Journal of Constructivist Psychology

ISSN: 1072-0537 (Print) 1521-0650 (Online) Journal homepage: http://www.tandfonline.com/loi/upcy20

Symptoms and Significance: Constructivist Contributions to the Treatment of Performance Anxiety

Robert A. Neimeyer

To cite this article: Robert A. Neimeyer (2010) Symptoms and Significance: Constructivist Contributions to the Treatment of Performance Anxiety, Journal of Constructivist Psychology, 23:1, 42-64, DOI: 10.1080/10720530903400988

To link to this article: http://dx.doi.org/10.1080/10720530903400988

Journal of Constructivist Psychology, 23: 42–64, 2010

ISSN: 1072-0537 print / 1521-0650 online
DOI: 10.1080/10720530903400988

Routledge
Taylor & Francis Group

SYMPTOMS AND SIGNIFICANCE: CONSTRUCTIVIST CONTRIBUTIONS TO THE TREATMENT OF PERFORMANCE ANXIETY

ROBERT A. NEIMEYER
University of Memphis, Memphis, Tennessee, USA

Drawing on the case study of Gabriel, a college student faced with severe performance anxiety, I illustrate the possible approach to case conceptualization and treatment that might be taken by two constructivist schools of psychotherapy—personal construct therapy and coherence therapy. In doing so, I emphasize the distinctive procedures that characterize these classic and contemporary constructivist models, which differentiate them clearly from the orientation to assessment and intervention preferred by many other approaches to cognitive therapy. Finally, I close by noting my own penchant for a personal, integrative style of therapy that finds inspiration in both personal construct and coherence models, as well as a diversity of other constructivist and social constructionist perspectives.

Like Caro Gabalda's (1996) linguistic therapy of evaluation and Newman's (2007) distillation of Beck's cognitive therapy, constructivist psychotherapy (CPT; Neimeyer, 2009; Neimeyer & Mahoney, 1995; Neimeyer & Raskin, 2000) is an active, collaborative practices that pay close attention to how clients interpret their experience, phrase it in language, and behave in keeping with these (sometimes constraining) constructions. But partly as a result of their postmodern skepticism regarding the primacy of rationality and objectivity as criteria of mental health (Neimeyer, 1995), constructivist therapists report drawing on a rather different set of strategic preferences in psychotherapy than their more rationalist counterparts (Neimeyer, Lee, Aksoy-Toska, & Phillip, 2008). My purpose in this article is to convey something of the conceptualizations that constructivist clinicians might draw on in treating the anxieties that prompted Gabriel to seek professional

Received 5 January 2009; accepted 20 June 2009.
Address correspondence to Robert A. Neimeyer, Department of Psychology, University of Memphis, Memphis, TN, 38152. E-mail: neimeyer@memphis.edu

assistance, and to suggest how these might find expression in the process and procedures of the therapy that would ensue.

Constructions of Anxiety: Two Conceptualizations

As a broadly postmodern philosophical framework, constructivism has influenced many contemporary approaches to therapeutic practice, which tend to have certain "family resemblances" in their epistemology, or theory of knowledge, including (a) a view of "truth" as multiple, contextual, and personal; (b) a conception of cognition and emotion as active, meaning-making processes; (c) a systemic view of personal meanings as hierarchically arranged in a self-organizing structure; and (d) an appreciation of the central role of intimate attachments and the broader social world in shaping and sustaining our personal constructions (Neimeyer, 1995). Accordingly, at strategic levels, constructivists tend to be more creative than corrective in their therapeutic style, seeking the implicit order in clinical disorder that makes symptoms fully intelligible as an expression of deeply held but often nonconscious constructions of self and others. Practically, this implies valuing (negative) emotion as a signal of the status of the client's meaning-making efforts, and elucidating the intricate connections between "nodes" in the client's meaning system that militate against making the changes that, at another level, he or she is seeking. Efficiently grasping the implications of the client's "core ordering processes" (Mahoney, 2000) for his or her performance of the problem sets the stage for transformation.

To illustrate the range of constructivist interventions, I will first sketch two understandings of anxiety offered by theorists associated with this perspective, one of which is a classic expression of constructivist work and the second of which is a prominent contemporary perspective. In each instance I will conjecture how it might inform therapy with Gabriel, at the level of both clinical conceptualization and approach to treatment. Finally, I will conclude by offering a few additional remarks about my own possible integration of these and other formulations were I to be Gabriel's therapist, highlighting the possibility of cross-fertilization of constructivist views in the service of clinical assessment and intervention.

The Limits of the Known: Kelly's Personal Construct Theory

As the founding figure in the tradition of clinical constructivism, George Kelly (1955/1991) developed a surprisingly comprehensive model of human mentation, centering on the individual as an incipient scientist devising idiosyncratic *personal constructs* with which to phrase, punctuate, and interpret experiences by orienting to their recurrent themes. Unlike the modernist versions of the personal science metaphor favored by other cognitive therapies, however, Kelly's formulation made no assumption that people have direct access to a reality outside their constructions; accordingly, different individuals commonly impose quite different meanings on the "same" event, meanings that say as much about them as about the world they attempt to construe. Nonetheless, Kelly also believed that people live in a real world of events and people, whose complexity ultimately eludes our best efforts to understand. As a result, our systems of personal constructs, vital as they are in organizing our experiences and actions, are never entirely adequate in "mapping" the "territory" in which we live, so that we are repeatedly confronted with the invalidation of our explicit and implicit predictions—especially in the foggy terrain of the social world. It is this sense of being "caught with our constructs down" that Kelly (1955/1991) attempted to capture in his definition of *anxiety* as "the recognition that the events with which one is confronted lie outside the range of convenience of one's construct system"(p. 495). Restated, in anxiety the individual confronts the clear limits of his or her construing, and is faced with an experience whose implications go beyond anything that he or she can meaningfully anticipate or control.

Still more troubling is the emotion that Kelly (1955/1991) termed *threat*, defined as "the awareness of imminent comprehensive change in one's core [identity] structures" (p. 489). In this sense, anxiety as an emotional state confronts us with the limitations of our grasp on a frighteningly unknown world, whereas threat poses the still more paralyzing perception of looming invalidation of our core sense of who we are. It is little wonder, then, that people commonly deal with both through the protective strategy of *constriction*, which Kelly (1955/1991, p. 477) defined as the narrowing of our experiential field in order to minimize such

apparent discrepancies. What we cannot imagine confronting, Kelly might say, we defensively choose to ignore.

How might this conceptualization guide a therapist working with Gabriel? First, it would suggest that anxiety is not so much the problem as a *marker* of the problem, pointing to domains in which Gabriel's construct system was insufficient to help him usefully anticipate and respond to events. Thus, the clinician might begin with a careful survey of circumstances—"real" or imagined—in which the familiar edge of anxiety began to intrude. These might, of course, be rather delimited, as in his recognizing at some level that he was poorly prepared for a particular exam; but it could also be broader, arising, for example, whenever he contemplated or drew nearer to graduation (from high school or college) and whatever that transition portended for him. Indeed, the suggestion in the case study that Gabriel's anxiety grew debilitating as completion of school loomed closer hints that more might be at stake than his self-critical thinking, catastrophizing, and associated avoidance behaviors. What, the therapist might ask, does Gabriel sense but find himself unable to integrate meaningfully in a way that allows him to anticipate and negotiate it? What fearful unknowns—perhaps about life after college—lie just beyond the range of his present construct system? Gabriel's case study, as written, provides few answers to such questions. But if a Kellian therapist were to sense the presence of such issues, he or she might invite Gabriel to project a year or two into the future, to assess how fully Gabriel could anticipate the contours of his life beyond his exams. If Gabriel froze anxiously in the face of these and similar inquiries, the therapist might prompt what Kelly (1955/1991) called "controlled elaboration" to help him sketch more clearly the world he would soon inhabit, perhaps by interviewing people doing the work for which he was preparing or spending time socially with recent graduates.

On the other hand, if Gabriel's distress proved unresponsive to such straightforward interventions, a Kellian therapist might undertake a fuller assessment of his constructs concerning academic performance, graduation, or even anxiety itself. One means of doing so is through use of a *repertory grid*, or *repgrid* (Fransella, Bell, & Bannister, 2004; Neimeyer, 1993b), in which relevant people or situations from Gabriel's life would be compared and contrasted to yield a fuller portrayal of his personal

construct system for construing himself and his situation. For example, after eliciting several names of important figures in Gabriel's family and social world (such as *me as a student, me after graduation, my ideal self, my mother, my father, my closest brother, my best friend, my previous lover, my most recent dating partner, the most successful person I know, the person I know who has failed most miserably*, and a powerful *authority figure*), the therapist would present him with random sets of three figures, and ask Gabriel to describe some important way in which two of the three figures are similar in his view and different from the third. For example, Gabriel might say that his close friend and current lover are *fun-loving*, whereas his father is a *drudge*. Adding to the resulting list of personal constructs others that Gabriel had used in therapy in describing his problems (e.g., *suffering vs. enjoying things, living with secrets vs. being open, nervous vs. calm, gay vs. straight*), the therapist would then ask Gabriel to rate each of the figures on Likert-type scales anchored by each of the constructs, and then analyze the ratings using any of a great variety of computer programs available for this purpose (Fransella et al., 2004; Jankowicz, 2003; Neimeyer, 1993b). The results can then be depicted visually to provide a map of the client's personal meanings, suggesting something of how he construes himself and his social world. For the sake of illustration, I have analyzed a hypothetical set of ratings performed by Gabriel using *WebGrid IV* (http://gigi.cpsc.ucalgary.ca:2000), a popular Internet-based software program for the elicitation and analysis of repgrids available at no cost (see Figure 1), which could be applied to grids administered in either an interview or electronic format. Readers interested in research on the reliability and validity of grid technique can consult reviews by Winter (1992) and Hardison and Neimeyer (2007).

The principal component display produced by *WebGrid* essentially plots each of the important figures in Gabriel's life, including himself (depicted as labeled points on the map), in the psychological space defined by his personal constructs (represented as bipolar lines projected through the middle of the plot). In this representation, physical proximity reflects psychological similarity of the figures to one another, just as closeness of construct lines to one another reflects the psychological equivalence of those dimensions for Gabriel. Several features of Gabriel's plot are of clinical interest. First, the horizontal axis of the plot, depicting the first principal component of his grid, accounts for a great deal

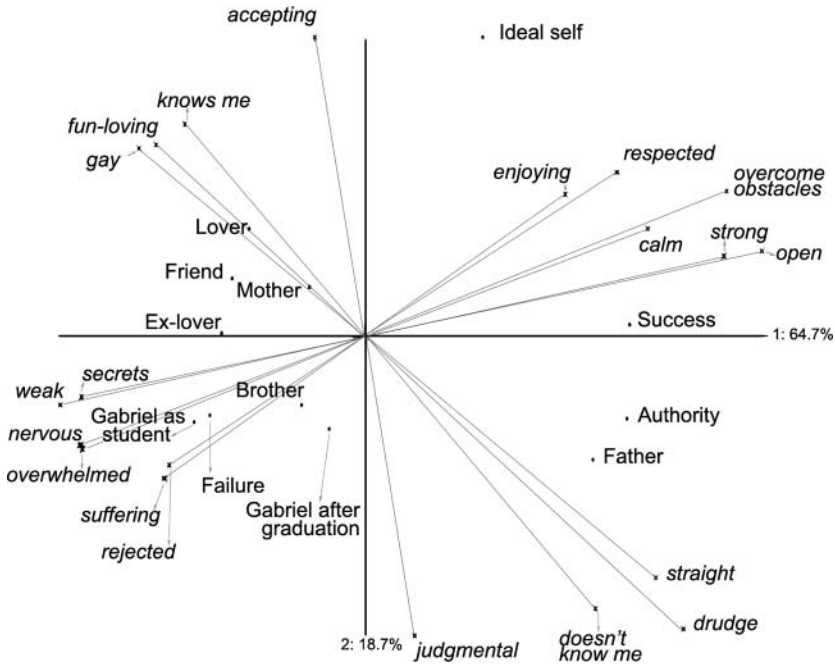

FIGURE 1 Principal component map of Gabriel's construct system. (PrinGrid Gabriel—"Clarification of constructs regarding self and others"). Percentage variance in each component: 1: 64.7%; 2: 18.7%; 3: 7.1%; 4: 3.4%; 5: 2.4%; 6: 1.8%; 7: 1.0%.

of the variance in his ratings—nearly 65%. This suggests that the constructs that load on this component (bearing on being weak and secretive vs. strong and open) represent a dominant theme in his life, a "superordinate" construct used to evaluate himself and others. The second, vertical component further distinguishes people on the basis of their being accepting vs. rejecting, perhaps especially toward Gabriel himself. Looking at his present self element (Gabriel as a student), it is striking that Gabriel sees himself as virtually the embodiment of failure and closely identifies with constructs representing weakness, secrecy, nervousness, being overwhelmed, suffering, and being rejected. The near identity of constructs bearing on weakness and secrecy might reflect Gabriel's sense of shame and his belief that inadequacies of any kind must be masked from others. Moreover, his isolation in this lower left quadrant of his grid is noteworthy, as it is otherwise occupied only by the person he views as an abject failure and, less

intensely, by his struggling brother. Even his image of himself after graduation only slightly ameliorates this troubling assessment of his identity, scarcely providing a positive future toward which he might move following his exams. In contrast, his ideal self element is diametrically opposed to this self-description (in the upper right quadrant of his plot), but is itself projected into an isolated and under-dimensioned space, with few constructs or figures nearby to give it tangible meaning. In personal construct terms, this unelaborated image of his ideal suggests that it could be shrouded in considerable anxiety, as it is poorly interpreted and understood in its own right. Thus, Gabriel seems to have taken up residence in a well-elaborated and familiar, if painful, quadrant of his meaning system, which contrasts starkly with an extreme but sketchily perceived idealized image of himself and his possibilities.

An examination of the other important figures in Gabriel's world would be equally interesting. In the upper left quadrant Gabriel groups all those persons with whom he has shared some form of intimacy, including his mother, friend, and lovers. Constructs in this quadrant seem to equate his preferred gender performance as a gay man with being "fun-loving," possibly suggesting difficulty integrating this core identity with the "drudgery" of the workaday world that looms beyond graduation. In stark contrast, Gabriel projects his father and the authority figure into the opposite, lower right quadrant as its sole occupants, associating them not only with drudgery but also with a dangerously judgmental "straight" world that doesn't know him. To the extent that these adult males function as *de facto* role models of the world beyond graduation, the great distance between these figures and his present self suggests a substantial degree of threat in personal construct terms were he to shift his status as an adult in this direction. Taken together, this dispersion of family members also poses questions about Gabriel's apparent dilemma between staying in the safe harbor of his relationship with his artistic mother and selected peers and facing the dull and potentially condemning world of other adult men, as exemplified by his father. Useful methods for elucidating and transforming such "family construct systems" have been offered by Feixas (1995) and Procter (2005).

After collaboratively discussing the results of the repertory grid plot with Gabriel, freely inviting his own interpretations of the placement of various constructs and figures, a Kellian

therapist might integrate these observations with the results of other constructivist methods of self-exploration (Neimeyer, 2009). These could include a great variety of creative methods, such as *laddering*, an interview-based strategy for teasing out implications of Gabriel's preferred self-image (Neimeyer, Anderson, & Stockton, 2001), or the *self-characterization* (Neimeyer & Winter, 2006), a narrative homework assignment to describe himself from the standpoint of an intimate and sympathetic other. Importantly, these methods represent in equal parts the goal of both assessment and intervention, fostering clearer construing of Gabriel's commitments, concerns, and conundrums on the part of both client and therapist.

Although a therapy that took orientation from such work could itself take many forms, one classically Kellian possibility would be *fixed role therapy*, the construction of a hypothetical role or identity that Gabriel could be invited to "try on for size" for a fixed period of time (Kelly, 1955/1991; Neimeyer & Winter, 2006). Briefly summarized, this would entail developing an intriguing and plausible "character sketch" of an imaginary person who faced some of the same issues that Gabriel confronted, but in a different way. Importantly, this character would not simply instantiate the opposite pole of the client's current self-constructs (e.g., being strong and open vs. weak and secretive), but instead would exemplify novel constructs not easily reducible to any of the dominant axes in Gabriel's construct network, so as to foster his experimentation with an alternative role that usefully extended his current meaning system and its implications for action (Neimeyer et al., 2003). An illustrative sketch of this sort for a make-believe character named Andy Vidual, a "one-of-a-kind," self-enhancing personality on the verge of a major life transition, appears below.

> All those who know Andy would agree to one thing: There is no one else quite like him. Whether you recognize him by his flamboyant, colorful clothing or by his hearty laugh, there is no mistaking when he enters the room. It's not so much that he dominates social gatherings—although he is certainly no wallflower—but rather that he adds an element of intensity and personal "presence" to any group, large or small. Paradoxically, I think what makes him stand out is that he is not very concerned about his image in the eyes of other people, as he seems much more interested in *them* than he is in himself. At a party you can often see him watching other

people, almost making mental notes about what he finds appealing about each, and then attempting to connect with them in learning more about their passions and interests. Indeed, he sometimes comes across almost like a talk-show host, drawing ordinary or accomplished people out with his artful questions, and making them feel like a "star" deserving of the attention. In a more insecure person this kind of behavior might seem ingratiating, but with Andy, it is more like playful experimentation. For example, I recently watched him approach a new acquaintance who was a great dancer at a party, and ask to be shown how to perform those steps. Whether he mastered the dance ultimately seemed less important to Andy than the challenge of trying something new, and he laughed easily along with the rest of us when he got tripped up by the complicated beat. I guess you could say he loves learning for its own sake, not for the extrinsic social rewards that come along with it.

In our private moments I see another side of Andy, when he asks for my thoughts and advice about his relationships with others and his pending move to study abroad. I get the sense at those times that he is trying to figure out who he wants to be both as an artist and a person. It doesn't surprise me that his favorite artistic medium is collage, as he seems to assemble his own identity out of features he likes or admires in others, just as he composes intriguing and surreal images from the scraps that catch his attention in magazines and newspapers. In fact, he once told me he was a "pastiche personality," a unique assemblage of characteristics deriving from his many personal and social relationships. As he gets ready to launch out beyond his familiar social world for a year of study in another country, I get the feeling that he is preparing to rework the collage of his life to fill a bigger canvas. In another kind of person, stepping into this larger frame could be a bit anxiety producing, but I think Andy would describe the feeling as more like diffuse excitement.

Such a sketch is not intended to remediate Gabriel's cognitive errors, dispute his dysfunctional beliefs, or foster his proper evaluation of himself when faced with difficulties. Instead, by reading, negotiating, and role-playing the sketch with Gabriel and then asking him to enact it in his daily life—as if he had gone on a two-week vacation and "Andy" was filling in for him in his classes, his social world, and even his visits to his family—the therapist would be prompting him to step into a different set of constructs, a different role, for a short time, wearing the protective mask of make-believe to mitigate the anxiety engendered by all self-change. In Gabriel's case doing so without informing others of the assignment might be coherent with his sense of secrecy, but this stance would be given a benign interpretation as an extension of the playful character of the exercise and of the "Andy" role itself.

Prominent in the sketch are new constructs for engaging others (in curiosity, without self-consciousness) and the self (with self-effacing humor and a tendency to view the emotional arousal associated with transition as excitement rather than anxiety). Importantly, these novel constructs are anchored in concrete actions and activities that illustrate these abstract features (e.g., his orientation toward clothing, dance, conversation, and art) to make them more "real" and to suggest some specific behaviors with which he might experiment during the enactment. Finally, although the sketch alludes to some currently problematic contexts along with implications of how they might be approached differently (e.g., his relationships to successful or accomplished others, his attitude toward learning, his pending life transitions), no explicit coaching in remedial skills for managing the real-life counterparts of these situations is provided. Instead, the therapist would encourage Gabriel to engage such circumstances analogically from the standpoint of "Andy's" unique approach to life, and then consider what relevance this might have for his own. As he lived out a different form of relating to the real others in his world—including difficult figures like his father and authorities—he should also reduce some of the threat currently implied by these relationships.

In contrast to such skill-based interventions as assertion training or psychoeducation in cognitive restructuring, fixed role therapy is consistently invitational and genuinely curious regarding what the client harvests from the experiment; any form of authoritative instruction or debate would be viewed as antithetical to the spirit of the exercise. Nonetheless, clients commonly report sweeping changes in response to this form of brief therapy, often carrying over features of the new role that they find liberating even after they formally "de-role" and process the experience with the therapist. In Gabriel's case one might find him retaining a more active, other-oriented stance to life, focusing a bit more on what can be learned in novel or challenging circumstances and somewhat less anxiously on the outcome of any given social or academic experiment. More importantly, he might carry away a sense that what he takes to be his identity is itself a social construction, one that might be retooled or reinvented as changes in life circumstances or his own goals and wishes dictate (Neimeyer et al., 2003). Meta-analysis of the outcome of personal

construct therapy suggest that such interventions as fixed role therapy may be especially useful in working with complaints of anxiety and associated performance impairments such as those reported by Gabriel (Holland & Neimeyer, 2009).

The Pro-Symptom Position: Ecker's Coherence Therapy

A provocative contemporary example of constructivist psychotherapy (CPT) is provided by *coherence therapy* (Ecker & Hulley, 2008), originally christened "depth-oriented brief therapy" because of its efficient orientation to revealing, exploring, and transforming the core constructions that perpetuate a client's symptoms or problems (Ecker & Hulley, 1996). Like Kelly, Ecker posits a multilayered conceptualization of the meaning-structure bound up with the client's complaint, such that *first-order* constructs having to do with problematic thoughts, feelings, and behaviors are coherent with successively deeper *second-, third-,* and *fourth-order* constructions of the meaning of the concrete life situation, the client's broad purposes and strategies, and central ontological assumptions about the nature of the self, others, and world, respectively. Importantly, however, only the first-order constructs concerning the complaint are initially consciously accessible to the client, who commonly seeks therapy from an *anti-symptom position* (or ASP), which regards the problem as troublesome, self-limiting, painfully distressing, and intolerable. Working from a coherence perspective, the therapist empathically engages and affirms this genuine distress, while also working to elucidate the initially nonconscious *pro-symptom position* (or PSP), which holds these same problems to be vitally necessary to maintain, despite the very real pain they cause. The means by which such deeper constructions are accessed, reorganized, and often decommissioned altogether constitute the core methodology of coherence therapy. Thorough presentations of this novel therapeutic approach are provided by Ecker and Hulley (1996, 2004), and briefer introductions to the model with clinical case examples have been offered by other authors (Neimeyer, 2009; Neimeyer & Raskin, 2001).

A coherence-oriented intervention with Gabriel can be illustrated through a modest extrapolation from his case history, insofar as the summary of his background given by Caro Gabalda

(2010/this issue) allows us to conjecture about the original context within which his symptoms arose and were sustained. Gabriel sought therapy in the press of intensely disruptive anxieties about his academic performance, especially centered on his pending examinations, the necessary final step required to complete his university degree and pursue his dream of studying abroad. Behaviorally, he displayed a great deal of procrastination with assignments and avoidance of study, coupled with concerted efforts to control his mounting tensions through a host of self-regulating and distracting strategies (e.g., exercising, absorbing himself in television or music, controlled breathing, and talking with friends). And finally, at a cognitive level, he reported a profusion of thoughts linked to his anxious anticipations of the future, as well as of a self-doubting and self-critical sort bearing on his inability to complete his homework, his lack of willpower, and his laziness. Perhaps significantly, he kept these struggles private, and did not share them with his family.

A revealing backdrop to this contemporary constellation of complaints is provided by Gabriel's previous cycle of similarly anxious and depressive self-doubt as he neared graduation from high school three and a half years earlier. Importantly, at that time he linked his turmoil to his fears about "coming out" regarding his sexual orientation as a gay man, particularly in relation to his "very strict, rigid, male chauvinist father." Although he did ultimately disclose his sexual identity to his mother and younger brother—both of whom also struggled with significant bouts of emotional disturbance—he joined with them in holding this as a "secret" and remained closeted as a gay man in relation to his father, while cultivating and suffering disappointments in relation to a series of lovers. At the point of therapy he maintained a network of friends, both male and female, but was not currently intimate with anyone.

A hallmark of coherence therapy is its tenet that deep-going change is possible in every session of therapy, from the first session; no protracted assessment is required to commence the work of therapy, as the same procedures that elucidate nonconscious meanings that sustain problematic patterns also foster their integration and dissolution. A corollary of this stance is that change in such patterns, however deeply ingrained they may be, is feasible from the outset of therapy, insofar as the client constructed

the system of meanings that directly or indirectly require the problems, and so can deconstruct them in the present once they are brought to light. Thus, the theoretical presumption that brief therapy is necessarily superficial, and that profound change is the province of long-term treatment, is challenged by coherence therapy's optimism about the prospect of inducing significant shifts in awareness and functioning from the first hour of therapy onward, with many therapies lasting six sessions or fewer.

As an expression of this active stance toward engaging the work of therapy, the therapist might begin an initial interview with Gabriel with a question like, "What do you feel ready to do today?" Or, "If this session were to be helpful to you, what would we need to accomplish?" Gabriel's likely response would focus on his severe distress over his academic concerns; its expression in the emotional, behavioral, and cognitive domains summarized above; and his keenly felt wish to mitigate or eliminate it. The therapist would begin by empathizing genuinely with this anti-symptom position, and then would tease out through probes about when he first noticed similar symptoms in his life something of the "symptom-positive context" in which they arose, fleshing out Gabriel's bifurcated family system, juxtaposing a hypermasculine, "strong," judgmental, demanding, and accomplished father with a "weaker" but more accepting mother and brother, both of whom shared his depressive tendencies. Linking an exploration of the family (or other pertinent) setting to contexts in which the present symptoms were first generated helps focus both the client and therapist on that which has immediate relevance for therapy, curtailing the sort of elaborate family history taking that could otherwise consume one or more sessions and diffuse the highly focal stance that characterizes coherence therapy.

Returning to the present, the therapist would then focus on a vivid recent example of when Gabriel confronted the familiar anxious impasse about studying for his exams and found himself procrastinating. Using a the technique of *symptom deprivation* (Ecker & Hulley, 1996), he or she might request that Gabriel close his eyes and conjure the image of sitting at his desk, smoothly moving into studying with full confidence of passing the exams, not as a kind of cognitive rehearsal for achieving this but instead to see what would arise in the problem context if viewed from

a symptom-free position. Gabriel's hypothetical response to such work follows as a way of illustrating this methodology.

Gabriel (eyes closed): Um . . . okay (5-second pause). Huh (wrinkling brow).

Therapist (watching intently): What's the "huh?"

Gabriel (opening eyes): It's just that I started to feel, well, really *good*, but then pretty quickly that changed, kind of like I was *freaking out*.

Therapist: Freaking out?

Gabriel: Yeah, it's weird . . . like *scared*, sort of.

Therapist: Scared . . . of . . . ?

Gabriel: I'm not sure. But it's strange, because logically I'd love to be able to study and move on with my life.

Therapist: Yeah. But let's stay with that scared feeling for a minute. Can you call up that picture of you studying again, with no blocking or avoiding, and just see if you can put your finger on the scaredness one more time.

Gabriel (eyes closed, wincing slightly): Got it (swallows hard).

Therapist: Okay. Now just start saying to yourself, "I can't do this; I'm too lazy, too stupid," and just visualize yourself closing the book and walking out of the room.

Gabriel (after 6-second pause): Alright . . . I'm out of there.

Therapist: Now how are you feeling?

Gabriel (smiling uncomfortably): It's kind of bizarre, but I feel sort of *relieved*. I mean, I can feel the old anxiety about failing the exam, but it's like I'm *safer* somehow.

Therapist: From?

Gabriel: The word that comes is *exposure*.

Therapist: To?

Gabriel: My mind just flashed to dad. It's like I could see his face, and he was wearing that look of his. God, I *hate* that look!

Therapist: What's the look?

Gabriel: Like *disgust*, almost. I never did measure up, er, for him. Ha! I almost said measure up *to* him, like he was the standard of what it means to be a *man* (chuckling cynically).

Therapist: Ah! I see. (10 seconds of silence, as therapist continues writing something on clipboard, while Gabriel looks on.) Let's try something (handing Gabriel the sheet of paper). Could you just close your eyes a moment and visualize your dad, and then open them and read this aloud, saying it right to him, slowly, just seeing whether this fits for you, or whether it needs to be changed in some way to seem more emotionally true.

Gabriel: Okay (closing eyes, nodding slowly, then opening them and looking down at paper, reading slowly). "Strange as it seems, Dad, I am willing to tolerate the *anxiety* that comes with my procrastination, rather than be exposed to the *fear* (pauses to swallow) that comes with

> completing college and moving on with my life. It feels safer to agree with *you* that I am stupid and lazy in my studies, than to complete them and move into a manhood where I will never measure up, where I will always see you look at me with disgust. A part of me knows I couldn't survive that kind of *exposure* (eyes moistening) . . . so I won't do it." (long pause) Yeah. I'd say that about nails it.

By inviting Gabriel temporarily to inhabit the situation in which he typically produces the symptom (of procrastination, anxiety, and self-blame) but without engaging in these behaviors, the therapist is encouraging him *experientially*, rather than intellectually, to encounter the deeper, but initially nonconscious meaning of this concrete situation, one that makes the problems compellingly important to have rather than *not* to have, because the alternative is worse. What comes is initially perplexing, but quickly clarifies, as Gabriel identifies a scared, exposed feeling, one linked to a painfully rejecting image of his father. Evidently, the genuinely anxious and uncomfortable symptom of procrastinating in his studies and slipping behind in school—a difficulty that he has further done his best to hide from his parents—is infinitely preferable to the disgust and rejection he would encounter were he to complete school and move into a manhood in which he would forever fall short of the strict, macho standards of his father. This first glimmer of Gabriel's *pro-symptom position*, the "emotional truth" of his predicament (Ecker & Hulley, 1996), emerges as the therapist maintains a consistently experiential form of radical inquiry, with no intellectual interpretations, no attempt to hypothesize what might be found.

Further inquiry of this sort might be carried out using a number of methods in addition to the *visualization* and *overt statement* of the PSP illustrated above. For example, the therapist might continue by asking that Gabriel spontaneously complete the following sentence three successive times: "If I were to take my exams and complete school, then I . . . ." Gabriel might reply with some version of: "I'd move somewhere else." "I'd, umm, be on my own." "I'd . . . be all *alone*."

Following this vein, the therapist might ask him to clear this from his mind and imagine walking across the stage in his graduation ceremony, receiving his degree, and then *continuing* to walk away, turning to wave at the receding faces of the crowd.

"Whose face," the therapist might ask, "catches your attention?" "My mom's," Gabriel might respond with visible affect, "and she's crying." This might lead to the formulation of a further PSP that reinforced the first, to the effect that, "Moving on means moving away from Mom, and I can't tolerate that aloneness, or her tears. So it is better to be a perpetual student, even a disappointing one, than to move into adulthood and be without her." If it touched on a key emotional truth, voicing such a statement would likely come with a sense of grief, and perhaps guilt and tears. Other linked PSPs would likely be accessed serially in the sessions that follow.

Importantly, coherence therapy explicitly avoids the *counteractive reflex* (Ecker & Hulley, 2008), the tendency of most schools of therapy to attempt to resist, rebut, or relinquish the presenting problem through debate, rational disputation, interpretation, psychoeducation, skills training, manipulation of behavioral contingencies, or a host of other strategies that align with the client's initial anti-symptom stance. Instead, it takes the view that symptoms only persist as long as they are coherent with deeply held premises that require them in order to carry out an urgent unconscious purpose, as Gabriel's procrastination on studies or taking his exams averts the aloneness or guilt that would come with leaving his mother, as well as his exposure to his father's seemingly inevitable rejection for moving into a manhood that failed to meet his macho standard. (And indeed, more such symptoms might soon be revealed as coherent with this purpose, such as his not maintaining a committed homosexual relationship that would undoubtedly expose him to further paternal rage and rejection.) Alternatively, some of Gabriel's current symptoms, such as his anxiety about studying or failing his exams, might turn out to be functionless in themselves, but could simply be understandable byproducts (Ecker & Hulley, 2004) of how his unconscious purpose was carried out (in this case, through his seemingly necessary procrastination and avoidance coping). Therapy would consist of articulating and ultimately integrating these and other related positions into full awareness through verbalizing them and often capturing them on paper for Gabriel to review daily between sessions, especially in the contexts in which symptoms typically appear, with *no explicit attempt to challenge or change them.* Instead, coherence therapy presumes that the mind is so constructed that it

cannot hold two contrary knowings in the same field of conscious awareness, such that when a PSP is viewed alongside other living knowledge (e.g., Gabriel's knowledge that he is fully ready for adulthood and relationships of his choosing), it either dissolves or is otherwise transformed so that it is again coherent with (more recent) constructions. In this way constructions that have been held as true for years or even decades can be dissolved in a few sessions as such integration and transformation occurs. Quite recent neurological research compatible with this model of cognitive change has been reported by credible scientific sources (Ecker & Toomey, 2008) and a randomized controlled trial to evaluate the relative efficacy of coherence therapy and a more rationalistic cognitive behavior therapy is currently underway. Table 1 provides a hypothetical depiction of Gabriel's hierarchy of constructs concerning procrastination and low self-worth as they existed at the beginning of therapy, including multiple unconscious purposes for maintaining these symptoms as they might have been revealed across the course of treatment.

Working Notes Toward a Personal Integration

The axiomatic emphasis of CPT on the individuality of meaning making applies no less to the therapist than the client. Thus, in some distinction from a dominant technical focus in contemporary psychotherapy and its associated tendency to promote manualized interventions and lists of approved treatment methods, constructivists place inflection on the personalism of the client/therapist encounter, giving full compass for its inevitable uniqueness. The result is an ample palette of constructivist approaches to therapy from which therapists can draw when standing before the blank canvas of a fresh psychotherapy session, rather than a paint-by-numbers craft project offering a limited range of hues with instructions concerning how they should be applied. Indeed, a recent study of more than 1,000 American psychotherapists of various traditions documented the penchant that constructivists display for drawing on a wide range of therapeutic techniques, whereas more rationalist cognitive therapists reported using a narrower, more selective set of CBT methods. This same study found that the two approaches likewise differed on

TABLE 1 Orders of Constructs Linked to Gabriel's Procrastination and Low Self-Worth

Order of Construct	Construct	Unconscious Purpose for Maintaining Symptom
1st Order: Overt thoughts, feelings, and behaviors	A. Procrastination and anxiety about studying, taking exams, graduating B. Low self-worth and self-criticism	[Not applicable]
2nd Order: Meaning of the concrete situation	Studying, taking exams, and graduating mean fearful risk of exposure to Dad's disgust and rejection for not measuring up to his definition of manhood, just as moving on with life could mean a grievous loss of Mom.	Procrastinating in school maintains safety and avoids exposure to adult expectations and associated risk of independence.
3rd Order: Broad purposes and strategies	Stay invisible in ways that could trigger Dad's rejection, and maintain problem child status that links me to "weak" brother and mother.	Remain in the "fun loving" world of pre-adulthood, while punishing Dad financially for his treatment of me. By maintaining low self-worth I also protect myself from being a self-important, demanding monster like Dad, and keep alignment with rest of family.
4th Order: Nature of self/others/world	The world of adulthood is dangerous, and relationships are unpredictable or risky. I am an embarrassment as a man and unable to move on in the face of scorn and aloneness.	Avoid existential responsibility for own life; maintain a familiar pattern of connection to family and a safe distance from others. Preserve familiar, life-long identity and ways of relating to life.

Note: 2nd, 3rd, and 4th order constructs are initially held unconsciously and are only revealed in the course of radical inquiry.

a large number of attitudinal and stylistic factors that carry implications for practice. Relative to CBT therapists, constructivists were characterized by giving greater attention to emotion; having greater tolerance for ambiguity and social diversity, displaying greater openness to experience; and having greater breadth, flexibility, expressiveness, and engagement in their relationship to the client (Neimeyer et al., 2008). The depiction of classical and contemporary CPT for Gabriel featured in this article accords with this characterization.

A corollary of constructivism's individuality is that each therapist is at least a closet integrationist, following Kelly's lead in endorsing technical eclecticism under the aegis of coherent conceptualization (Neimeyer, 1993a). In my case, I certainly have found profit in experimenting with a wide range of procedures arising from an equally broad range of therapies animated by a constructivist concern for the primacy of meaning making in a personal and social field, and that is skeptical about the role of a presumably authoritative "reality" as the guarantor of the rationality of our cognitions or our mental health. Accordingly, I routinely draw on both personal construct (Kelly, 1955/1991) and coherence (Ecker & Hulley, 2008) methods in my work, augmented liberally with features of emotion-focused (Greenberg, Elliott, & Rice, 1993), narrative (Monk, Winslade, Crocket, & Epston, 1996; White & Epston, 1990), postrationalist (Guidano, 1991), systemic (Hoffman, 1992), feminist (Brown, 2000), and social constructionist (McNamee & Gergen, 1992) approaches to therapy. For example, in my own work with Gabriel, I might well begin a coherence-oriented inquiry into his pro-symptom position with an unhurried exploration of the "overwhelming tension" he experienced at a bodily level, articulating his "felt sense" of its meanings and contradictions, perhaps sharpened by an imaginal dialogue with or interview of the tension itself, inquiring respectfully and curiously about its history, purpose, and relationship to Gabriel over many years. Such a hybrid intervention, highly characteristic of my therapy (Neimeyer, 2004, 2006, 2008), integrates aspects of emotion-focused, coherence, and narrative therapies in its metaphoric unfolding of preverbal meanings that are articulated, explored, renegotiated, and ultimately transformed in therapeutic discourse. At other points, I might well join Gabriel in

considering his complex construction of identity in a macho culture and its implication for his perceived and creative options as a gay man seeking a lasting attachment. Exploration of such issues and possible familial and societal discourses that impede them could well be informed by postrationalist, systemic, feminist, narrative, and social constructionist models. The resulting uniqueness of the blend of procedures that characterizes any given session of therapy is both a blessing and a curse, insofar as it offers the great range of options preferred by most seasoned practitioners of psychotherapy, but at some expense to the student therapist seeking approved rules to guide his or her practice (Levitt, Neimeyer, & Williams, 2005) as well as the psychotherapy researcher seeking to formalize treatment to establish the efficacy of its various components (Neimeyer, 2000). However comfortably (or uncomfortably) constructivist therapists live with the ambiguity engendered by this field of possibility, it is clearly not an orientation that will suit all clients, or all therapists.

Conclusion

As the case of Gabriel demonstrates, deep engagement with any human life in the context of psychotherapy opens onto multiple vistas, some of which are clearly revealed in the light of contemporary models of practice, whereas others remain mistier and more mysterious, inviting exploration by other means of approach. My purpose in writing this article has been to suggest that the rich array of practices that fall under the aegis of constructivist psychotherapy can make unique contributions to this work, contributions that extend rather than duplicate the focused interventions that characterize other approaches to cognitive therapy. However, it seems fitting to acknowledge in closing that this *procedural* diversity is ultimately nested within a set of common factors that stem from the nearly universal role of therapeutic *presence* (the therapist's personal and respectful engagement with a suffering human being), as well as refined sensitivity to therapeutic *process* (a clear reading of which will inform us of what is needed when; Neimeyer, 2009). I hope that this series of articles underscores the therapeutic relevance of all three dimensions of therapeutic practice.

References

Brown, L. S. (2000). Feminist therapy. In C. R. Snyder & R. E. Ingram (Eds.), *Handbook of psychological change* (pp. 358–380). New York: Wiley.

Caro Gabalda, I. (1996). The linguistic therapy of evaluation: A perspective on language in psychotherapy. *Journal of Cognitive Psychotherapy, 10*, 83–104.

Caro Gabalda, I. (2010/this issue). The case of Gabriel: A linguistic therapy of evaluation perspective. *Journal of Constructivist Psychology, 23*, 4–24.

Ecker, B., & Hulley, L. (1996). *Depth-oriented brief therapy*. San Francisco: Jossey-Bass.

Ecker, B., & Hulley, L. (2004). *Depth-oriented brief therapy: Practice manual and training guide*. Oakland, CA: Pacific Seminars.

Ecker, B., & Hulley, L. (2008). Coherence therapy: Swift change at the roots of symptom production. In J. D. Raskin & S. K. Bridges (Eds.), *Studies in meaning* (Vol. 3, pp. 57–84). New York: Pace University Press.

Ecker, B., & Toomey, B. (2008). Depotentiation of symptom-producing implicit memory in coherence therapy. *Journal of Constructivist Psychology, 21*, 87–150.

Feixas, G. (1995). Personal constructs in systemic practice. In R. A. Neimeyer & M. J. Mahoney (Eds.), *Constructivism in psychotherapy* (pp. 305–337). Washington, DC: American Psychological Association.

Fransella, F., Bell, R., & Bannister, D. (2004). *A manual for repertory grid technique* (2nd ed.). West Sussex, UK: Wiley.

Greenberg, L., Elliott, R., & Rice, L. (1993). *Facilitating emotional change*. New York: Guilford.

Guidano, V. F. (1991). *The self in process*. New York: Guilford.

Hardison, H., & Neimeyer, R. A. (2007). Numbers and narratives: Quantitative and qualitative convergence in constructivist assessment. *Journal of Constructivist Psychology, 20*, 285–308.

Hoffman, L. (1992). A reflexive stance for family therapy. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 7–24). Newbury Park, CA: Sage.

Holland, J. M., & Neimeyer, R. A. (2009). The efficacy of personal construct therapy as a function of the type and severity of the presenting problem. *Journal of Constructivist Psychology, 22*, 170–185.

Jankowicz, D. (2003). *The easy guide to repertory grids*. London: Wiley.

Kelly, G. A. (1991). *The psychology of personal constructs*. New York: Norton. (Original work published 1955).

Levitt, H. M., Neimeyer, R. A., & Williams, D. C. (2005). Rules versus principles in psychotherapy: Implications of the quest for universal guidelines in the movement for empirically supported treatments. *Journal of Contemporary Psychotherapy, 35*, 117–129.

Mahoney, M. J. (2000). Core ordering and disordering processes. In R. A. Neimeyer & J. D. Raskin (Eds.), *Constructions of disorder* (pp. 43–62). Washington, DC: American Psychological Association.

McNamee, S., & Gergen, K. J. (1992). *Therapy as social construction.* Newbury Park, CA: Sage.

Monk, G., Winslade, J., Crocket, K., & Epston, D. (1996). *Narrative therapy in practice.* San Francisco: Jossey-Bass.

Neimeyer, G. J., Lee, J., Aksoy-Toska, G., & Phillip, D. (2008). Epistemological commitments among seasoned therapists: Some practical implications of being constructivist. In J. D. Raskin & S. K. Bridges (Eds.), *Studies in meaning* (Vol. 3, pp. 31–54). New York: Pace University Press.

Neimeyer, R. A. (1993a). Constructivism and the problem of psychotherapy integration. *Journal of Psychotherapy Integration, 3*, 133–157.

Neimeyer, R. A. (1993b). Constructivist approaches to the measurement of meaning. In G. J. Neimeyer (Ed.), *Constructivist assessment: A casebook* (pp. 58–103). Newbury Park: CA: Sage.

Neimeyer, R. A. (1995). Constructivist psychotherapies: Features, foundations, and future directions. In R. A. Neimeyer & M. J. Mahoney (Eds.), *Constructivism in psychotherapy* (pp. 11–38). Washington, DC: American Psychological Association.

Neimeyer, R. A. (2000). Research and practice as essential tensions: A constructivist confession. In L. M. Vaillant & S. Soldz (Eds.), *Empirical knowledge and clinical experience* (pp. 123–150). Washington, DC: American Psychological Association.

Neimeyer, R. A. (2004). *Constructivist psychotherapy* [Video]. Washington, DC: American Psychological Association.

Neimeyer, R. A. (2006). Narrating the dialogical self: Toward an expanded toolbox for the counselling psychologist. *Counselling Psychology Quarterly, 19*, 105–120.

Neimeyer, R. A. (2008). *Constructivist psychotherapy over time* [Video]. Washington, DC: American Psychological Association.

Neimeyer, R. A. (2009). *Constructivist psychotherapy.* New York: Routledge.

Neimeyer, R. A., Anderson, A., & Stockton, L. (2001). Snakes versus ladders: A validation of laddering technique as a measure of hierarchical structure. *Journal of Constructivist Psychology, 14*, 85–105.

Neimeyer, R. A., & Mahoney, M. J. (Eds.). (1995). *Constructivism in psychotherapy.* Washington, DC: American Psychological Association.

Neimeyer, R. A., & Raskin, J. D. (2001). Varieties of constructivism in psychotherapy. In K. Dobson (Ed.), *Handbook of cognitive behavioral therapy* (2nd ed., pp. 393–430). New York: Guilford.

Neimeyer, R. A., & Raskin, J. D. (Eds.). (2000). *Constructions of disorder: Meaning-making frameworks for psychotherapy.* Washington, DC: American Psychological Association.

Neimeyer, R. A., Ray, L., Hardison, H., Raina, K., Kelley, R., & Krantz, J. (2003). Fixed role in a fishbowl: Consultation-based fixed role therapy as a pedagogical technique. *Journal of Constructivist Psychology, 16*, 249–271.

Neimeyer, R. A., & Winter, D. A. (2006). Personal construct therapy. In N. Kazantzis & L. L'Abate (Eds.), *Handbook of homework assignments in psychotherapy* (pp. 151–171). New York: Kluwer.

Newman, C. F. (2007). The therapeutic relationship in cognitive therapy with difficult-to-engage clients. In P. Gilbert & R. L. Leahy (Eds.), *The therapeutic alliance in CBT* (pp. 165–184). London: Routledge.

Procter, H. (2005). Techniques of personal construct family therapy. In D. A. Winter & L. L. Viney (Eds.), *Personal construct psychotherapy* (pp. 94–108). London: Whurr.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

Winter, D. A. (1992). *Personal construct psychology in clinical practice*. London: Routledge.