

Construing of Others in Psychotherapy: Personal Construct Perspectives

STEPHEN SOLDZ, Ph.D.

ABSTRACT: Regardless of the initial complaints, psychotherapists frequently interpret their client's problems as involving difficulties in personal relationships. This makes achieving a better understanding of the nature of interpersonal construing important for a theory of psychotherapy. George Kelly's psychology of personal constructs provides a perspective on this issue that can illuminate several recent developments in psychodynamic therapy, including Arlene Wolberg's and Hyman Spotnitz's treatment techniques for severely disturbed clients. These techniques are viewed as ways of helping the client to develop more comprehensive and flexible construct systems for understanding other people. A neglected aspect of empathy is also discussed.

Patients consult psychotherapists for a wide variety of reasons. Complaints range from an intense anxiety upon leaving the house to chronic depression to explicit difficulties in personal relationships, such as marital conflict or an inability to make friends. Patients even appear in therapist's offices complaining of a sense of dissatisfaction with life which it is hard for them to define. Life just isn't as interesting or as pleasant as the patient has been led to believe it should be, or as life appears to be for others. If anecdotal reports are to be believed, this last type of complaint has become increasingly common during the last 30 years of psychotherapeutic practice.

When a patient enters a therapist's office with hopes of receiving help, an interesting interaction occurs. The patient is usually experiencing considerable distress and often hopes for some magical words from the therapist that will make all problems disappear. Even therapeutically sophisticated patients will frequently admit to such fantasies.

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The Therapist's Assessment

Meanwhile, the therapist is making an assessment of the patient's difficulties. This involves forming an understanding of the patient's complaints, of what brought them about, and of what will help them improve. During this process the therapist is applying his or her professional constructs to the task of understanding the patient. To some degree, it involves the translation of the patient's words into a different language. Thus, "unhappy" becomes "depressed," while "nerves" is translated as "anxiety". This translation is the first step in the process of the therapist placing the patient and her or his complaints into a frame of explanatory constructs that the therapist uses in order to decide how to conduct treatment. During this process, the therapist often interprets the patient's complaint as a manifestation of more pervasive difficulties.

For therapists of a psychodynamic orientation, with whom this paper is primarily concerned, a key set of professional constructs that are applied to almost every patient includes those having to do with "meaningful personal relationships." For psychodynamic therapists, those whose theoretical constructs tend to flow out of the psychoanalytic tradition, as well as for many therapists of other persuasions, including many personal-construct therapists, it could almost be said that the quality of a person's life is determined by the quality of his or her relationships with other people.

This emphasis on the quality of personal relationships has been a steadily increasing trend within the psychoanalytic tradition. In early Freudian thinking, emotional difficulties were regarded as the result of conflicts over the expression of instinctual drives. Gradually, with the development of psychoanalytic ego psychology, object relations theory, and the neo-Freudian schools of Horney and Sullivan, personal interactions played a larger role in theory, sometimes reaching center stage. Concomitant with these modifications of theory, the range of therapeutic techniques available to dynamically oriented psychotherapists also expanded. Naturally, these therapeutic techniques and theoretical issues tended to be conceptualized with hybrid concepts which involved modifying and adding to classical psychoanalytic concepts on an *ad hoc* basis. Kernberg's (1975) attempted integration of object relations theory, ego psychology, and classical drive theory is an excellent example of this. The result has been that the number of theoretical perspectives available within the psychoanalytic tradition has proliferated tremendously in recent years.

Much of this new theorizing, based rather directly on clinical experience, tends to be confused at a theoretical level. Concepts such as those

of different levels of "object relations" (Kernberg, 1975), "narcissistic" or "self-object" relations (Kohut, 1971, 1976), or of "emotional contagion" between people as a potent process in life as well as in therapy (Spotnitz & Meadow, 1976), often seem to make sense of clinical experiences. Yet the more theoretically minded among the analysts have not been able to extinguish their qualms over the confusing state of psychoanalytic theory. Many have argued for the abolishment of the entire structure of quasibiological concepts which are known in analytic circles as "metapsychology" (Gill & Holzman, 1976).

Yet, if the metapsychological concepts of the life and death instincts, of ego and id, and of the psychic economy are to be dispensed with, what will replace them? Contemporary analytic theorists have tried various alternative models, such as those based on information theory (Peterfreund, 1971), on an "action language" view of human functioning (Schafer, 1976, 1983), on the "empathic-introspective stance" (Kohut, 1976; Goldberg, 1980), on a "psychoanalytic phenomenology" (Stolorow & Atwood, 1979; Stolorow & Lachman, 1981), or on a metaphorical use of the Piagetian concept of schema (Klein, 1976).

One tendency evident in all of these works is an emphasis on basing theory on an understanding of the perspective or point of view of the patient or subject of study. The person is no longer viewed as simply a victim of forces outside of awareness, such as drives, defenses, and external threats. Psychoanalysis is viewed by these authors as a study of how the individual person makes sense of the world. The unconscious tends to be conceptualized as either a form of implicit knowledge or of intentional "not knowing".

Constructivist Tradition

We notice in the above themes a convergence with the constructivist tradition in psychology and with personal construct theory in particular. Many of these issues were discussed 30 years ago by George Kelly (1955). In the rest of this paper I would like to propose personal construct interpretations of a few of the recent developments in therapeutic technique which have arisen from within the psychoanalytic tradition. It is hoped that these efforts will foster improved communication between different psychological schools, in the service of furthering the development of better theories for making sense of that difficult form of social interaction, the psychotherapeutic encounter. The discussions will, of necessity, be brief. The choice of themes will be very idiosyncratic and will reflect my personal interests, as well as a focus on the importance of

interpersonal understanding as an aspect of human relations and of therapeutic change.*

In personal construct psychology, interpersonal relations have mainly been understood from the perspectives of the Commonality and Sociality corollaries. The former states: "To the extent that one person employs a construction of experience that is similar to that employed by another, his psychological processes are similar to those of the other person." (Kelly, 1955, p. 90). The Sociality corollary states: "To the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person." (Kelly, 1955, p. 95). These corollaries indicate the importance of understanding the role of construal in an analysis of personal relationships. Typically, in PCP circles, this has involved an emphasis on a person's constructs, or on how they are used. Thus, for example, Adams-Webber (1968) uses the ability to pick out a recently met person's constructs from a larger list, as well as to predict how the other person will rate himself on these constructs, as a measure of interpersonal sensitivity. Or, Duck (1973) uses the existence of similarly worded constructs in a rep test as a measure of similarity of construing.

These examples both involve legitimate measures of interpersonal understanding. However, it should be noticed that both of Kelly's corollaries refer not to constructs, but to psychological or construction processes. This concept of process is extremely important in clinical work, but it has received little attention in PCP circles. This neglect is probably because construction processes are harder to research with available techniques than are people's ratings on constructs or the similarity of elicited constructs.

One very important aspect of this construction process is transition in a person's construct system. The awareness of impending transitions in one's construct system is the essence of emotion for Kelly (1955). And emotion, as every dynamic therapist is convinced, is the essence of psychotherapy. Therapists spend much of their efforts getting their patients to express what they feel. From a PCP perspective, this involves a focusing on the limits of the patient's abilities to make sense of the world, and on the patient's habitual ways of responding to these limits. The therapist also needs to construe, not only the patient's constructs, but also his or her transitional processes. In fact, this awareness of another

* This is one of a series of papers that try to make sense of the phenomena dealt with by psychoanalysts from constructivist and PCP perspectives (Soldz, 1981, 1983, submitted for publication).

person's transitions in construal, of the limitations of the person's ability to anticipate and make sense of the world, is an essential and largely ignored aspect of interpersonal relations.

This awareness of others' transitional processes constitutes a large part of the phenomenon called *empathy*, which is receiving such a large amount of attention in psychoanalytic circles today (Bornstein & Silver, 1981). In fact, Kohut (1977) considers the "empathic-introspective" stance to be the defining characteristic of "depth psychology", but nowhere provides an adequate definition of the concept. For Kohut and the Kohutians, it seems to develop an almost mystical aura. From a PCP perspective, one can guess that it involves using an awareness of one's own construction processes as a way of gaining insight, via assumptions of communality, into the construction and transitional processes of another for the purpose of engaging in some joint social undertaking such as a psychotherapy.

The new element here is the claim that empathy involves construal of the other's limitations of construing and of the person's ways of dealing with these limits. This approximates common sense usage where empathy appears to involve awareness of others' feelings and emotions. For example, a person is usually considered to be empathic when aware that another person is construing a certain situation as one involving feelings of guilt, shame, anger, etc. Of course, I am not claiming to have penetrated to the true essence of empathy here, but only to have focused attention on one aspect that, I believe, has so far been inadequately conceptualized. Other aspects of empathy, such as the relation between empathy and sympathy, or between empathy and introspection or self-construal, are still obscure. In some way that is unclear to me, empathy sometimes, but, I think, not always, involves a construal of the self as like the other, as able to have similar processes of construal as the other.

Interpersonal Understanding

The issue of interpersonal understanding also appears to be involved in two innovative treatment techniques that have been created by psychoanalytically oriented practitioners in order to treat severely disturbed patients. In the treatment of such patients, an essential issue for the therapist is to avoid premature invalidation of their patients' relatively unstructured, global, undifferentiated, and unintegrated construct systems. Invalidation is dangerous because, unlike more healthy patients, these people do not have alternative construct subsystems to fall back on in a pinch. Furthermore, almost every social prediction made by such

people involves their most superordinate constructs in a relatively direct way (Soldz, 1983).

Arlene Wolberg and Hyman Spotnitz (Wolberg, 1973; Spotnitz, 1969, 1975, 1976; Spotnitz & Meadow, 1976) have each devised techniques for the treatment of severely disturbed patients that are designed to avoid premature invalidation. Thus, Spotnitz (1976) refers to the need for "ego insulation" in these patients. Both of these therapy techniques involve a focusing of the patient's attention away from the self and onto the external world. Special attention is given to having the patient explore the behaviors and motivations of the significant others in their lives. To a considerable degree this involves encouraging the patients to construe the processes of construct transition, or emotions, of others.

Spotnitz and Wolberg both conceptualize the rationale for their therapies in terms of encouraging the patient to project his or her conflicts onto other people, in order to deal with them in a form that does not directly involve the self, and, thus, is presumed to be safer for the patient. For example, Wolberg, when dealing with a woman who is afraid of taking her Ph.D. written exams, turns the attention onto the patient's husband, who is simultaneously afraid of taking his orals. "I wonder what could be done for your husband so that he wouldn't fear the orals. I wonder what his hang-up is?" (Wolberg, 1973, p. 191). This allows for a discussion of the fear of exams in a way that, ostensibly, is not about the patient but about the husband.

It can be presumed that there is less danger of invalidation in discussing other people's motivations than in discussing one's own. After all, in individual therapy, the other person is not immediately available to supply evidence. And, even if the other person is around, we have no direct access to another's processes of construal, so that contrary evidence can, when necessary, be more easily ignored. Furthermore, construals of others have less immediate implications for one's behavior than do construals of self. If Wolberg's patient comes to a better understanding of why her husband is afraid of his exams, she has not necessarily committed herself to any particular approach toward her exams. Thus, in discussing her husband, she has greater freedom to experiment with different construals of the issues, without as great a danger of construing herself into a corner from which she can't escape. Furthermore, in construing the "motivations" of her husband, she is expanding the abilities of her construct system to make sense of other people. This involves construing, not only his constructs, but also those areas where he is unable to construe adequately. In discussing his emotions and what leads up to them, she will be elaborating her understanding of the transitions in others' construction processes.

Spotnitz (1975) describes a therapeutic technique that can be used with severely disturbed adolescents. In this therapy, the adolescent is seen conjointly with her or his parents. The ostensible reason for the sessions is so that the youngster can help the parents deal with the feelings that he/she induces in them. No pressure is put on the adolescent to change. (Usually this technique is used after all other, more direct, approaches have failed.) However, in order to accomplish the task of helping the parents, the young person is forced to study them in order to get a better sense of what makes them tick. Why does father get angry when he does? What causes mom to withdraw into stony silence?

In PCP terms, the adolescent is faced with the task of construing the construction processes of her/his parents. What constructs are important to them? What leads to invalidation of those constructs? What does the parent do when faced with invalidation? Does he or she loosen construction and become inconsistent and impossible to understand? Or do they adopt the hostile solution and insist on "my way, right or wrong!"? With this technique, the adolescent is led to develop a more articulated construct system for making sense of other people. As a result, people become easier to anticipate. This leads to a reduction in the personal difficulties that initiated treatment in the first place.

This approach of Spotnitz's to disturbed adolescents is an outgrowth of his development of a variant of psychoanalytic technique for the treatment of very disturbed patients called *Modern Psychoanalysis* (Spotnitz, 1969, 1976, Spotnitz & Meadow, 1976). Spotnitz emphasizes the importance of protecting the patient from emotional overstimulation because of the danger of evoking the patient's destructive defensive processes. In PCP terms, this can be understood as a need to avoid causing premature invalidation of the patient's constructs.

In the early stages of modern analytic therapy, the patient's reality is, usually, accepted and explored rather than being either confronted or interpreted (Lucas, 1977-78). Various *joining* techniques are advocated, which have the effect of encouraging the patient to use his or her construct system to construe situations that were previously outside the range of convenience of the constructs. Verbalization leads to increased word binding (Kelly, 1975, pp. 803, 1063), which allows the constructs to be used (and examined) with greater facility. This, of course, is what is known in PCP terms as *aggressiveness*: "the active elaboration of one's perceptual field (Kelly, 1955, pg. 508)."

Of particular interest for the topic of this paper is Spotnitz's use of what he has termed *object-oriented questions* (Spotnitz, 1969). These are questions that direct the patient's attention towards the world outside rather than the internal world. With the most disturbed patients, such as

schizophrenics early in treatment, questions can be about the weather. Sometimes questions are about other people in the patient's life, in a manner reminiscent of Wolberg. But what is rather distinctive of the Spotnitz approach are questions which focus the patient's attention on the therapist. For example, if the patient complains of the therapist's coldness, the therapist may raise the following issues: What behaviors indicate that the therapist is cold? Is the therapist cold with all people or just with this patient? Is the therapist deliberately cold or is she or he unaware of this trait? How did the therapist get to be that way?

None of these questions attempt to convince the patient that her or his construal of the therapist as cold is incorrect. Instead, this construal is accepted and the patient is encouraged to expand on it. The result is a richer, more elaborate, construct system for understanding other people, both as people who engage in activity and as people who construe. The fact that the constructs are explored only in relation to the therapist makes the process safer. The patient can try out new constructs, or new relations between constructs, without risking his or her entire ability to make sense of other people. If the reconstrual process leads to difficulties, the patient can be encouraged to restrict the range of the new constructs to the therapy and the person of the therapist.

To use our above example, someone who construes most people as cold might be very threatened if anything were to occur that suggests that this may be incorrect. So an exploration of the implications of this construct can be a dangerous activity for such a person. Yet, it is frequently a necessary one. The building of new structure, especially in a person with little structure to begin with, usually takes place on the basis of old structures (cf. the Modulation Corollary, Kelly, 1955). As the implications of coldness are elaborated, the person will develop a variety of subordinate constructs that will then become available to him or her for social construing.

Eventually, the relations between constructs may change in such a manner that these constructs may loosen their relationships with coldness. In the process, the meaning of coldness will change. In fact, coldness may become a less important construct. It may lose its superordinate status or even be retired from use altogether. Of course, this change will require much more than object-oriented questions from the therapist, but such questions can be an important therapeutic tool early in the treatment of severely disturbed patients. They can also be useful in the therapy of healthier patients when they are functioning at a more primitive level, as everyone is wont to do from time to time. Object-oriented questions are one way for the therapist to facilitate the development of the capacity for role relationships in patients. Perhaps personal con-

struct theory can help develop additional therapeutic techniques that will help patients learn how to better understand the other people in their lives. Furthermore, increased interpersonal understanding will probably also lead to a reconstrual of the self, though, as indicated above, the relationship between construal of self and other is still obscure.

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161 Hancock Street
Cambridge, MA 02139