When I first became interested in psychology, I, like many others, was attracted to Freud and psychoanalysis. Psychoanalysis, it seemed, offered a perspective through which I could glimpse and give structure to the "deeper," more primitive aspects of human existence. Why were decent people often full of rage? Why were so many people obsessed with sex while simultaneously feeling humiliated about this obsession? Why do most curse words focus on a few body parts and on forbidden sexual relations with mothers? Psychoanalysis addressed these and myriad other issues that were ignored by other schools of psychological and social thought.

Simultaneously with my interest in psychoanalysis, I was focused on the possibilities of social change. Serious social change, it seemed, resulted from people's engaging in activity out of the ordinary and consequently construing the world in profoundly different ways. Psychoanalysis, however, provided little understanding of these processes. Psychoanalysis could help us understand why people failed to change, as Reich (1933/1970, 1934/1972) emphasized, but it contributed little to an understanding of the processes by which change did occur. A similar difficulty faced psychoanalytic contributions to the therapeutic process as well: psychoanalysis could explain patients' consistencies and resistances to change but had little to say about the processes through which change could occur. Classical psychoanalysis postulated some mysterious effect of
"insight," but the great import given to the concept could hardly be understood in the terms of classical analytic theory. Furthermore, psychoanalysis seemed to have difficulty with the assumption that action and changed behavior frequently precede rather than follow changed thoughts and the insight that was so valued.

While confronting these dilemmas, I became aware, through a friend who had been George Kelly's student, of the existence of constructivist approaches to psychology. These approaches emphasized the importance of activity in human thinking and were more consistent with the awareness I had derived from my social concerns. Nearly simultaneously, I began psychoanalytic training in an institute where the dominant theory, called modern psychoanalysis, downplayed insight as a cause of change and, instead, emphasized the complexities of the relationship between the patient and analyst.

In the years since then, I have struggled with the relationships between the psychoanalytic and constructivist ways of understanding human functioning and the therapeutic endeavor. Kelly (1955), in his fragmentation corollary, postulated that people can maintain mutually inconsistent construct subsystems. I feel as if I am a living example of this Kellyan phenomenon, drawing as I do from psychoanalytic and constructivist theories as well as from personality trait theory (Soldz, Budman, Davis, & Demby, 1993; Soldz, Budman, Demby, & Merry, 1993a, 1993b, in press a, in press b), work in cognitive science and artificial intelligence (Soldz, 1993a), and a broad spectrum of empirical work in psychotherapy research (Soldz, 1990; Soldz, Budman, & Demby, 1992; Soldz, Budman, Demby, & Feldstein, 1990). A stream running throughout most of this theoretical and empirical work is the relation between reality and the multiplicity of perspectives we can have on it. Thus, even my most unconstructivist research has implicitly dealt with constructivist themes.

In this chapter, I explore a little of the territory I have just outlined, examining the interface of psychoanalysis and constructivist thinking, with a special emphasis on the personal construct psychology (PCP) of Kelly (1955). I first briefly examine the history of the interactions both psychoanalytic theory and constructivism have had with alternative psychological approaches. I then discuss several theoretical issues, such as the nature of reality, that workers in both traditions necessarily confront. In order to elucidate the potential for cross-fertilization between psychoanalysis and constructivism, I also present a brief account of my use of PCP in developing theoretical explanations of therapeutic phenomena inadequately construed by traditional theories. I give special emphasis to my attempts to reconstrue modern psychoanalytic clinical technique in PCP terms that make greater sense to me than do the traditional drive theory concepts in which this technique is usually couched.

Relation of Psychoanalysis to Other Schools of Thought

Psychoanalysis was developed in an applied setting, far from the university. The theory was largely developed as an explanation of the analytic practice. Shortly thereafter, analysis became institutionalized in freestanding institutes that were primarily devoted to the training of future analysts. While Freud and a number of the early analysts were extremely interested in and conversant with other intellectual traditions, this was less likely to be true of later analysts. What interest there has been in other intellectual traditions has been far more likely to be focused on the humanities and social sciences than other psychological approaches. Indeed, until recently, most psychoanalysts (at least in the United States) were M.D.s who had little psychological training other than their psychiatric residency and analytic training, neither of which were likely to involve in-depth exploration of other psychological theories. In addition, psychoanalysis had a radical self-conceptualization of its relation to previous thought that did not encourage analysts to explore other
contemporary psychological theories. The sense of having developed a radically new approach, the insularity of the institutes, and the training that focused on application all contributed to the development of generations of analysts who had at best a nodding acquaintance with other psychological theories. As a result, psychoanalysis developed its own language, constructs, and traditions of theorizing, which were alien to most other psychotherapies.

During the period in which behavioral theory dominated most academic psychology, such insularity may have made sense. However, even when the cognitive revolution returned theories of the mind to psychology, relatively few thinkers tried to bridge the gaps between the psychoanalytic tradition and academically studied psychological approaches. The few efforts that were made (for example, Wolff, 1960) were largely ignored by the mainstream. In recent years, however, there has been a convergence in thematic focus among analysts and contemporary psychologists (Barron, Eagle, & Wolitzky, 1992), although, so far, this convergence has had relatively little influence on mainstream analytic thinking. For example, thinkers such as Atwood and Stolorow (1984), whose work clearly reflects constructivist themes, have preferred to orient their recent work toward phenomenology and existentialism, despite the awareness of Kelly's constructivist approach shown in their earlier work (Stolorow & Atwood, 1979; compare Soldz, 1988b).

The one major exception to the analytic authors' neglect of nonpsychoanalytic work is their interest in recent research on infants' object relations processes (Demos, 1992; Lichtenberg, 1984; Stern, 1985). However, even in this instance, it is not uncommon for those analytic authors primarily interested in clinical matters to pick and choose among the research for findings that are congruent with the authors' preexisting beliefs, rather than engage with the details of the research and its potential challenges to those beliefs. The details of the research studies have therefore yet to penetrate far into the analytic world.

Even as analytic authors have moved toward the concept that meaning structures are at the core of psychological functioning, they have often remained ignorant of much parallel work conducted by constructivists. The main exceptions to this generalization are theoretical works based on the schema concept (Dorpat & Miller, 1992; Slap & Saykin, 1983); however, the few works that exist in this area have so far had little impact on mainstream psychoanalytic thinking or clinical practice.

Within the broader spectrum of psychodynamic theory, a number of recent works have attempted to integrate the best of psychodynamics with cognitive psychology. Much of this work is based on solid empirical research into patients' repetitive patterns of construing and behaving (Horowitz, 1987; Luborsky & Crits-Christoph, 1990; Westen, 1991). It remains to be seen, however, if this body of work will exert any significant impact on clinical practice or on psychoanalytic theorizing. Unfortunately, so far, psychoanalysts have remained largely refractory to the influence of research-based findings (Talley, Strupp, & Butler, 1994).

Nevertheless, despite the insularity of analytic thinking, psychoanalysis has been going through its own quiet revolution. Constructivist themes and conceptualizations have invaded the bastion, often with their authors unaware of, or at least not acknowledging, the broader trends in psychology with which they are in synchrony. Since its inception, psychoanalysis has been confronted with a duality in its conceptualization of psychological functioning. One aspect of psychoanalytic thinking has employed a biological frame of reference, based upon an emphasis on unconscious derivatives of instinctual drives. A second aspect of psychoanalytic thinking has primarily investigated the individual patient's structures of meaning-making.

Both aspects of thought have roots in Freud's work. It is well known that psychoanalysis was created on the basis of Freud's work as a neurologist and under the influence of the evolutionary thought prevalent at the time (Sulloway, 1979). Thus, Freud's work as it relates to neurology and evolutionary thought can be seen as
a precursor of much of both modern sexology and the biologically based approach to cognitive modeling known as connectionism, which models brain functioning in terms of neural networks of simple neuronlike structures, the strength of whose links is modified through experience (Glymour, Ford, & Hayes, in press).

The second aspect of psychoanalytic thought (that is, structures of meaning-making) has led to concentration on conceptualizing about the knowledge structures of individuals. Freud’s controversial shift from conceiving of the Oedipal conflict as reality to conceiving of it as peoples’ fantasy can be seen as a crucial step in the direction of a focus on knowledge structures. While this tendency was largely implicit in early analytic thought, it has become stronger in recent years. Numerous psychoanalytic authors have developed “schema” models (Dorpat & Miller, 1992), conceptualized the mind in terms of “structures of subjectivity” (Atwood & Stolorow, 1984), or emphasized the role of the reconstruction of patient narratives in therapeutic and analytic treatment (Spence, 1982). This recent work appears to increase the potential that psychoanalysis will engage with other schools of thought. A prime area for such cross-fertilization is constructivist psychology, since it, too, is concerned with the understanding of structures of subjectivity.

Relation of Constructivism to Other Schools of Thought

Recent constructivism, like psychoanalysis, has had a complex relation with other schools of thought. As much of the psychological terrain has already been mapped out by others, constructivists have often found themselves reframing classical conceptualizations in new terms, in the hope of developing a more comprehensive theory, one with human activity at its core. Thus, constructivist thinking, especially in the clinical domain, has consistently borrowed from other clinical approaches. Cognitive therapy, psychoanalysis, client-centered approaches, and gestalt therapy have all been drawn upon, while behavioral principles exert subtle influence on virtually all psychologists.

Constructivism has grown in popularity at the same time that cognitive science has developed as a new synthesis of cognitive psychology, philosophy, and artificial intelligence. While there are common themes in the two movements (Ford & Bradshaw, 1993; Soldz, 1993b), the relations between the two approaches are still unsettled. Many cognitive scientists see constructivism as a natural framework within which to conceptualize their work. However, a number of constructivists, especially the clinicians, see cognitive science as a threat to the humanistic values that they endorse. My personal opinion is that an alliance between cognitive science and constructivism is among the most exciting developments in psychology. We need to use the most advanced theoretical developments in psychology and cognitive science and combine them with psychotherapy process research to help us understand how people change and how therapy can facilitate this process. Constructivism, with its theoretical basis in human activity, seems a natural basis for this undertaking.

Convergence of Therapeutic Schools

The effort to draw upon differing approaches is part of a larger tendency in the therapy world. That tendency is the increasing recognition that no therapeutic school has a monopoly on wisdom. Efforts toward the development of eclectic and integrative approaches to therapy have flourished. They have been aided by research suggesting that while psychotherapy is effective in general, there is little evidence that one type of therapy is more effective than any other (Lambert & Bergin, 1994; Smith, Glass, & Miller, 1980). This finding has been referred to as the dodo bird hypothesis (Luborsky, Singer, & Luborsky, 1975), because it is the dodo bird in Lewis Carroll’s Alice in Wonderland who declares, after a race, “Everybody has won, and all must have prizes.”
Psychotherapy researchers have had two primary responses to the dodo bird hypothesis. The first has been a search for nonspecific elements that underlie therapies and to which much of their success can be attributed. For example, much research has investigated the hypothesis of Rogers (1975) that warmth, genuineness, and empathy underlie the curative power of all therapies (Soldz, 1990). This line of research has, however, gradually fizzled out, at least partly due to methodological difficulties. More recently, much research has focused on the quality of the working, or therapeutic, alliance between patient and therapist (Horvath & Greenberg, 1994). Both these lines of research explore the curative powers of the therapeutic relationship and implicitly or explicitly claim that these powers are relatively independent of particular schools of therapy.

A second response to the dodo bird hypothesis has been a greater search for an understanding of particular change processes (Rice & Greenberg, 1984). In this approach, psychotherapy researchers attempt to model precisely, in ways akin to task modeling in cognitive psychology, particular change processes that occur in psychotherapy sessions. One of the main contributions of constructivism to the understanding of psychotherapy may be a language that can describe these change processes without tying them to any one therapeutic school. Constructivist theory and personal construct psychology (PCP) in particular, because of their emphasis on structural change through human activity, are uniquely placed to play the role of common therapeutic language for describing therapeutic change processes. In fact, it is this role of metalanguage and metatheory for therapy that is, in my opinion, the primary role for constructivism. While the systematic pursuit of constructivist themes may lead to new therapeutic approaches, they should not be the primary goal. The world has more than enough schools of therapy; the last thing we need is another school. What is needed, rather, is a better understanding of the factors in our current therapies that lead to successful patient outcomes. Only then are we as clinicians likely to make real therapeutic advances.

Issues Faced by Both Psychoanalysis and Constructivism

Most comprehensive psychological theories necessarily confront a core set of theoretical issues. An examination of the way that psychoanalysis and constructivism deal with these issues elucidates areas of overlap and of continued tension between the two approaches. Thus, I briefly discuss several of these issues.

Personal Perspective and the Nature of Reality

A conceptualization of the relationship between the individual and reality is a cornerstone for any psychological theory. All theories must situate themselves somewhere between the external reality orientation of empiricism and the internal reality orientation of idealism.

Psychoanalysis and constructivism share an emphasis on reality structured by the personal perspective of the individual. In both approaches, the individual filters new experiences through already existing psychological structures. Thus, psychoanalysis has always emphasized that the present is seen through lenses developed earlier in life. Freud's famous turn toward seeing internal conflict and unconscious fantasy as playing primary roles in neurosis was a turn in this direction. No longer is the individual seen as solely the victim of fate, of the traumas that befell him or her. Rather, the individual's internal wishes, defenses, and fantasies play a primary role in how he or she will perceive the present.

However, psychoanalytic schools have differed in exactly how they see the role of reality versus fantasy and internal life. Classical ego psychology, which was the dominant tendency in American psychoanalysis in the 1950s and 1960s, was firmly wedded to a Darwinian adaptationist view in which psychological development was seen as a progressive adaptation to external reality (Hartmann, 1958; Hartmann, Kris, & Lowenstein, 1964). In this theory, psychological structures develop in order to help the individual better adapt to his or her environment. A special psychic organ, the ego, is formed
largely to mediate conflicts among the internal drives manifest in the id, the superego's ideals and pangs of conscience, and the threats from the external world. The ego, fortunately, is endowed with various capacities, such as perception and cognition, that aid it in this task. Unlike earlier forms of analytic theory, ego psychology did not see the ego capacities as derived fundamentally from conflict, though they may become embroiled in psychic conflicts.

Other analytic schools took almost the opposite view. The Kleinians (Klein, Heimann, & Money-Kryle, 1955), for example, emphasized the importance of internal unconscious fantasy (“phantasy” in their literature) almost to the exclusion of external reality. For Klein (1975), various complex forms of psychic conflict are inevitable very early in life, largely irrespective of the actual experiences of the individual. Thus, unconscious fantasies of destroying the mother are omnipresent in the first few months of life, based on internal drives. Such a view tends toward pure idealism, in which psychological life unfolds driven by internal imperatives.

Others have risen to defend the honor of reality in its unmediated forms, insisting that pathology is the result of childhood trauma. While this position has had the laudable effect of reminding us that terrible things can happen to children, it has also tended to distract our attention from the individual's construal of that trauma. In the extreme view of some, any attempt by the therapist to explore an individual's personal meaning of a traumatic experience is a deplorable blaming of the victim.

For constructivism, the role of the individual's way of construing has always been primary. Existing constructs, schemas, or other psychic structures guide what individuals pay attention to in their current interactions with the world. To understand the individual is, at least partly, to understand her or his personal way of making meaning out of experience.

However, within this larger frame, constructivists, like psychoanalysts, have differing opinions of the role of reality in psychological development. The radical constructivists (Maturana & Varela, 1987; von Glaserfeld, 1984) have tended toward a solipsistic idealism in which there is no reality except for that constructed by the individual. Kelly (1955), in contrast, adopted a pragmatic view in which individuals develop their psychological structures, systems of personal constructs, in order to anticipate the world. Unsuccessful anticipations lead individuals to modify their constructs. While reality is not directly knowable in this view, people are constantly bumping up against it. As a result, they develop “fallible but functional knowledge” (Agnew & Brown, 1989), which allows them to make sense of much of the world much of the time. It is this pragmatic constructivism that I have in mind when I refer to constructivism.

Despite sharing a label with more moderate constructivists, radical constructivism seems to me to be radically different in intent, as well as incoherent. After all, if the radical constructivists are right that we each live in a solipsistic world, that it makes no difference which interpretation of events we choose, and that “reality” plays no role in the choice, then what is the point of their trying to convince us that they are right? Under their premises, the argument cannot possibly have an effect on its recipient, and it would make no difference if it did.

Neither the psychoanalytic nor the constructivist worlds have come to a consensus regarding the nature of reality. What is needed, in my opinion, is a form of pragmatic constructivism that acknowledges the existence and importance of the external world while simultaneously accepting the variability of individuals' constructions of that world. Furthermore, as the label of pragmatic is meant to indicate, such an approach would recognize that some construals work better than others, while accepting that absolute truth may always elude us.

Psychic Structure

Both psychoanalysis and the personal construct variant of constructivism have placed great emphasis on the development of psychic structures. However, psychoanalysis emphasizes the content of
these structures, while PCP emphasizes the form. Classical psychoanalysis postulated those three psychic structures, the id, ego, and superego, which represented the individual's drives, adaptive capacities, and conscience and ideals, respectively. Opinions have differed whether these structures should be thought of as metaphorical divisions of a unitary psyche or as literal structures.

Later developments, in object relations and interpersonal theories, postulated the existence of structured representations of self and others as primary psychic structures (Greenberg & Mitchell, 1983). Recently, so-called psychoanalytic self psychology has put great emphasis on the development of articulated self-structures (Kohut, 1971, 1977). From the perspective of all these theories, successful development consists, at least in part, of the development of better organized and articulated psychic structures.

In constructivist theory and, most notably, in PCP, psychic structure has been a prime concern from the beginning. Much of constructivism has been guided by the Wernerian principle that the individual's development consists of differentiation accompanied by hierarchic integration (Werner, 1948). Kelly's "organization corollary" postulated that "each person characteristically evolves, for his convenience in anticipating events, a construction system embracing ordinal relationships between constructs" (1955, p. 56). A major portion of the PCP research literature has explored the implications of cognitive complexity or differentiation, supplemented in more recent years by the implications of cognitive integration (Bieri, 1955; Crockett, 1982; Landfield & Cannell, 1988; Soldz & Soldz, 1989).

Similarly, neo-Piagetian approaches concentrate on the individual's developing ability to separate the perspective of the self from that of others and to distinguish his or her own point of view from that of others (Rosen, 1985). Kegan (1982), for example, presents a developmental theory in which what was originally equated with the self is re-cognized as only part of the self and hence becomes an object available to inspection by the self. It is in this way that the acted-upon impulses of the impulsive individual become desires that can be reflected upon at a higher stage of development.

This brief survey suggests that one of the prime differences between constructivist and psychoanalytic approaches to development is whether or not one assumes that the mental lives of all individuals are concerned with the same contents. Constructivists tend to emphasize the formal development of construct systems, while psychoanalysts are more concerned with the contents of these systems. The differences are not as great as the present necessarily limited discussion suggests, however. Most constructivists in fact assume that people are embedded in an interpersonal matrix and that the individual's self and the others he or she interacts with are among the prime objects of the individual's psychic structures. Psychoanalysts, in turn, have paid increasing attention to the formal properties of psychic structures. Atwood and Stolorow (1984), for example, have written extensively about structures of subjectivity, while others (Modell, 1990; Ogden 1990; Searles, 1965) have speculated upon the structures of infantile cognition that they maintain are preserved in regressive phenomena in adulthood.

The common interest in the nature of psychic structures suggests that here is an area where cross-fertilization between constructivism and psychoanalysis could be beneficial to both. The Kellyan emphasis on cognitive differentiation and integration, along with the PCP concepts regarding the microstructure of individual construal, could usefully be combined with recent psychoanalytic emphases on the development of (largely unconscious) structures of subjectivity.

Role of the Past and of Development in Adulthood

Psychoanalysis is the paradigmatic instance of a psychology predicated on the importance of the past. Virtually all psychoanalytic schools emphasize that the "child is father to the adult," that adulthood can only be viewed as the result of forces and pressures that occurred long ago, early in life. In extreme forms, this position
Constructs that most important psychological development occurs early in life, a position with dubious research support (Vaillant, 1977).

Constructivists, in contrast, tend toward the position that life can (or should) consist of continuous growth and change. Constructivists are not likely to see the past as simply preserved in the present, as many psychoanalysts do. In the process of development, the individual's past ways of construing are applied to present experience. These ways are, however, transformed in the process. Thus, childlike symptoms in an adult cannot be understood simply as a replication of past experience; instead, the meaning of those symptoms must be understood, at least in part, in the context of the adult's present construal processes.

Most constructivists are sympathetic to the adult developmental perspective (for example, Kegan, 1982, 1994; compare Soldz, 1988a). In extreme forms of constructivism, this position tends toward a romantic view that all possibilities are open, if only we can think of them. However, this view has difficulty explaining recent research findings. McCrae and Costa (1990), for example, have presented strong evidence that personality traits are remarkably stable in adulthood (defined by them as after age thirty), contradicting most adult developmental approaches. Furthermore, McCrae and Costa explain contrary findings by showing that we remember ourselves as having changed much more than our longitudinal data warrant. Interestingly, the latter finding is consistent with constructivist thinking, dating back to Bartlett (1932), on the reconstructive nature of memory (Loftus, 1980).

It appears that the role of the past in the present and the nature of adult development are far from settled. A comprehensive theory will have to explain the place in development of both stability and change. Such an approach is fundamental if we are to understand the nature of longer-term psychotherapy with adults. Does such therapy induce fundamental personality change, or does it merely help clients accept their existing personality? Under what circumstances does change in construing processes lead to change in personality traits?

The Body and Sexuality

Perhaps the most radical impact of classical Freudian theory was to lead to (or facilitate an ongoing) reconceptualization of the role of bodily experience in the formation of the psyche. Freud's theory of psychosexual stages was more than a set of stages for development. It transformed the mind-body debate. No longer could the mind be conceptualized as independent of the baser bodily processes such as hunger, urination, and sexuality. In the Freudian view, early childhood bodily experience was constitutive of psychological structures. While often carried to the point of ridiculous extremes, this Freudian view is still the only psychology that puts many of the everyday concerns of people at the core of its theory. For example, people spend an outrageous amount of time and energy on sexual fantasy, a fact that virtually all nonpsychoanalytic theories totally ignore.

Unfortunately, psychology's ignoring of the body and of bodily experience largely carries over to constructivism. Kelly (1955), for example, suggests that core constructs can involve bodily processes but does not elaborate on the idea. His 1,200-page *The Psychology of Personal Constructs* contains only one index reference to sex (as distinct from sex role). Sexuality and bodily experience in general hardly figure in Kegan's *The Evolving Self* (1982), despite its frequent focus on adolescent development. Evidently, constructivist adolescents and adults are not like the rest of us in being obsessed with sexuality whenever we get a chance to be distracted. (It should be noted, however, that Kegan's more recent book, 1994, does discuss adolescent sexuality more fully and explicitly.)

Recent trends in psychoanalysis have resulted in a reduction of the attention given to sexuality and other bodily experiences. Reacting against early sexual reductionism, recent object relations and self psychological theories emphasize the importance of relationships in psychological development, while simultaneously downplaying the role of bodily experiences and concerns in these relationships. Many students of psychoanalytic psychotherapy today
hardly hear a word about sex and the body, and many contemporary patients regard sexuality as too private to be discussed.

The role of bodily experience and sexuality in psychological functioning is an area where none of our theories are even remotely adequate. The early psychoanalytic reductionism posed certain crucial issues but failed to resolve them. The flight from the body in much contemporary cognitive psychology does not help us in this domain either. The constructivist emphasis on meaning and meaning structures can be of help if it is remembered that much of our lives are devoted to construing less lofty phenomena than the meaning of life.

After saying all of this about theory, I, too, have little to say about sexuality and the body themselves, as I, too, am at a loss to conceptualize this form of the mind-body problem. I only know that such a conceptualization is necessary if we are to develop a psychology relevant to much of daily life. I have always assumed that what we would need is a psychology of activity, in which activity is defined broadly enough to encompass what are traditionally conceptualized as thought, fantasy, and action. Some recent works by Johnson (1987) and Lakoff (1987) on bodily origins of metaphor provide intriguing first steps. One always hopes that work in neurophysiology and neuropsychology will provide illumination (Damasio, 1994). Feminism has certainly returned attention to the bodily bases of social and personal experience. But beyond these rudimentary steps, I am at a loss to proceed further.

Narrative Thinking

One of the most interesting areas of convergence between psychoanalysis and constructivism lies in the recent wave of interest in storytelling (see Chapters One, Seven, and Eleven). Many psychologists (and computer scientists) have realized that people spend much of their time constructing and telling stories (Bruner, 1990; Mishler, 1986; Riessman, 1993; compare Soldz, 1992b). It is as if a narrative wave swept over the field and many thinkers who thought they were being wildly original were, in fact, only riding a wave they had not yet consciously seen.

The narrative approach is a natural one for psychotherapists. After all, patients spend much of their time telling stories to their therapists. Why not focus some of the therapists’ and theorists’ attention on the act of storytelling rather than devote it solely to story content? Therapy, from this perspective, can be viewed as the process of the construction of alternative stories (Efran, 1994; Neimeyer, 1994; Vogel, 1994). This conceptualization can be traced back to Kelly (1969), at least. In his account of the development of PCP, Kelly describes his coming to realize that the therapeutic effect of Freudian interpretations was not due to their “accuracy,” but rather to their placing the client’s disturbing and inexplicable psychological phenomena in a context in which they make sense. Similarly, I have always assumed that the effectiveness of some of the more bizarre interpretations of Jungians or the students of Melanie Klein is due to their allowing patients to make some sense of, and grant an importance to, extremely disturbing “primitive” psychological experiences. It is the placing of these experiences in a larger context that makes them less frightening to patients.

Spence (1982) brought the narrative approach to psychoanalysis in his classic work, Narrative Truth and Historical Truth. In that work, he argued that historical reconstruction in psychoanalysis consists of patient and analyst creating a new story of the patient’s life with better narrative qualities than the story the patient used previously and that the narrative truth of this story should not be confused with its historical accuracy. While rarely referring to explicitly constructivist work, Spence thus recreates, in a psychoanalytic context, much of the constructivist perspective on the nature of therapy. His work also poses questions about the characteristics of patient narratives that are more or less successful. Such questions implicitly introduce external reality via the back door.

Unfortunately, the narrative trend provides an opening for radical relativist views (Gross & Levitt, 1994), in which all construals
of reality are of equal value. Yet it also provides exciting new directions for psychology that will be explored for years to come. This area is one particularly ripe for cross-fertilization between psychoanalytic and constructivist thinking (Luborsky & Crits-Christoph, 1990; compare Soldz, 1993c).

Shifting Frameworks of Psychotherapy

As psychoanalytic theory has moved in more constructivist directions, the conceptualization of the nature of therapy has also moved in that direction. If the individual’s development of psychic structures is conceptualized as driven by a search for meaning, then therapy must involve the creation or modification of these meaning structures. One core issue in this therapeutic process is the form the new structures will take: will they derive from the client or the therapist? The psychoanalytic world is full of therapists and theorists who know exactly what issue the client is, or should be, concerned with. For some therapists, it is the return of repressed sexual drives; for others, it is splitting of the internal unconscious representations of self and others. Still other analysts, the self psychologists, are sure that clients are concerned with a fragmentation of their self-experience. These therapists emphasize that therapy should concentrate on the experience of the client; it should be experience-near, they say. However, that experience seems always to be conceptualized through the therapists’ conceptual system. The client’s experience turns out to be focused on exactly those issues that theory says are important.

Of course, constructivists face the same problem of imposing their constructs on clients. If human nature is centrally concerned with meaning-making, then clients must be facing difficulties in making meaning, even if they think they are concerned with how bad they feel or their difficulty in stopping using drugs. What this discussion points up, is that there is always a disjuncture between the client’s point of view and that of the therapist. The therapist is always applying his or her professional constructs (Soldz, 1989, 1992a) to clients and their experience. While this occurs universally in the practice of psychotherapy, there is a criterion that provides a justification for making a commitment to some forms of psychotherapy rather than others. The claim for the superiority of some theoretical systems over others is that they facilitate the understanding of larger portions of clients’ experiences and that they suggest more useful ways to facilitate client change. That is, theories are pragmatic constructions and are to be judged by their ability to generate the “fallible but functional knowledge” mentioned earlier.

Cross-Fertilization Between Psychoanalysis and Constructivism

From the perspective I have been presenting, what might cross-fertilization between psychoanalysis and constructivist psychology focus on that would be of benefit to therapists? I would argue that the reasons why psychoanalysis and constructivist psychology should be giving ideas and practices to each other are threefold.

1. Psychoanalysis is the most well developed nonbehavioral clinical approach. In particular, until very recently, psychoanalysis was relatively unchallenged as an approach for elucidating the more primitive aspects of psychological functioning that are common among our more severely disturbed clients.

2. Constructivist ideas provide a unique lens through which to view clinical material, resulting in technical innovations. For example, Kelly’s emphasis on the bipolarity of personal constructs suggests to me that I should ask clients for the opposite of their problematic constructions.

3. Constructivism provides a principled theoretical approach to clinical phenomena; that is, it provides the most well developed approaches to conceptualizing the nature of structures of subjectivity and, even more importantly, the processes of change in these structures. Thus, constructivist theory can elucidate clinical phenomena that remain mysterious in other theoretical approaches.
Psychoanalytic Clinical Wisdom

Psychoanalytic ideas and practice have been under continuous development for approximately a century, far longer than any rival clinical approach except behaviorism. To the extent that clinical practice and reflection upon it are capable of generating knowledge, a proposition that is under attack these days (compare Dawes, 1994), one would expect the practice of psychoanalysis to have generated much knowledge about clients and their problems. While psychoanalysis has been challenged for decades as an approach to the psychological problems of the walking wounded, it has until very recently been virtually the only clinical approach to the severe personality disorders. And until recently, other therapists were largely unable or unwilling to treat the latter people. It should not be surprising, therefore, that psychoanalytic theory has framed much of the thinking about these difficult patients. For example, Leitner (1980) has discussed the treatment of a borderline woman within the framework of PCP; nevertheless much of his thinking clearly derives from psychoanalytic object relations approaches to severe personality disorders. Similarly, Phenninger (1994) presented a thorough discussion of the conceptualization and treatment of severely disturbed patients, which, while based in PCP, draws extensively on psychoanalytic thinkers. Much of my clinical writing, too, has reframed in constructivist terms phenomena first commented upon by psychoanalytic writers. It appears that the wisdom gained by psychoanalytically oriented therapists does provide guideposts in this difficult territory, even if we choose to encapsulate this guidance in different theoretical frameworks.

Reconceptualizing Hostility

As an example of this reconceptualizing process, I can describe the way I have puzzled over and conceptualized the hostility that is prevalent among severely disturbed patients (Soldz, 1983). Rage attacks are common among patients who receive the borderline diagnosis, and other forms of hostility are frequent among most patients who receive personality disorder diagnoses. That hostility is one reason clinicians often dread or avoid treating these patients.

In psychoanalytic thinking about personality disorders, however, hostility has played a regular part. Thus, in patients with what he calls a borderline personality organization, Kernberg (1975) postulates a splitting of self and object representations due to the prevalence of hostility. But where does this hostility come from? For Kernberg, it arises largely from an overabundance of a genetically endowed aggressive drive. Such an explanation is extremely speculative and is far removed from either the patient’s or clinician’s experience as manifested in therapy.

In pondering this phenomenon, I drew upon Kelly’s definition of hostility (1955): “Hostility is the continued effort to extort validation evidence in favor of a type of social prediction which has already proved itself a failure” (p. 510). When first encountered, this definition seems rather abstract. Yet, for me, it makes more sense than do competing conceptualizations. Kelly implies that hostility arises when a person tries to understand others who are important to him or her and the explanation proves inadequate. When this inadequacy becomes apparent, the individual is faced with two choices: modify the understanding, or attempt to get the other to fit the inadequate explanation. If an individual’s construct system is not very well developed or that particular explanation of the other is especially central for the individual, reconstrual may prove difficult or impossible. The hostile solution may prove preferable: try to get the other to confirm the already disconfirmed construal. Thus, for example, a patient may insist that a therapist take care of his or her every need despite the recognition that no one can always do this.

The Kellyan conceptualization of hostility has several advantages over other approaches. It can help therapists understand why patients with severe personality disorders are particularly prone to use hostility. They are the same patients whose interpersonal construct systems
are not very well articulated, resulting in difficulties with understanding others. As they are not able accurately to predict others' behavior, they are regularly faced with invalidation of important interpersonal predictions, resulting in the danger that their interpersonal world will appear extremely chaotic to them. In an attempt to avoid this chaos, they therefore try to get important others to conform to the invalidated predictions. If therapists are not strong enough to withstand these patients' demands (or nurturant enough to meet them), the patients will provide further opportunities for their therapists to demonstrate strength (or nurturance), through out-of-session crises.

This conceptualization of hostility can also unify our understanding of other phenomena in severely disturbed patients. Thus, those patients labelled borderline will often construe the therapist as perfect at one moment and as an awful monster at the next. Theories of an aggressive drive have difficulty perceiving a unity between this phenomenon and the phenomenon of hostility. The PCP conceptualization, however, provides just such a unifying framework. Both the therapist's perfection and monstrousness are manifestations of hostile construing. The patient insists on forcing the therapist into a mold already known not to fit. Insisting on the therapist's perfection is as hostile as is insisting upon the opposite. The PCP view is thus able to unite a broad spectrum of clinical phenomena under one umbrella.

Object-Oriented Questions

The conceptualization of severely disordered patients in terms of insufficiently articulated construct systems can also help therapists understand the effectiveness of certain modern psychoanalytic interventions (Spotnitz, 1976) that are not well grounded in traditional theory (Soldz, 1986, 1987, 1993a). The essence of these techniques is not to challenge the constructions of the patient directly but to support them in ways that make the patient feel understood, leading to more active elaboration. Object-oriented questions, for example, accept the patient's projections onto the external world, primarily the therapist, and actively elaborate these projections (Soldz, 1986, 1993a). Thus, if a patient complains that the therapist is uninterested in her, an object-oriented approach might be to inquire what was making the therapist uninterested, thus accepting the patient's construal but asking the patient to elaborate it. Further questions could explore the patient's view of the therapist's motivations. These object-oriented questions encourage the elaboration of the patient's interpersonal construal system, leading, ideally, to greater differentiation and integration of the system. As the patient gradually develops a more articulated construct system, she is likely to feel greater safety, leading her to experiment with some of her construals. As this aspect of her system becomes more articulated, she can more afford the danger of invalidation, which no longer will lead to chaos and the loss of the ability to make sense of others.

Joining and Mirroring

Another set of modern psychoanalytic interventions is called joining and mirroring. In joining, the therapist accepts and goes along with the patient's (conscious or unconscious) belief or attitude, while in mirroring, the therapist adopts the patient's belief or attitude. An example of joining (albeit in a nonclinical context) comes from a work group that I had been leading and that was very upset about the prospect of new members coming into the group after it had been working hard for several years. Group members felt it was not right that others could come in and get the benefit of all the hard work that we had done over the years. After at first being astounded by the vehemence of the reaction, I started thinking like a clinician and grasped the underlying emotional issue: people felt that the newcomers would displace them in my eyes (much as the older child fears being displaced by the new arrival). I intervened by joining their reaction and telling them that they would always be the special ones in my eyes and that we both knew that the newcomers would never be as special. A wave of smiles swept through the group, as they both recognized their unexpressed desire and realized
that it could not be met in reality. Everyone then readily agreed that it would be fine to bring newcomers into the group. In this incident, we can see the essence of joining: my acceptance of the group members’ point of view allowed them freedom to reconstrue that view. If I had interpreted their unexpressed wish to be special, I think I would have induced guilt, which would also have led to an acceptance of the new members but with resentment. By accepting and joining their wish to be special, I created a safe environment in which their perceptions were not challenged, allowing them to move to a new position. In PCP terms, we can see that my joining allowed them to stop engaging in hostility, that is, repetitively attempting to elicit confirmation of a social prediction (insisting on being special forever) that has already proven invalid (they knew at some level that this was not really possible). Of course, as these group members were not seriously disturbed patients, the reconstrual took place relatively easily, once I recognized the underlying issue and responded by joining the members, in the technical sense of that word.

**A Common Language for Change Processes**

The previous examples have illustrated how personal construct concepts can be used to comprehend change processes that owe their origins to a variety of clinical traditions. Since the personal construct concepts are theoretically coherent formalizations of the processes through which people make sense of the world, and since these concepts are focused on processes of change, they (and concepts from related traditions in constructivism and cognitive science) can provide a common language through which hypotheses about human change processes can be formulated and tested in a theoretically coherent manner.

**Conclusion**

Psychoanalysis has a long and noble history, and despite recent assaults, it is not about to disappear any time soon. The clinical knowledge and intuitions developed out of the psychoanalytic tradition exert great influence on most contemporary schools of therapy. Furthermore, the issues posed by psychoanalysis regarding the role of sexuality and the body in the psychological life of both children and adults have nowhere been adequately conceptualized by rival theories. Successful understanding of these issues will be essential if a comprehensive psychology capable of understanding the frequently unexpressed concerns of people is to be developed. However, in the long run, psychoanalysis, like all theoretical approaches, will be either abandoned or superseded. It is to be hoped that the best of the psychoanalytic tradition will be retained (and transformed) in the process.

Constructivism is at an earlier stage of its development and is still striving to develop a comprehensive framework for psychological theorizing. To this task, it brings great promise. The level of meaning-making structures with which constructivism is concerned is among the most promising for uniting the disparate phenomena of everyday life and clinical practice. Constructivism, however, means many things to its adherents. It remains to be seen if the current large-scale interest will continue and if the theoretical tensions will be resolved or will lead to fragmentation and the development of rival schools. Personally, I am skeptical that there is enough convergence between radical and pragmatic constructivists for the two to share a common label. In any case, the evolving constructivist traditions will need to confront the issues raised by the psychoanalytic tradition if they are to develop into a comprehensive framework for understanding and guiding the process of psychotherapy, much less into a comprehensive psychological theory.

**References**


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