is a question about something or someone outside of the client. While such questions can take many forms, the most characteristic object-oriented question is about the personality and behavior of the therapist. For example, if the client describes feeling bored, the therapist might ask "What am I doing to bore you?" Or, if the client says the therapist is angry, the therapist could respond "Why am I angry?" Such questions serve many functions, among which are to protect clients from premature invalidation of their constructs and to help clients elaborate their constructs for construing other people (Soldz, 1986).

The rest of the paper will illustrate how the modern analytic and personal construct theories have informed my clinical work with one client. The client chosen is one I have seen for the last four years as part of my training at the Boston Center for Modern Psychoanalytic Studies. As is common with modern analytic cases, she has been seen once weekly, using the analytic couch.

THE CLIENT

Ms. K. was a 31-year-old woman who started seeing me 4 years ago. At that time she was in art school, studying advertising design. She had considered herself to be a painter since adolescence but had recently decided to return to school in order to develop a profession that would provide her with income.

Several years ago Ms. K had been in therapy for two distinct eight-month periods with the same therapist. In her current efforts to find a therapist, she had twice begun to see someone, agreed to a therapeutic contract, got into a conflict about the contract, and decided the therapist was not right for her.

When a client has had several previous attempts at therapy, I usually speculate (to myself) that her difficulties are likely to be predominantly characterological in nature. Psychoanalytically, this means that the person's intrapsychic conflicts pervade her personality and have become rooted in characteristic ways of relating to the world. In PCP terms, this implies that the person is likely to have major difficulties in construal of herself and others. Realistic fine discriminations between people will not be made by her. Either a few constructs will be applied to all people indiscriminately, or she will fail to perceive similarities among others, leading to conceptual confusion. That is, her construct system will most likely not be properly differentiated and integrated (Crockett, 1982; Landfield, 1977). Consequently, her social constructs will be invalidated frequently, but she will not be able to spontaneously reconstrue people in more useful ways. As a result, social interaction will lead to a predominance of "negative" emotions, such as anxiety, fear, and guilt. (For PCP definitions of these emotions, see Kelly, 1955; McCoy, 1977.) Since she doesn't construe people in ways that usefully guide her interactions with them, she will try to force people to behave in ways that she can predict. That is, as described by personal construct theorists (Kelly, 1955, 1969a; Soldz, 1983), hostility is likely to play a prominent role in her interactions with others.

Because characterological problems pervade the entire personality and have developed over the client's entire life, they take a long time to change. Therapy of characterological difficulties can thus be expected to be an extended procedure requiring, at a minimum, several years to complete. Shorter therapeutic approaches frequently can produce relief of the immediate presenting symptoms of such clients but are unlikely to affect significantly the underlying characterological issues.

If my speculations are correct, the client's interpersonal difficulties should become manifest in the relationship between client and therapist. In the case of Ms. K., I speculated, on the basis of her treatment history, that she had had a history of relatively transient relations with others and that closeness would lead to a desire to flee the relationship. If this pattern were to change, it was to be expected that we would go through many cycles of engagement and detachment, with a predominance of treatment-destructive resistances during a good portion of the therapy.

During her first session Ms. K. provided further evidence of her pattern of engagement followed by the creation of distance. She raised the issue of whether I would answer her questions. When this was explored she said that when a question wasn't answered, she felt like she didn't exist—an extreme form of distancing. She indicated the attractions and fears of isolation while talking of a winter when she lived alone in England. There were long silences (construed by me as a form of withdrawal) in the session. She made contact with me by asking me to ask her questions, but when I asked her what kind of questions, she was silent. Hostility was evident when she described analysis as like 20 questions—that is, the mold for the relationship was already formed, and I was told what role I was to play.

Material from two sessions during the third year of her therapy will be presented in the remainder of the chapter. The material is based upon notes taken during the sessions. At points my notes were virtually verbatim; at other points, they were more condensed. What is presented here is a close reconstruction from my notes of the sessions. At points, a phrase actually represents a condensation of an extended portion of the session, but the sequence of ideas and interventions is faithfully preserved. Due to my more extensive notes, the second session presented is much closer to the actual dialogue.

The discussion of the case presented here represents, of course, a small fraction of the thoughts that I have had about this client during the time I have seen her. I have chosen to concentrate on a couple of themes that illustrate, I hope, the value both of modern analytic interventions and of PCP's theoretical concepts in clinical work. If space allowed, many additional comments could be made about the sessions presented.

"TELL ME WHAT TO DO!"

Session 110

(We rescheduled a future session.)

CLIENT (C): (Sigh.) Too much to schedule. I'm not excited about work. I'm dragging my heels to see if anyone notices. It gets too disciplined. . . . I love reading archeological history, where you have to make up what it was like. At work, however, all I have to do is draw ads for florescent light bulbs. How creative can you be with that?

THERAPIST (T): Would you like help with this issue?

C: Yeah.

T: What kind of help?

C: I fear and I want you to tell me to be disciplined. I fear being scolded and I don't want to be told the answer. But, if the right way to do it, or your way, isn't me, then I don't want to. You could tell me to get a new job.

T: Should I?

C: In a couple of months. (She described how her new job would involve leaving Boston and her boyfriend, John. She then discussed her difficulties doing her work.)

T: What you're doing wrong is you're not figuring out what they want and giving it to them.

C: Yeah.

T: Why not?

C: I don't look at the others' work carefully enough to know what the bosses want. I'm lazy and unmotivated. I sit around all day and read the newspaper. Actually I'm angry about having to redo an ad over and over. Maybe boredom is really anger. Why should I write if I can't please them? I'm afraid of doing work in case it's not what they want. To do the work and have them change the ad is discouraging. I should do more talking to other people in the field, but it's hard for me. I need someone to tell me what to do but not the central office.

My first intervention during this session, asking "Would you like help with this issue?" introduced myself into her discourse and was an indirect way of inquiring about why she's telling me this material. Is she just complaining, or does she hope that I will help her? In response, she presented her dilemma: she wanted someone, me, to tell her what to do, but she didn't want to be obligated to follow the advice. She perceived herself as undisciplined and inadequate and expected that others would agree with her. But if others did agree, she would feel scolded and would assert herself by

criticizing (whether aloud or not would depend on the circumstances) the criticisms.

After having indicated that any advice I could have given her would have been rejected, she tried to set me up by telling me I could tell her to get another job and then rejected that suggestion. My object-oriented question here, "Should I?," was a further exploration of the role that I, as a representative of others in her life, was expected to play. It was also a way of avoiding the set-up of giving advice that would be rejected. As a result, she indicated that the advice she sought would lead to rejecting the important people in her life, her boyfriend and, understood by both of us, myself. That is, escape was as much escape from the entanglements of relationships as it was from a difficult work situation.

I then engaged in a bit of acting from within the relationship. I told her that "What you're doing wrong is you're not figuring out what they want and giving it to them." This intervention served several purposes. It was likely to be experienced as a criticism, leading her to demonstrate in the session her typical manner of responding to criticisms. It constituted a joining of her feeling that she was doing something wrong. If the joining was an accurate representation of her self construal at the moment, it likely would have helped her feel understood by me, leading to more self-revealing material (Meadow, 1974). By externalizing her own self-criticism, I gave her an opportunity to respond toward me as she usually responded to her own self-critical tendencies. In addition, the intervention was designed to explore how her rebellious tendencies interfered with her accomplishing the goals that she set for herself by finding out why she didn't do what would please her superiors. The goal was not to get her to behave better but to explore how her ways of construing interpersonal situations led to repetitive behavior contrary to what she overtly desired. Finally, the intervention was a gratification of her wish for a strong parental figure who would tell her what to do. It indicated that I was not afraid of those wishes, while allowing me to examine how she responded to advice. In other words, the intervention was a form of experiment (Kelly, 1955) on my part, designed both to allow her to talk about and become aware of other aspects of herself and to increase my knowledge of her construct system through a study of her response. That is it would lead to a deepening of my role relationship with her (Kelly, 1955; Soldz, 1986).

Ms. K.'s immediate response to this intervention was to attack herself: she described herself as lazy and unmotivated. As Kelly (1969b) once pointed out, terms like "lazy" are typically used to describe behaviors that do not match what the describer desires. Ms. K.'s description of herself as lazy was an assertion that she was misbehaving, not an explanation. It expressed her sense that something was wrong with her, that she was defective or bad in some way. However, it also expressed an identification with how she imagined others were construing her behavior or would have construed it if they had known her well enough.

Two of her superordinate constructs appeared to be involved in her construal of herself as "lazy" and "unmotivated." These can be loosely described as "passive acceptance vs. active engagement" and "self is responsible vs. others are responsible." This construal of hers involved her placing herself at the "passive acceptance" pole of the first construct and at the "self is responsible" pole of the second. However, these self-construals provided no room for her to elaborate her construct system. Kelly's (1955) choice corollary suggests that "a person chooses for himself that alternative in a dichotomized construct through which he anticipates the greater possibility of extension and definition of his system" (p. 64). In Ms. K.'s case, she had boxed herself into a corner. "Laziness" was not an articulated construct for her, and, like the behavior it described, it was a statement of her being stuck, not a stopping-off point for further development of her construct system.

Two factors, however, encouraged her to experiment with other construals of her situation. One was the process of verbalizing her largely preverbal constructs, called "word binding" by Kelly (1955), which allowed her greater maneuverability in examining her construction processes. Describing herself as "lazy" made evident to her that this construal allowed for little elaboration. The other factor encouraging her to try alternative construals was my intervention that emphasized that she could have behaved differently and had chosen not to do so, that is, that she was not simply a passive victim of fate but an active contributor to it. The intervention thus also represented an implicit statement that I thought that she was ready to try some new construals. Timing was an important factor here, and an account of my previous sessions with Ms. K. would be necessary in order to clarify why I chose this intervention at this time.

In any case, after construing herself as "lazy" and "unmotivated," Ms. K. conducted an experiment in construal: "Actually, I'm angry about having to rewrite pieces over and over. Maybe boredom is really anger. Why write if I can't please them." She thus placed herself on the opposite pole of her "passive acceptance vs. active engagement" construct. She was now construed as an active creator of her fate. She was angry and spiteful and hence refused to do what was required for successful performance of her job. Meanwhile, the "self is responsible vs. others are responsible" dimension became less relevant. It seemed that both shared responsibility. She was responsible for her angry, spiteful behavior, while her employers were responsible for not providing her with the support that she desired. Glimpses can be seen here of a new construct that she appeared to be in the process of creating. While its content is not clear from the session, it can be speculated that the new construct resembles "situations that are good for me vs. situations in which I don't function well." If this supposition is correct, one

would expect further elaborations of this construct in future sessions. Her later decision to seek another job can, perhaps, be viewed as confirmation of this hypothesis.

"YOU'RE NOT SUITABLE!"

I indicated in the discussion of the initial session that Ms. K. tended to engage in a relationship and then withdraw. She had entered therapy as a lonely, isolated woman who remained emotionally bound to her mother, who had died 15 years previously, and with her sister who had competed with her for the mother's attention. The few contemporaries who peopled her life were of importance to her only in terms of their usefulness for her. For example, she contacted a former graduate school advisor whenever she needed professional advice. She had had a history of relatively unsatisfying relationships with men. Typically, she used these relationships to support her construal of men as people unaware of the wishes of others or of social norms for behavior, who use women only to satisfy themselves. When she met a man, she quickly forced him into this mold. Thus, she found a construction engineer to be unsuitable because he didn't clean his fingernails except when reminded by Ms. K. It became clear that every man she met was destined to disappoint her, leading to rejection by her. That is, her attitude toward men was one of hostility: all men were to be forced into the straitjacket already prepared for them, resulting in her rejection of them.

It was inevitable that this dynamic would play itself out in her relationship with me. Most intensive verbal psychotherapy involves the creation of a strong emotionally significant relationship between client and therapist in which the client's habitual patterns of relating are recreated in the relationship with the therapist. That is, a transference is developed, and much of the therapeutic work involves changing the client's patterns of construing others by having her experiment with different patterns of relating to the therapist. "It is safe to say that the therapist enacts a series of carefully chosen parts and seeks to have the client develop adequate role relationships to the figures portrayed" (Kelly, 1955, p. 664; R. Neimeyer, 1986).

It is especially important that negative patterns of relating be brought into the therapeutic relationship, despite the personal difficulties that it might create for the therapist. "Sometimes the therapist feels the client is acting in an unfriendly manner. . . . (T)he behavior of the client may indicate that he now sees the therapeutic situation as one in which the 'negative' construct can safely be brought to light. The therapist has been successful in producing a laboratory situation which enables the client to invoke such a construct. . . . The client does not merely talk about the construct in terms of some polite superordinate construction; he actually perceives in terms of the construct and he acts out its implications. Indeed, he may not be able to haul it into the laboratory in any other way, for its word handles may be loose. The symbolization may be expressable only in terms of verbal acts and not in terms of name words (Kelly, 1955, p. 665)."

In Ms. K.'s case, it was hardly surprising that a good portion of her therapy revolved around her expressing her dissatisfactions with me and her desiring to leave. When this pattern erupted, as it did frequently, I had a number of goals in mind:

1. Making the pattern clear to her and helping her develop a desire to change it.
2. Clarifying exactly how her hostile pushing others into the molds she had prepared for them was accomplished.
3. Finding out what frustrations, or invalidated predictions, led her to want to end relationships.
4. Helping her to develop the capacity to maintain a relationship despite the inevitable frustrations that would develop.
5. Have her develop new constructs for social construing so that she could find greater satisfactions in relationships. These constructs should involve the creation of role relationships, that is, of relationships in which her interest is on the other person's ways of construing the world, rather than simply the other's behavior.

Session 148

C: I really don't feel like talking about anything. I'm tired from moving. The alcoholic family underneath the new apartment fight all the time. This made me sad but doesn't detract from the new apartment.

T: Should I go along with your not talking or encourage you to talk?

C: We should talk about my leaving therapy. I feel like I'm coming out of habit.

T: You don't like that thought?

C: Obviously I'm not getting what I need. It would be okay if I thought that I was going to come to places along the way. But I'm not feeling that. (We then engaged in a fairly intellectual discussion of the nature of therapy.)

C: You're not saying anything new. I've been telling you I ought to be talking about my difficulties in doing my art. I don't want to talk about my art, I want to do it. . . . You don't understand what creativity means. You don't understand the process, how a person uses their personality, no matter what condition it may be in.

T: Do you have any understanding of why I'm that way?

C: You don't have that many clients who are artists. You don't write. Academic writing is different. You haven't demonstrated any understanding.

T: How could I demonstrate it?

C: You'd ask better questions. You'd pick up sooner on problems. You've chosen to be a therapist, which isn't the same thing as choosing to be an artist.

T: How would it be different for you if I was an artist?

C: You'd be a different kind of therapist. You'd say different things. I haven't heard a lot of creativity.

T: What are you feeling now?

C: That it's hard to get through to you. Frustration. Some anger.

T: What happens when you feel frustration?

C: I don't feel like talking.

T: Why that response rather than trying harder?

C: Why try harder when you're not getting what you need in the first place? You've already made up your mind that I should talk about things with you.

T: Should I have been more insistent about your talking about these difficulties earlier?

C: Yes!

T: Have I missed my chance?

C: I don't know if you had a chance in the first place. I've used you for certain things, and it's time to move on.

T: Why is it time to move on rather than time to change the relationship?

C: That's a partisan remark. I don't feel that there's a capacity for change.

T: I'm irremediably flawed?

C: You're not suitable! What do you think you should have done?

T: Not take "no" for an answer when you say you don't want to talk about something. . . . You've been keeping your hand on your forehead. Do you feel a need for protection?

C: That's not it. It's hard fighting with you.

T: What makes it hard?

C: You're not very direct. Also, you hold your position.

T: How does a fight usually end?

C: What fight?

T: Any fight.

C: In the family, people separated and went to bed. Other fights end with admissions. Others with people leaving. Others with people being shot. Others with people saying it's okay—people deciding on something, or deciding just to be angry and saying "See you next week."

T: What's your preferred way to end fights?

C: With admissions and agreed settlements. Admit right and wrong and give in a little bit on your position. (She put her arm down from behind her head.) (Silence.)

T: Having any new thoughts?

C: Oh, I'm thinking of my new job. I start Monday at Central Graphics Design. The guy offered me a salary and then knocked it down in a letter today. They're letting me go on vacation the first two weeks in January, so I won't be here. I was thinking about the boss.

T: What were the thoughts?

C: I'm not going to bring it up with him, but I'll be cautious.

T: He didn't tell you why he lowered the salary?

C: No.

T: Are you mad at him?

C: No, disappointed that he wasn't who he was reported to be. He's also a heavy drinker, by report.

T: Are you anticipating any difficulties?

C: I don't know. The work's similar to my last job.

This session illustrates several aspects of Ms. K.'s negative feelings about me and the therapy and displays some of the techniques I used to deal with this issue. Her statement that she didn't feel like talking appeared to be an attempt to get a response from me; it was an instance of her contact functioning. I thus decided to intervene at that point, rather than let her talk as I would have done had I not perceived a desire for contact on her part. Like everyone in her life, I disappointed and frustrated her, leading to a desire on her part to flee the relationship. This desire is evident both in her expressed wish to leave therapy, a treatment-destructive resistance, and in her feelings at particular moments within the session. As she expressed it, when she feels frustrated "I don't feel like talking. . . . Why try harder when you're not getting what you need in the first place." That is, frustration led her to place herself at the "passive acceptance" pole of her "passive acceptance vs. active engagement" construct.

I explored Ms. K.'s resistance through asking a series of object-oriented questions about the role that I played and was expected to play in our relationship. As a result, Ms. K. went on to indicate a dawning awareness of her contribution to the dilemma the two of us were in: "I don't know if you had a chance in the first place. I've used you for certain things, and it's time to move on." However, Ms. K. was not yet ready to openly commit herself to an attempt to improve the relationship. Instead, she symbolically communicated her attitude in her discussion of her feelings toward her new boss, indicating that he was disappointing to her, and she would neither seek to change the situation nor leave. She would still accept the job but be cautious with him. This attitude was an improvement for her in that it indicated a weakening of her need to flee frustrating situations, but it left room for further improvement before she could commit herself to certain relationships and fight to get through the difficulties that would inevitably arise.

Further information about what was at stake for her in leaving was revealed in the following session when she indicated that leaving without my permission would have induced a sense of guilt in her. According to Kelly (1955) "perception of one's apparent dislodgement from his core role struc-

ture constitutes the experience of guilt" (p. 502). Ms. K.'s core role structure contained constructs representing herself as a "good" person who does the right thing and is a competent woman who plays an active role in shaping her fate. Had she left therapy prematurely, she would have been forced to construe herself on the opposite poles of these constructs, leading to a self-perception as a bad, passive failure at shaping her fate. Previously she would have chosen this alternative; this choice was what had led to the sense of isolation and depression with which she had presented at the beginning of therapy.

In the year that has elapsed since session 148, Ms. K. has remained in therapy and has made substantial progress in committing herself to relationships. This change has become apparent largely through changes in her behavior toward me. Her expressions of desires to leave therapy have decreased in frequency. She appears often to perceive therapy as a haven from the stresses of her life, and I am perceived, at times, as a supportive presence who can be counted on to help her accomplish what she wants. For example, she has expressed wishes to have various of her friends come in and see me, as if doing so would magically resolve the difficulties in relating with them that plague her life. Bringing these people in to see me is also an alternative to the desire to leave problematic relationships, which predominated earlier in therapy.

As her treatment-destructive resistance has gradually resolved, the intense preverbal wishes and fears that are evoked in her by relationships have come to the fore. As indicated, these constructs are presently manifest largely in her behavior and are not yet verbalizable by her. It appears likely that I am currently construed with the preverbal constructs that she developed early in life in order to construe the loving, supportive aspects of her mother. It is to be expected that fears of separation and even annihilation were also developed in her early interactions with her undependable alcoholic mother and that these constructs will eventually be applied to me at those times when I am perceived as rejecting her as her mother did. The next phase of therapy will probably focus on her verbalizing and conducting experiments with these preverbal modes of construing, lessening their effect on her life as the ever-present chaotic alternative that looms whenever her more adult ways of functioning are unsuccessful. Integrating this split-off construct subsystem with her more readily accessible constructs should free her of her fixation on past models of relationships, allowing her to adopt a more experimental, forward-looking approach to other people.

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