Theory, Technique, and Person: Technical Integration in Experiential Constructivist Psychotherapy

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From an experiential constructivist position, the distinction between the therapist as a person, the therapist's theory of psychotherapy, and techniques used within the therapy room is, in some ways, forced and arbitrary. Principles of experiential personal construct psychotherapy are presented along with illustrations of the ways many techniques from many other schools of therapy can be used by the therapist. After exploring some of the implications of this position, I describe four specific, theoretically relevant goals within experiential personal construct psychotherapy (initially connecting with the client, developing a felt understanding of the client's experience, establishing relational intimacy, and fostering creativity). For each of these goals, I illustrate some techniques, originally developed within other theories, which can be usefully integrated into experiential personal constructivist psychotherapy.

"Becoming a psychotherapist is not about assembling a bag of tricks and learning the formula for matching tricks (i.e., techniques) with problems. What you do as a therapist emerges from who you are in the therapy room. And, when an intervention comes from who you are, it is no longer a technique." Class after class of clinical psychology graduate students has listened to me say words like these. This belief of mine is directly relevant to the notion of psychotherapy integration and will be the cornerstone of this discussion. Who one is as a therapist in the therapy room arises from many aspects of our being, and certainly includes our theory of psychotherapy. Thus, I will begin with a brief overview of some of the tenets of

experiential personal construct psychotherapy. Implicit in experiential personal constructivism is the idea that "theory," "technique," and "person" are, in some important ways, terms that draw arbitrary distinctions. After exploring this, I will describe and illustrate the way some "techniques" from other theories might be used by some experiential constructivist therapists (and how other techniques from different theories might be used by others in experiential constructivist therapy).

EXPERIENTIAL PERSONAL CONSTRUCT PSYCHOLOGY

Experiential personal construct psychotherapy (EPCP; Leitner, 1988) is an elaboration of George Kelly's (1955/1991) classic personal construct psychology. Focusing on the aspects of Kelly's theory that most directly address interpersonal connection, EPCP explores the ways relational injuries contribute to human distress. We need deep intimate relational contact to make life meaningful and vital. However, we also need to retreat from such contact to protect ourselves from the possibility of overwhelming injury. In other words, deep relational intimacy is simultaneously vitally necessary and potentially terrifying. Our personal struggles with this paradox are revealed in our actions and our responses to experiences (Leitner & Faidley, 1995).

If intimate connections make us alive in the fullest sense of that term, the retreats from such connections limit our aliveness. To the extent that we retreat from life, we experience a numbing of experience and a limitation of our potential. Symptoms, in particular, can be seen as communications about the extent and nature of our retreats from interconnection, as well as communications around our desires for connection (Leitner, 1999b, 2001b). Therapists who are creative enough to see the relational communications in symptoms often are rewarded with the client's growth and transformation.

EPCP holds, therefore, that the lived experience of beings-in-relation is essential to life. Therapists trust clients' experiences as revealing profound "truths" about life. (Note: this statement does not imply that therapists do not believe in some version of the unconscious. Furthermore, "truth" is in quotes because we believe that reality is neither as objective nor as hard as some theorists would suggest.) In so doing, we rely on what Kelly called the "credulous approach"—believing in the veracity of the client's every utterance. For example, when George complained of his "insides rotting," I believed his insides were rotting. After all, there are many ways for insides to rot—the physical rotting may be the least interesting to a psychotherapist. More fundamentally, because persons bring

their entire relational struggle to current relationships, the living, here-and-now relationship between therapist and client becomes a vital window into the joys and horrors of the client's life.

These points will be elaborated further later in this article. At this point, we are ready to turn to an important theoretical and technical issue — the ways that "theory," "technique," and "person" are somewhat arbitrary constructions of the profession. These ways of understanding therapy, like all constructions, have their powerful uses, some of which will be discussed later. Also, like all constructions, they limit our understandings of life.

THEORY, TECHNIQUE, AND PERSON

EPCP argues that the relationship formed between therapist and client is vital in the healing process. With this in mind, let us consider the implications of the therapist "using" some "technique" or "theory" "on" the client. If the therapist truly is an improvisational artist (Bohart, 2001; Leitner, 2001a, 2006), theory and technique wind up so integrated into who the therapist is as a person that they lose their meanings. For example, my "theory" of psychotherapy is *my theory* because it is centrally integrated into my views of sources of human injury, what makes life worth living, how we heal from invalidation, and so on. In other words, my theory of psychotherapy is an integral part of who I am and how I approach life. It applies to me, my loved ones, my enemies, as well as my clients. It is not (and cannot be) something I adopt just for 50-minute increments during the working day. Clients, particularly those who have suffered more extensive relational injuries, will readily recognize that style as my retreating from deeply engaging them in a significant human being-to-human being relationship (Leitner, 1985). Not surprisingly, they will respond to that distancing by limiting the depth of their investment, resulting in a sterile, stale, and stagnant therapy. This point is a restatement of one of the fundamental tenets of EPCP: Because clients enter therapy because of relational injuries, they need a real person in a real relationship if they are to heal themselves.

Similarly, while I may *do things* in psychotherapy, these "things" need to be centrally embedded in my humanity. To the extent that my "techniques" do not spontaneously arise from within me as genuine reactions to the encounter in the therapy room, therapy is shifted from a "being with" to a "doing to." Extensive humanistic existential writings (e.g., Buber, 1958, 1985, 1988; Friedman, 1985; Rogers, 1961; among many others) have detailed the many ways that the shift to "doing to" limits the therapeutic encounter and, paradoxically, the ability of the client to utilize the living

relationship as a source of transformation. In other words, to the extent that I *do things* to make the client change, profound change becomes impossible; to the extent that I am spontaneously *with* the client, profound change becomes possible.

As I implied above, therapists will do things in psychotherapy. The distinction (subtle but absolutely vital) is that I need to do things that are so centrally integrated with who I am as a human being that they do not feel (to me or my client) that they are things I do as much as a part of who I am. Let me illustrate this with a concrete example. Kelly (1955/1991) developed a form of therapy called fixed role therapy based upon personal construct psychology. In fixed role therapy, the client first writes a "self characterization sketch" describing the self (in the third person) in detail. The therapist then writes a sketch of a person (complete with a different name) and encourages the client to experience life from the vantage point of this new person. After a couple of weeks, the experiment is stopped and the therapy can explore the differing ways the client experienced life as this other person. I have tried repeatedly to do fixed role therapy with clients. It always fails miserably. When I introduce this experiment, it always comes across as a behavioral prescription as opposed to a way to explore life. Franz Epting, on the other hand, can use fixed role therapy beautifully in the therapy room (e.g., 1984; Epting & Nazario, 1987). As I have reflected on this discrepancy, I think that I am more forceful in therapy than Epting. Hence, for the life of me, I cannot describe fixed role therapy in a way that the client can experience in the playful, exploratory manner that Epting can, even when we use the same words.

Although "theory," "technique," and "person" by definition are distinct, in good psychotherapy they become so integrated that separating them feels arbitrary (Domenici & Leitner, 2001; Wadlington, 2001). From an experiential personal construct perspective, then, the therapist is at his or her best when the techniques are so spontaneous, natural, and genuine that they do not feel like anything other than a genuine human reaction to the client. (As an aside, an important yet unexplored area is the ways that therapists grow to incorporate techniques so thoroughly that they are, in central ways, no longer techniques.) This means that two different therapists both may be practicing good experiential constructivist therapy using quite different techniques.

There is an interesting paradox associated with this position on integrating theory, technique, and person. The spontaneous, human reactions that I have as a therapist, while similar to the reactions I have in other roles, are, in some ways, unique. While entire volumes could be written on this paradox, in part, it is connected to the unique way that the therapy relationship is created. Therapy focuses on an exploration of the client's deepest and most intimate struggles. Ideally, then, the therapist is not as

dependent on the client for growth and affirmation as the client is on the therapist. Furthermore, with good clinical training, the therapist sees clients increasingly through the lens of the therapist's theory of person (Leitner, Faidley, & Celentana, 2000).

What follows are some of the interventions that I, as an experiential constructivist therapist, use that were originally developed by other orientations. Not only might other experiential constructivist therapists use different interventions, but as I grow and develop in the rest of my professional career, I may abandon some of these and use others. I first will describe four specific, theoretically relevant goals within experiential personal construct psychotherapy: initially connecting with the client, developing a felt understanding of the client's experience, establishing relational intimacy, and fostering creativity. I then will describe the theoretical bases of the use of some techniques and illustrate their use with clients seen in psychotherapy. Although these interventions are described in relation to one particular goal, please keep in mind that they may be used to accomplish other goals also. Furthermore, these four goals, while extremely important, do not in any way exhaust the goals within the therapeutic relationship for the experiential personal construct psychotherapist. Finally, most experiences of psychotherapy are complex encounters in which more than one goal may be at play, despite the fact that I will discuss them as if they are independent of one another.

INITIALLY CONNECTING WITH THE CLIENT

Like most approaches to psychotherapy, experiential personal construct psychotherapy emphasizes establishing an initial connection with the client. I will focus on two of the important components of this initial connection: creating the relationship between therapist and client and facilitating hope.

Establishing the Relationship

I frequently use Rogerian (1951) reflections early in the therapy relationship. This technique, its elegant simplicity masking great complexity, serves two major purposes in experiential constructivist therapy. First, within this framework, therapist and client are engaged in a joint venture into the client's distress. The therapist implicitly and explicitly trusts the client's experience of self and other as valid and viable experiences. In other words, we assume that, if a client disagrees with our understanding of

his or her experiences, *we*, not the client, are wrong. Clients, particularly more deeply injured ones, however, may not openly state, "Yes. You're right" or, "No. You're wrong." Rather, the therapist has to attend to all aspects of the client's being in order to infer whether interventions are being affirmed or disconfirmed (Leitner & Guthrie, 1993). Clients will say "right" or "wrong" in different and unique ways. If I cannot learn the ways the client affirms my interventions, I will fail the client, as I have no bases for determining the closeness of my understanding of his or her experience. Often, an empathic reflection of feeling can be used to learn the ways the client affirms a therapist.

For example, Leitner and Guthrie (1993) describe a client responding to a warm, well-timed reflection of her experience by saying, "the smile in the client's voice when she felt understood could be heard" (p. 292). In contrast, the same client responded with puzzlement when the therapist attempted a rational emotive therapy intervention around an "irrational belief." In both instances, the client had used the exact same words: "That's right." In other words, more than words were being used to affirm or disconfirm the therapist's interventions.

The experiential constructivist therapist can use reflection of feelings in another way. Reflection of experience provides a sense of affirmation for the client. The affirmation of experience serves as a crucial first step for more aggressive ventures later. Kelly (1959) clearly implied this when he stated

> It is important, then, to see confirmation, or the validation of one's constructs, as securing a base upon which one can build major revisions of [one's] construct system. This is why we so often cite security as necessary for broad advancement, whether in a person or in society. This is why the arts and sciences flourish at a higher level when nations and people are led to believe they are on the right track. (p. 21)

He elaborates this statement by saying that a client "needs. . .a broad sense of confirmation. . . . in order to trust himself to make major revisions" (p. 22). In other words, constructivist therapists can use reflections of feelings as a starting point for more daring adventures with the client.

For example, as Sarah described being sexually abused by a step-father, I felt a combination of sadness, shock, pain, outrage, and, unexpectedly, guilt. I used this experience to intervene when the client asked, "Why did this happen?" Believing that my feeling of guilt was most likely an intuitive grasp of her experience, I replied, with great compassion, "You blame yourself for it, don't you?" After my reflection of self-blame, my client began to sob. After 10 minutes of sobbing (and my feeling the horror of such guilt), she began to elaborate on her feelings of never being "good enough" to be treated like the other children were treated. At this point, I

could move beyond reflection and begin to explore more aggressively and in more depth the experience of self blame (Leitner, 1995).

Hope

In experiential personal construct psychotherapy, the therapist must do more than grasp the client's problem. The therapist also must be able to understand the client's problem in a way that helps the client develop a sense of *hope* that life can be richer and more meaningful than it is currently. A Rogerian reflection, done properly, can be helpful in this regard.

For example, Jean presented hearing voices calling her things like "slut" and "whore." As we talked about her life, she began to describe an empty marriage that she remained in because of her children. At this point, I said, "It sounds like you want to leave the marriage and hate yourself so much that you have to call yourself a 'slut.'" My client sat up in her chair and said, "You want to cut straight to the chase, don't you?" We then spent the rest of the session discussing her desires to leave the marriage. In the next session, Jean reported she had not hallucinated at all between sessions. I would suggest that, implicit in the reflection, was the possibility that you could want to leave the marriage and not hate yourself, leading to the possibility that she was not doomed to hallucinate for the rest of her life (Leitner, 2006, describes this case in more detail).

FELT UNDERSTANDING OF THE CLIENT'S EXPERIENCE

Clients are whole human beings, not merely a collection of problems. Within experiential personal constructivism, then, the therapist must understand the ways that the client's distress fits into the greater ventures of the client's life. In addition, experiential constructivism's emphasis on the dialectic nature of meaning making implies that we always are sensitive to the contrasts to the expressed meanings in the client's life.

Distress and the Client's Greater Meaning System

Consider the previous two examples. For the first client, being sexually abused meant that she had done something "bad" to deserve such treatment. Our second client was so horrified by the implications of wanting to

leave her husband that she resorted to hallucinations to keep her psychological integrity intact. (This allowed her to experience the desire, as well as condemn herself for having it.) Not surprisingly, given experiential personal constructivism's emphasis on phenomenology and existentialism, certain existential techniques (Schneider & May, 1995; Yalom, 1980) can be useful ways of exploring these relationships more systematically. In this example, I will discuss the empty chair technique.

Common to Gestalt (Perls, 1969) as well as process-experiential therapies (Greenberg, Rice, & Elliott, 1993), the empty chair technique can be productively used by any phenomenological therapy. For example, with Sarah, I commented on how she needed to see herself as in some way controlling what her mother and stepfather did to her. I then asked her to "talk to" the part of her that needed to see herself as controlling the adults in her family of origin. After she described the "reality" of not being in control, this other part responded. She said to my client that feeling in control allowed her to have some hope that, eventually, she might "get it right" and then be safe from others. As this dialogue developed, I was able to comment on the ways that feeling in control allowed her to avoid the terrifying chaos of the random horrors of her childhood. Even though the "feeling in control" part led to "pathological" and "irrational" guilt, it was a creative way of preventing even greater distress.

With Jean, I had the hallucinations talk to her about why she was a "slut." This conversation led us into a fundamentalist religious upbringing with parents who seemed to genuinely believe that one would "rot in Hell" if one divorced. Again, the symptom, even though horrendously distressing, was a creative solution. By paralyzing her, the hallucination protected her from eternal damnation in the afterlife.

Contrast

As mentioned above, meanings are inherently bipolar, involving contrast or oppositionality. For example, suppose a client complains of feeling "depressed." The constructivist therapist will want to know what it means to not be depressed for this client. Being "depressed" means something different if the contrast is being "happy" than if it is being "irresponsible." Faidley and Leitner (1993) describe a client who, using the latter meaning to frame the experience of life (depressed vs. irresponsible), made a serious suicide attempt immediately after being "rewarded" for his job performance with a promotion. For this client, depression was intimately tied with the burden of responsibilities.

The illustrations with Sarah and Jean show the emphasis on contrast in experiential personal construct psychotherapy. For example, with Sarah,

being in control was contrasted with a sense of being so helpless in such a chaotic and dangerous world that psychosis might be the alternative to control. Jean's world was such that she either had to be sent to Hell or hallucinate damning things about herself in this world. In both cases, one can appreciate the ways that the client chose the "healthier" alternative. The phenomenological exercises were useful in facilitating this felt understanding.

ESTABLISHING RELATIONAL INTIMACY

Clients (and therapists) are balancing between the need for relational intimacy for a life filled with richness and meaning and the need to limit relational depth in order to protect oneself from the terror of massive disconfirmation. Thus, it should come as no surprise that the living, here-and-now connection between the therapist and client shows this struggle. In some ways, the most vital part of experiential personal construct psychotherapy is grappling with the relationship formed in the present moment in the therapy room. In this section, I will discuss transference and countertransference in therapy and the concept of our having meanings that exist at varying levels of awareness. The concept of levels of awareness shows ways that we can trick ourselves into believing we are striving for one thing while we are striving for something else.

Transference

Clients and therapists bring their histories of relational affirmation and injury into the therapy room. Not surprisingly, then, each person can (will?) feel the need to limit the depth of the connection with the other. Experiential personal constructivism uses the terms "transference" and "countertransference" when referring to these felt needs. This definition obviously has much in common with how the terms are used in object relations theories (e.g., Gill & Hoffman, 1982; Kohut, 1984; Luborsky & Crits-Cristoph, 1990; Peterfreund, 1983; Soldz, 1993; among many others).

Not surprisingly, psychodynamic theorists, having written most extensively on transference and countertransference, also have described its use in therapy in the most detail (see Gill & Hoffman, 1982; Greenson, 1967; Langs, 1974; Racker, 1968, among many others). I find that their approach to recognizing, confronting, clarifying, and interpreting transference experiences to be extremely useful in experiential constructivist psychotherapy.

With regard to recognition, for example, I listen to all communications with an ear toward understanding what the client is saying about our relationship at this moment in time. In what way is the client, like any human being, limiting the depth of the connection between us? After I recognize some of these possibilities, I attempt to raise the issue in the relationship (confrontation). We then, together, can explore the meanings behind the experience (clarification) until eventually we develop an understanding that fits the client's experience in ways that lead to greater connection between us (interpretation).

Although the concepts are based on psychodynamic theory, I would like to highlight the ways they are changed in the experiential constructivist framework. For example, "recognition" involves *possible ways* the client is limiting our contact. These possible ways may be erroneous and based upon my own human limitations (or my own countertransference issues). In other words, I am not the "in contact with reality" therapist who knows the *truth* here. Consistent with the spirit of constructivist therapy, it is a collaborative venture. Furthermore, the "confrontation" phase often involves Gestalt principles and is much gentler than the term "confrontation" implies. Often it includes comments like, "I notice this pattern as we talk. Do you notice it, too? I wonder what it is about?" Also, note the "clarification" stage is a mutual exploration rather than the therapist getting clarity and then providing the client with an interpretation. Finally, the "interpretation" itself is a mutual understanding that simultaneously fits the client's experience yet offers hope.

For example, Rich entered therapy because of voices taunting him about his sexual inadequacies. As we worked together, he would consistently "forget" what we talked about in the previous session. As I became aware of this possible pattern (recognition), I asked him if he had noticed that he often forgot our previous work (confrontation). He had not noticed it but could see it as a valid observation. When I wondered what this style was about for him, he initially could come up with little other than, "I have a bad memory because I am so confused." I suggested that we "play with this for a bit" (clarification work) and asked how things would be different in therapy if he had a better memory (attempting to understand the inherent contrasts in meaning). Instantly, Rich stated that we would talk about things more systematically and that I would feel more hopeful about our work together. I then commented that my hunch was that perhaps one aspect of his forgetfulness was trying to make me feel helpless and hopeless about therapy (interpretation—note the terms "hunch" and "perhaps" as indicative of my not wanting to give him the *truth*). Rich looked at me and stated, "Yeah. If you give up, I don't have to talk."

Countertransference

The client is not the only person in the therapy room who has been injured in relationships. Not surprisingly, the therapist will have his or her own ways of retreating from the connection when things are too frightening. The skillful therapist must be able to recognize and grapple with those fears in order to provide the client with a more optimal relationship. I must be able to feel deeply what it is like to be my client. The level of empathic understanding can help me achieve *optimal therapeutic distance* (Leitner, 1995), a profound blending of closeness and separateness that is the hallmark of the deep relational connection within experiential personal construct psychotherapy. I have defined optimal therapeutic distance in terms of feeling close enough to the client that I can feel what the client is feeling yet separate enough to know that it is the client's experience, not mine. To the extent that I do not have a felt experience of what it is like to be my client, I am too distant from my client to be of much help (termed "therapeutic" strangers). To the extent that I am so close to my client's experience that it becomes mine more than the client's, I am too close to provide an optimal relationship (termed "therapeutic" unity).

As an example of optimal therapeutic distance, recall the therapeutic moment described earlier, when Sarah was revealing her abuse at the hands of her stepfather. I felt a combination of emotions that, unexpectedly, included guilt. When Sarah asked, "Why did this happen?" I drew on my feeling of guilt to gently respond, "You blame yourself for it, don't you?" In essence, I was experiencing my client's experience of guilt—the part of her that irrationally believed that she could have controlled these events and stopped them from happening to her (Leitner, 1995, p. 362). At the same time, I was *not* lost in any guilt of my own. Thus, I could use the reflection of my experience to deepen our sense of connection to one another.

The challenge, then, is to recognize failures to achieve optimal therapeutic distance and to deal with them. In terms of recognition, I use any feeling of anxiety or discomfort about the client as a possible sign that I am experiencing some countertransference. Therapeutically, at this point, I rely heavily on Rogerian reflections while I work on the countertransference material. Rogerian reflections allow me to affirm the client and increase my felt intimacy while minimally damaging the relationship due to my own issues. It is only after I get a grasp of the issue that I risk becoming more active.

Not all countertransferences are obvious. For example, after a period of profound personal growth, Alice decided to terminate therapy. As we were discussing her gratitude for the work we had done, I had the thought,

"Where did I park my car?" quickly go through my mind. I recognized this as a momentary distancing of myself from Alice—a countertransference reaction. So, while she continued to talk about her gratitude, I was wondering, to myself, about why I felt the need to retreat at that instant. I initially thought this distancing was because of my discomfort receiving expressions of gratitude. However, I had recently had other clients express gratitude without the need to distance. I continued to reflect her experiences as I puzzled over this.

Eventually, I felt ready to intervene more actively. I asked Alice how it felt to be terminating with someone to whom she was so grateful. When she talked about how sad this felt, I asked about whether she had any fantasies of our relationship continuing. Alice brought up sexual dreams and fantasies she was having about me. Because this replicated a pattern for her (using sexuality to attempt to maintain closeness with men who were leaving her), I was able to comment on how it was easier to think of us becoming sexual than it was to openly grieve the end of our relationship (Leitner, 1985). Alice became quite tearful as she experienced more deeply the ending of our relationship. In addition, as well as re–experienced the pains around being sexually used by men.

In this example, my anxiety initially manifested itself with the passing thought about my car. I used Rogerian reflections to keep the conversation going until I had a better understanding of what was happening. As I became aware that my anxiety was tied to my experience of her sexual feelings, we were able to do some work in this area. While similar to the analytic concept of projective identification, I personally think of it more in terms of "the existential use of the self" to more fully explain this process (e.g., Havens, 1989; Maroda, 1991).

Levels of Awareness

Experiential constructivism, being a phenomenological theory, trusts the wisdom of each human experience. However, constructivists also recognize that clients may not easily access all nuances of the meanings that frame our experience (Leitner, 1999a). Some meanings are easily accessible, and I can access them at will. Others are tougher to get at and may rarely show themselves to my awareness. Most lie somewhere between these extremes; I can access them in some contexts but not others. Constructivists account for this phenomenon with the concept of "level of awareness" (Kelly, 1955/1991; Leitner, 1999a). A part of the improvisational artistry of the therapist (Bohart, 2001; Leitner 2001a, 2006) involves arranging experiences whereby the client can access meanings that may reside at lower levels of awareness.

Within experiential personal constructivism, raising the level of awareness of one's meanings is connected to establishing relational intimacy. First, experientially grasping the nuances of the meanings framing our experiences allows us to more clearly understand who we are in relation to others. This understanding allows us to present a more coherent and understandable picture of ourselves to the other. Further, becoming aware of aspects of ourselves that sometimes feel "bad" or "evil" can allow us to be more accepting of the humanity of others. In so doing, we are less likely to preemptively judge others and retreat from connections. Personally, I find techniques like the empty chair technique to be most helpful in raising levels of awareness.

For example, let's return to Sarah, the woman who was sexually abused by her stepfather. Shortly after she presented, she began to refer to herself in the third person. It became clear that she experienced herself as a system of separated personalities, not all of whom were aware of one another. We often used an empty chair situation to facilitate awareness of the needs and issues of some of these personalities. For example, through dialogue, Martha was seen as a part of her who protected her through an enraged defense of her rights as a person. Martha was not solely an "evil" part to Sarah. Eventually, exercises like this helped Sarah see Martha as the last and greatest victim of the abuse of her childhood. Martha was alone because, when she was seen as so evil, Sarah was unwilling to integrate Martha into her conscious awareness.

FOSTERING CREATIVITY

Because life is a continuously evolving process of meaning creation and recreation, all of us must come to appreciate of the need to creatively reconstrue throughout our lives. Therapy participates in this creative process and therapists must creatively engage their clients (Leitner & Faidley, 1999). More fundamentally, though, therapists must help their clients develop the ability to creatively engage life. I believe this is what Kelly (1955/1991) was referring to when he quipped that the goal of therapy is to help your clients construe their way out of any messes they happen to get into.

Within personal construct psychology, creativity is seen as a cyclical process, weaving between loosened to more tightened and validated constructions. In the loosening phase of the cycle, meanings are held tentatively and vaguely. Events in the world shift from one pole of a meaning to another in a seemingly random manner. In so doing, the person gets the chance to experience the world in completely new ways. Eventually, the

person tightens these new meanings, making them more consistent, clear, and precise. The person then can explore whether these newer meanings are more useful for engaging the world. All too often, people do not complete this cycle well, struggling either with being too loose in their construing or too tight. The experiential personal construct therapist has to skillfully help the client weave through this cycle.

Loosening

Any technique that suspends judgment and helps the client "play" with life can be helpful in loosening meanings. Obviously, most approaches to psychotherapy have methods for accomplishing this task. For example, the Rogerian attitude of unconditional positive regard, inherent in many of the examples given above, illustrates a gentle loosening procedure. Working with client dreams can be a powerful loosening technique. Dream images and sequences often are extremely loose, with things happening that could not possibly happen, people appearing and disappearing randomly, and so on.

For example, Tom came to therapy with an efficient, business-minded approach to life and relationships. He frequently would compare his wife to other women in order to reassure himself he had received "good value" in terms of his choice of her. After a year of therapy, he reported a dream in which she was seriously maimed and scarred in an accident. Interestingly, in the dream, he was horrified *for her* and *with her* but not *at her* or *by her*. This dream was the first indication I had that he was beginning to wrestle with more intimacy with his spouse. As we worked with this dream, I resisted the temptation to interpret it for Tom for two reasons. First, the scenario of the client reporting the dream while the therapist then tells what it "really meant" is antithetical to experiential personal construct psychotherapy as it privileges the therapist in unacceptable ways. More fundamentally, though, interpretation of a dream tightens meanings and I wanted Tom to sit with this looser approach to life.

Obviously, dream work is not the only way to foster therapeutic loosening. Faidley & Leitner (2000; Leitner, 2006), for example, argue for the poetic use of language as helpful in facilitating creative loosening. Poets often have found ways of expressing the inexpressible long before psychotherapists were around. In this regard, the language used needs to both evoke experiential truths in the client's life and open up opportunities for growth. (It is a sad irony that we require coursework in topics like biological psychology for future therapists but do not require coursework topics like poetry, English and Russian literature, and comparative religion.) The

exact words do not have to be poetic, although they certainly can be. For example, as we worked with Jean's hallucinations of "slut" and "whore," she became very worried about how her parents would feel about her if she got a divorce. As she became petrified that she "really was" a "slut," I said, "One of the horrors of your life is that you always feel that you have to prove that you are not evil. You never have had the gift of just being able to trust that others care for you." While not necessarily great poetry in the technical sense of the term, my use of the terms "horror" and "gift" had a profound effect on Jean. We could move from the manifest issue of whether the voices were right to the more vital issue of a tragic way of living life.

Tightening

As with loosening, most approaches to psychotherapy have ways of tightening the experience of the client. For example, frequent Rogerian reflections, particularly content reflections as opposed to more experiential reflections, often lead to a tightening of meanings. Many cognitive–behavioral interventions present the client with a tight, well designed, framework for life. Classic psychodynamic interpretations also can have a tightening effect. For example, my intervention around Jean's hallucinations stabilized a way of understanding her experience. In this regard, note that it is "a" way rather than "the" way. From an experiential personal construct perspective, understanding her hallucinations as being tied to her sense of horror and guilt over the emptiness of her marriage had the possibility of leading to more productive work than other interpretations that could be equally "valid."

Let us go back to Tom's dream of his wife being injured as another example of tightening. Initially, we spent an entire session with Tom experiencing and describing the experience of being horrified. Rather than interpretation, I reflected on how confused and upset he was by the dream. I asked him to "stay with the horror" as best he could, focusing on what it felt like to just live with the upset. He left that session feeling distraught and disorganized, as he had no "closure" on his horror. As we continued to stay with the experience in the next session, I eventually asked him to talk about what the horror might say about his relationship with his wife. We then talked about the relational way he was experiencing the horror in the dream versus the ways he would do it in "real life." The horror *for her* showed an experiential awareness of her suffering. The horror *with her* revealed an understanding that they could go through this with one another, together, instead of as two individuals making a business deal. I then invited him (and us) to explore more systematically this alternative way of relating.

SUMMARY

Respecting the lived experience of clients while rigorously holding a theoretical position can be a daunting task. I hope that, in this article, I have illustrated the ways that the distinctions between theory, technique, and person are not completely valid. Ideally, a good therapist has a theory of life (personality) that is central to him or her. This theory should be flexible enough to integrate various technical approaches into its repertoire. The alternatives to this flexible approach are either to use the same techniques on all people or change theories each time you enter the therapy room (Leitner, 1982). Our clients deserve our creativity, not our rigidity or our confusion.

REFERENCES

Bohart, A. C. (2001, August). *The therapist as improvisational artist*. Paper presented at the annual meeting of the American Psychological Association, San Francisco, CA.

Buber, M. (1958). *I and thou* (2nd ed.). New York: Scribner

Buber, M. (1985). *Between man and man.* New York: Macmillan.

Buber, M. (1988). *The knowledge of man: The philosophy of the interhuman.* Atlantic Highlands, NJ: Humanities Press International.

Domenici, D. J., & Leitner, L. M. (2001). Utilizing artistry in a therapy relationship. *The Humanistic Psychologist, 29,* 114–125.

Epting, F. R. (1984). *Personal construct counseling and psychotherapy.* London: Wiley.

Epting, F. R., & Nazario, A. Jr. (1987). Designing a fixed role therapy: Issues, techniques, and modifications. In R. A. Neimeyer & G. J. Neimeyer (Eds.), *Personal construct therapy casebook* (pp. 277–289). New York: Springer.

Faidley, A. J., & Leitner, L. M. (1993). *Assessing experience in psychotherapy*: *Personal construct alternatives.* Westport, CT: Praeger.

Faidley, A. J., & Leitner, L. M. (2000). The poetry of our lives: Symbolism in experiential personal construct psychotherapy. In J. W. Scheer (Ed.), *The person in society: Challenges to a constructivist theory* (pp. 381–390). Gieben, Germany: Psychosozial-Verlag.

Friedman, M. S. (1985). *The healing dialogue in psychotherapy.* Northvale, NJ: Jason Aronson.

Gill, M. M., & Hoffman, I. Z. (1982). *Analysis of transference.* New York: International Universities Press.

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

Greenson, R. R. (1967). *The technique and practice of psychoanalysis.* New York: International Universities Press.

Havens, L. L. (1989). *A safe place: Laying the groundwork of psychotherapy.* Cambridge, MA: Harvard University Press.

Kelly, G. A. (1959, January). *The function of interpretation in psychotherapy: II: Reinterpretation and personal growth.* Presented at the Los Angeles Society of Clinical Psychologists in Private Practice and the Department of Psychology, University of California, Los Angeles.

Kelly, G. A. (1991). *The psychology of personal constructs.* London: Routledge. (Original published in 1955)

Kohut, H. (1984). *How does analysis cure?* Chicago, IL: University of Chicago Press.

Langs, R. J. (1974). *The technique of psychoanalytic psychotherapy* (2 vols.). New York: Jason Aronson.

Leitner, L. M. (1982). Literalism, perspectivism, chaotic fragmentalism, and psychotherapy techniques. *British Journal of Medical Psychology, 55,* 307–317.

Leitner, L. M. (1985). The terrors of cognition: On the experiential validity of personal construct theory. In D. Bannister (Ed.), *Issues and approaches in personal construct theory* (pp. 83–103). London: Academic.

Leitner, L. M. (1988). Terror, risk, and reverence: Experiential personal construct psychotherapy. *International Journal of Personal Construct Psychology, 1,* 261–272.

Leitner, L. M. (1995). Optimal therapeutic distance: A therapist's experience of personal construct psychotherapy. In R. Neimeyer & M. Mahoney (Eds.), C*onstructivism in psychotherapy* (pp. 357–370). Washington, DC: American Psychological Association.

Leitner, L. M. (1999a). Levels of awareness in experiential personal construct psychotherapy. *Journal of Constructivist Psychology, 12,* 239–252.

Leitner, L. M. (1999b). Terror, numbness, panic, and awe: Experiential personal constructivism and panic. *The Psychotherapy Patient, 11,* 157–170.

Leitner, L. M. (2001a). Experiential personal construct therapeutic artistry: The therapy relationship and the timing of interventions. *The Humanistic Psychologist, 29,* 98–113.

Leitner, L. M. (2001b). The role of awe in experiential personal construct psychology. *The Psychotherapy Patient, 11,* 149–162.

Leitner, L. M. (2006). Therapeutic artistry: Evoking experiential and relational truths. In P. Caputi, H. Foster, & L. Viney (Eds.), *Personal construct psychology: New ideas* (pp. 83–98). Sydney: Wiley.

Leitner, L. M., & Faidley, A. J. (1995). The awful, aweful nature of ROLE relationships. In G. Neimeyer & R. Neimeyer (Eds.) *Advances in personal construct psychology* (Vol. III) (pp. 291–314). Greenwich, CT: JAI.

Leitner, L. M., & Faidley, A. J. (1999). Creativity in experiential personal construct psychotherapy. *Journal of Constructivist Psychology, 12,* 273–286.

Leitner, L. M., Faidley, A. J., & Celentana, M. A. (2000). Diagnosing human meaning making: An experiential constructivist approach. In R. Neimeyer & J. Raskin (Eds.), *Construction of Disorders: Meaning making frameworks for psychotherapy* (pp. 175–203). Washington, DC: American Psychological Association.

Leitner, L. M., & Guthrie, A. F. (1993). Validation of therapist interventions in psychotherapy: Clarity, ambiguity, and subjectivity. *International Journal of Personal Construct Psychology, 6,* 281–294.

Luborsky, L., & Crits-Cristoph, P. (1990). *Understanding transference: The Core Conflictual Relationship Theme model.* New York: Basic.

Maroda, K. (1991). *The power of countertransference.* London: Wiley.

Perls, F. S. (1969). *Gestalt therapy verbatim.* Moab, UT: Real People Press.

Peterfreund, E. (1983). *The process of psychoanalytic therapy.* Hillsdale, NJ: The Analytic Press.

Racker, H. (1968). *Transference and countertransference.* New York: International Universities Press.

Rogers, C. R. (1951). *Client centered therapy.* Boston: Houghton Mifflin.

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy.* Boston: Houghton Mifflin.

Schneider, K. J., & May, R. (1995). *The psychology of existence.* New York: Basic Books.

Soldz, S. (1993). Beyond interpretation: The elaboration of transference in personal construct theory. In L. M. Leitner & N. G. M. Dunnett (Eds.), *Critical issues in personal construct psychotherapy* (pp. 173–192). Malabar, FL: Krieger.

Wadlington, W. (2001). Otto Rank's art. *The Humanistic Psychologist, 29,* 280–311.

Yalom, I. (1980). *Existential psychotherapy.* New York: Basic Books.