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PERSONAL CONSTRUCTS IN SYSTEMIC PRACTICE

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Life provides man with no scientific footholds on reality, suggests to him no narrative plots, offers no rhythmic metaphor to confirm the moving resonance of a human theme. If he chooses to write tragedy, then tragedy it will be; if comedy, then that is what will come of it; and if burlesque, he, the sole reader, must learn to laugh at its misanthropic caricatures of the only person he knows - himself. (Kelly, 1969, p. 24)

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Kelly's Personal Construct Theory (PCT) and the systems approach are, at least at first sight, two different traditions in approaching the therapeutic endeavor. Originally, PCT emphasized processes of construction of a single individual (e.g., Bannister & Fransella, 1986) and only recently gradually expanded this focus to include couples (e.g., Ryle, 1975, G. Neimeyer, 1985). Therefore, its therapeutic approach was mainly intrapsychic or dyadic. Conversely, the conceptualization of a problem from a systemic perspective always included the family system. In that context, individual behavior was primarily understood as a function of the larger family system. As a consequence, systemic treatment focused on family groups thereby de-emphasizing individual therapy.

Recently, some changes have taken place; the systemic movement has become much more flexible both in acknowledging the necessity of paying more attention to the individual (even to the point of treating only individuals or dyads instead of the entire family, e.g., Fisch, Weakland & Segal, 1978) and in adopting a constructivist epistemological position (e.g., Hoffman, 1988a; Efran, Lukens & Lukens, 1988). On the other hand, some personal construct therapists have elaborated a construct approach to systemic interventions (Procter, 1978; 1981; 1985a; Feixas, Cunillera & Villegas, 1987) that set some bases for a convergence of both approaches.

Although the similarities between current systemic therapies and Kelly's (1955) PCT have been described elsewhere (Feixas, 1990b), they can be summarized in the following way:

(1) PCT and the systemic therapies share a common epistemological stance: constructivism. Even though there are notable differences among the various systemic therapies, they agree in viewing knowledge as resulting from a construing process rather than a direct representation of reality.

(2) PCT can be described as a systemic theory. It contains the properties of totality,

equifinality, feedback, and a tendency to constant states postulated by systemic theorists about open systems.

(3) PCT and the systemic therapies take similar positions on several relevant clinical issues such as the influence of labeling in pathology, the central role of anticipation, the view of "resistance" as a coherent movement of the system, the use of the client's language and metaphors, the exploration of intended solutions, the potential use of prescriptions, and the view of therapy as a reconstructive process.

Besides these similarities, this paper explores the clinical usefulness of incorporating personal construct concepts and methods into systemic practice. As an initial step, I will include the analysis of Kelly's constructivism in the context of other constructivist positions that continue to inspire many systemic developments. I then outline a model of change that has applicability to both individual and systemic therapies and introduce the concept of the family construct system as a means of bridging these two distinct therapeutic traditions. I next illustrate the application of some of these concepts and methods in the context of a brief clinical case study and outline some of the issues entailed in strategizing about both content and process in the practice of family therapy. Finally, I conclude with some implications for research and an expression of optimism regarding the mutual enrichment of individual and family-based constructivist perspectives.

PERSONAL CONSTRUCT THEORY AND SYSTEMIC CONSTRUCTIVISM

PCT and the systemic therapies share a common epistemological stance: constructivism. Even though there are notable differences among the various systemic therapies (Anderson & Goolishian, 1988; Feixas, 1990b; Kenny & Gardner, 1988), they agree in viewing knowledge as resulting from a construing process rather than a direct representation of reality. Because knowledge of the external world is actively construed by the subject (observer) in a given social context (Berger & Luckman, 1966), the idea of having a "true" knowledge about reality vanishes (Von Glasersfeld, 1984). Thus, Kelly's (Kelly, 1955) assertion that reality can be interpreted in a variety of ways is shared by many constructivist thinkers (e.g., Bateson, 1979; Kenny & Gardner, 1988; Mahoney, 1988; Maturana & Varela, 1987; Von Foerster, 1981; Watzlawick, 1984). This view contrasts with the traditional one, objectivism, which holds that reality is directly represented in the subject's mind which passively receives the stimuli from the environment. This latter perspective has dominated Western thinking for centuries. The core epistemological issue, the nature of knowledge, has been already pointed to in the previous paragraph. The

notion of knowledge as invention (e.g., von Glasersfeld, 1984) contrasts with the objectivist belief in discovering an already existing truth. The evolutionary nature of knowledge has been described by Popper (1972), Campbell (1972), and others. Rejecting the assumption of knowledge as a true belief, Popper (1959) puts forward a Non-Justificationist epistemology which asserts that data are conceptual, and our hypotheses have only the status of conjectures (Popper, 1963) as long as they are not falsified. In short, human organisms are “theories of their environments” and our knowledge structures are adaptations to that environment subject to selective processes via refutation or invalidation.

The problem of a constructivist position has to do with the question of how we assign validity to our knowledge. If our perceptions are not to be taken for granted, what criteria can we use to decide whether to incorporate or refuse a bit of knowledge in our system, either at the level of single individuals or at the level of science itself? Again an evolutionary response is appropriate. A hypothesis is regarded as (provisionally) valid as long as it fits with the context and seems to be viable (von Glasersfeld, 1984). It should also be, to a certain extent, consistent with previous acquired knowledge (e.g., Kelly, 1955) in order to be integrated in our system. The social constructionist movement (e.g., Berger & Luckman, 1966; Gergen, 1985) and the contemporary philosophers of science (e.g., Kuhn, 1962) have emphasized the social nature of knowledge. It arises in the context of a social interaction influenced by language, culture and family environments, and the very process of determining its validity is a social process in itself.

Both Kelly (1955) and Bateson (1979) view the creation of knowledge as a process involving the grasping of differences rather than the concept formation notion proposed by the information processing paradigm derived from the objectivist position. Kelly (1955) further emphasizes the organization of knowledge (constructs) in a hierarchical self-organized system, much as Maturana and Varela (e.g., 1987), at a more abstract level, describe living organisms as autonomous, autopoietic systems that create their own structure. As an extension of this notion, the above mentioned Chilean biologists conceive of interaction between living organisms not as a direct transmission of information (interactive instruction), but as a complex process of coupling two autonomous self-organized structures.

Despite these points of agreement on their epistemological preference for constructivism, PCT and the systemic therapies reached constructivism through quite different paths and hold some distinctive assumptions. I therefore present the epistemological evolution of Kelly’s (1955) approach first, give a brief account of systemic constructivism, and conclude this section by elucidating some of their contrasts as well as similarities.

Kelly's Constructive Alternativism

George A. Kelly, along with Bartlett and Piaget, was among the earliest constructivist thinkers in psychology, and pioneered the constructivist therapies (Mahoney & Gabriel, 1987; Feixas & Villegas, 1990). His approach to psychology and psychotherapy (Kelly, 1955) has been one of the few which reveals its epistemological bases. Furthermore, although Kelly was influenced by Vaihinger and Dewey, he reached his epistemological position chiefly through his own clinical practice. He started his clinical and academic career during the 1930's in a college covering a wide rural area. Because he was one of the three faculty members and the only clinical psychologist in the department, he had few resources with which to accomplish the clinical and educational responsibilities his position entailed. Moreover, psychology -and especially psychotherapy- was very immature, offering few alternatives to the practitioner. Kelly soon rejected the S-R paradigm because of its simplicity and inability to solve the clinical problems he was facing; however, he was not convinced by the obvious alternative, psychoanalysis.

So I began fabricating "insights." I deliberately offered "preposterous interpretations" to my clients. Some of them were as un Freudian as I could make them.... My only criteria were that the explanation account for the crucial facts as the client saw them and that it carry implications for approaching the future in a different way [italics added]....

What happened? Well, many of my preposterous explanations worked, some of them surprisingly well. To be sure, the wilder ones fell flat, but a reexamination of the interviews often suggested where the client's difficulty with them lay. (Kelly, 1969e, p. 52)

Thus, through clinical experimentation Kelly realized the central role of the (re)construction of the client's experience in terms of generating more viable alternatives. As set forth above, the main criteria was not the truth value of the reinterpretation but (a) its relevance to account for what the client considered crucial and (b) its potential for the generation of an alternative way of facing the future. Kelly's main emphasis lies on the possibility of generating new alternative constructions for any given event: "No one needs to paint himself into a corner; no one needs to be completely hemmed by circumstances; no one needs to be victim of his biography" (Kelly, 1955, p. 15).

Because of this emphasis on the generation of alternatives, Kelly labeled his epistemological principle constructive alternativism: "*Reality is subject to many alternative constructions, some of which may prove to be more fruitful than others*" (Kelly, 1969a, p. 96). These "fruitful" constructions would be viable and fit with a person's previous system of construing.

One of the most interesting features of Kelly's constructivism is not only that it has been developed through clinical practice but that the entire corpus of personal construct psychology (a psychological theory, a clinical theory, assessment methods, strategies for intervention, and

therapeutic techniques) has been coherently derived from Kelly's constructivist assumptions. Such a consistency among these different levels of theory and practice is a rarity in psychology, particularly in psychotherapy (Feixas & Villegas, 1990; Neimeyer, 1988).

In his fundamental postulate, Kelly (1955) asserted that “a person's processes are psychologically channelized by the ways in which he anticipates events” (Kelly, 1955, p. 46). As Bruner (1956) noted, the anticipation of the future seems to be the main motivational principle of PCT. Thus, the way a person anticipates, for Kelly, is his or her most relevant characteristic. Such an outlook results in the conceptualization of human beings as proactive, goal directed, and purposive. In this way, Kelly's constructivism was developed through his psychological theory and practice instead of only being an armchair reflection expressed in the epistemological chapter of his 1955 work. I will describe some of these constructivist issues in the section corresponding to the personal construct model of change.

Systemic Constructivism

In earlier systemic formulations still regarded as central for many family therapists (e.g., Watzlawick, et al, 1967; Haley, 1963), the presenting problem was considered in the context of a behavior sequence of the family members in which the symptom had a homeostatic function related to the whole system. Either it was related to tri generational coalitions (e.g., Haley, 1963; Minuchin, 1974) or the solution attempted by the family to solve the problem was considered a key segment of the behavioral pattern that perpetuates the problem (Watzlawick, Weakland, & Fisch, 1974). However, in the last decade some systemic therapists have adopted a constructivist oriented stance.

Gregory Bateson, one of the precursors of the systemic family movement, elaborated his epistemological thoughts (e.g., 1972, 1979) in a way that has greatly influenced the sensitivity of many systemic therapists about the importance of the process of knowing and its relevance for clinical practice. As a result, further constructivist authors such as Von Glasersfeld (e.g., 1984), Von Foerster (e.g., 1981), and Maturana and Varela (e.g., 1987), along with Bateson, are among the most quoted sources of theoretical and clinical inspiration in the systemic literature of the past decade.

Hoffman (1985, 1988) is perhaps the author who has most clearly narrated the evolution of the systemic movement towards constructivism. The initial focus on behavior sequences has shifted to the investigation of meanings, that is, how behaviors are construed by different family members. Problems are now explained in terms of family myths, premises, or shared belief systems that are coherent with symptomatic behaviors. Thus the new systemic techniques, for

example circular questioning, are devised to make explicit and challenge those family premises. A paradigmatic example of this constructivist systemic approach is represented by the Milan team formed by Boscolo and Cecchin (Boscolo, Cecchin, Hoffman, & Penn, 1987). Other relevant examples are Watzlawick's (1984) edited book, Keeney's (1983) conceptualization of change, Goolishian's (e.g., Goolishian & Winderman, 1988) notion of problem determined systems, and other derived clinical applications. An outstanding sign of its influence in the field was the appearance of a special issue on constructivism in *The Family Therapy Networker* (1988), in which Efran, Lukens and Lukens (1988) and others present constructivism, its clinical implications, and also its relation with Kelly's epistemology and clinical position.

Considering that Humberto Maturana (Alexander & Neimeyer, 1989) can be regarded as an epistemologist who has inspired a great deal of systemic epistemological thinking and (Anderson, & Goolishian, 1988) his position has been considered more "radical" than that of Kelly, I will focus on a comparison on these two authors as a way to discuss the epistemological relationship between PCT and the systemic therapies.

Kelly and Maturana: An ontological contrast

Because they share more assumptions than not, I first briefly point to some similarities between the thinking of Kelly and Maturana. As explained earlier, both authors hold a common constructivist position at the epistemological level. Likewise, both deny the possibility of a true and objective knowledge of reality. As noted by R. Neimeyer and Feixas (1990b) Maturana's concept of autopoiesis (Maturana & Varela, 1980) -- the view of living systems as self-organized and as determining their own evolution -- has its parallel in PCT's choice corollary. According to the latter, every system makes those decisions that increase its predictive power, those that go in the direction of a greater elaboration of the system. Sometimes a person's choice can even include a "symptom" in order to increase the scope or precision of his or her anticipatory structures. In this sense, there is no "right" direction of elaboration to be defined by an arbitrary observer: "It is the system itself that regulates the direction and extent of change" (R. Neimeyer & Feixas, 1990b); therefore, as Maturana (Maturana & Varela, 1987) maintains, fluctuations in the environment can, at most, "trigger" change in the living system. This leads us to the ideas of *structural determinism* and *operational closure* (Maturana & Varela, 1980) which suggest that changes that occur in any living system are determined by the characteristics of its structure rather than by "external reality". Similarly, Kelly, in his modulation corollary, states that "the variation in a person's construction system is limited by the permeability of (its superordinate) constructs" (Kelly, 1955, p. 77). This means that a given system does not allow for just any change, but only

for a limited range of alternatives. The range of existing possibilities within the system depends on the degree to which its superordinate structure allows for the inclusion of new experience -- the system's permeability (flexibility).

Another parallelism can be found in Maturana's aphorism, "anything said is said by an observer" (Maturana & Varela, 1980, p. 8) which intends to convey the idea that when someone makes a statement about reality that person is talking about his or her view of reality. Attention must therefore be directed to the observer rather than to that "reality". Similarly, Kelly asserts:

When I say Professor Lindzey's left shoe is an "introvert," everyone looks at his shoe as if this were something his shoe was responsible for. Or if I say that Professor Cattell's head is "discursive," everyone looks over at him, as if the proposition had popped out of his head instead of out of mine. Don't look at his head! Don't look at that shoe! Look at me; I'm the one who is responsible for the statement. (Kelly, 1969b, p. 72)

Despite their epistemological similarities, Maturana and Kelly disagree in their belief about the existence of reality. For the former "nothing exists outside language" and reality is only "an explanatory proposition" (Maturana, 1988, p. 80). Although Kelly would agree in that the only criterion for the validation of our hypotheses is the internal correlation between anticipations (superordinate constructs) and low order sensory discriminations (subordinate constructs), he states unambiguously his presumption about the existence of reality: "*We presume that the universe is really existing and that man is gradually coming to understand it*" (Kelly, 1955, p. 6). This straight disagreement is not, however, epistemological but ontological (Held & Pols, 1985). Both agree that human beings cannot come to know reality directly (an epistemological position) but disagree in their belief on whether or not reality exists independent of an observer (an ontological position). Kelly presumes the existence of reality (a position traditionally related to realism or materialism) and Maturana asserts that reality does not exist (a position traditionally related to idealism and solipsism).

In looking at this divergence, if one takes as rigorous a point of view as Held & Pols (1985; 1987) do, then one realizes that it is a logical inconsistency to make any kind of statement about the existence of reality that is, any kind of ontological statement.

A considerable part of the family therapy field adopts an epistemology ... NR ["NR" stands for "no independent reality attainable" (p. 456)], and if one adopts an epistemology of that kind, a contradiction will arise if one also adopts a metaphysics/ontology any metaphysics/ontology. (Held & Pols, 1987, p. 457).

Now that this logical inconsistency is recognized, let me tentatively pursue this ontological controversy for a moment. To assert the metaphysical/ontological existence of reality presents several advantages (despite the already acknowledged disadvantage of logical

inconsistency). It accounts for a number of phenomena that most of us see intuitively as “bits of reality”: abuse, violence, physical illness, and death. These phenomena are frequently raised as objections to constructivism (e.g., Taggart, 1985). To share a personal example, I recently had the experience of a minor car accident. Even if it was not serious I, as a living system, received a distressing perturbation from the environment. There was something "out there" influencing me. Of course, my structure (body constitution, position, psychological state) determined the damage the impact produced on my body as well as on my cognitive construction of the event. But some bit of reality triggered (only triggered) some changes in my physical and psychological state. Perhaps it was not an “interactive instruction”, but something out there was structurally coupling my body in a way that my autopoietic and autonomous system had not chosen!

On the other hand, other relevant thinkers have expressed more or less explicitly this logically inconsistent (though at another level intuitively reasonable) position. Max Planck, considered to be the first forerunner of quantum physics, asserted simultaneously that “(1) there is a real outer world which exists independently of our act of knowing” and that “(2) the real outer world is not directly knowable” (Planck, 1932, p. 32). Prigogine, along with quantum physicists and many other constructivists, proposes a view of matter (reality) that depends to some extent on the observer, “a new view of matter in which matter is no longer the passive substance described by the mechanistic world view” (Prigogine & Stengers, 1984). Therefore matter, though not passive, exists. This could be deduced even from von Glasersfeld's writings. “The only aspect of that ‘real’ world that actually enters into the realm of experience is its constraints” (von Glasersfeld, 1984, p. 24). Although logically inconsistent with epistemological constructivism, one could take Kelly's position and assert that the universe really exists even though it cannot enter our “realm of experience” except through “its constraints.”

This ontological divergence between Kelly and Maturana had been previously suspected by Mahoney (1988) and Kenny & Gardner (1988). In consequence, the latter do not consider Maturana as constructivist but as the creator of the alternative “bring forth paradigm” (Kenny & Gardner, 1988, p. 9). As noted earlier my position is different; I consider Maturana one of the more relevant contributors to contemporary constructivism despite his ontological claim for the inexistence of reality.

Mahoney (1988), on the other hand, divides critical constructivists, those who “acknowledge the existence of a ‘real’ external world”, from radical constructivists, “an approach that is basically indistinguishable from 'idealism’” (Mahoney, 1988, p. 4). I find this solution elegant though not completely accurate. In order to distinguish among constructivist thinkers, Mahoney (1988) uses not an epistemological, but an ontological criterion.

At the end, however, this issue becomes a matter of classification of thinkers and written thoughts, a matter of labeling. But one of the clinical points of constructivism is precisely the importance of the labels applied to behaviors, thoughts, and feelings. Because labels and “linguaging” have a prominent (perhaps exclusive) role in social domains, it becomes important to point out the distinctions relevant thinkers make, since they inspire, to some extent, the clinical practice of a number of therapists.

A MODEL OF CONSTRUCT SYSTEMS CHANGE

In a critical article, Golann (1987) notes how the adoption of cybernetic and constructivist perspectives in the family therapy field “has resulted in an unnecessary devaluation of representational description of family interaction” (p. 331). Because from a “second-order”¹ cybernetic perspective any description tells us more about the observer than about the observed event, it seems that description has little place within a constructivist framework. Actually, the assertion that constructivism implies that therapists avoid conceptualizing, attaching labels, and creating a “road map” about the client's system can be seen as incoherent. Certainly, Kelly's commitment to constructivism did not curb him of his interest in conceptualizing the functioning of the construing systems. Moreover, he derived his psychological theory in congruence with his epistemological conviction.

Actually, the assertion that constructivism implies that therapists avoid conceptualizing, attaching labels, and creating a “road map” about the client's system can be seen as incoherent. Although descriptions of a family interaction are not representational descriptions but constructions, therapists, just as any other human being, need to construe the events they are dealing with. Kelly postulated that therapists should have a professional subsystem of construing (which would doubtless bear a relationship with their personal construct systems) in order to possess the skills to discriminate among clinical events they face in their everyday practice. This professional system should be comprehensive and elaborated in such a way as to acquire the greater predictive power. Of course, this subsystem is furnished with the concepts of the therapist's particular orientation. Once Kelly recognized the impossibility of acting without a model, he tried to elaborate a personal construct model coherent with the constructivist position. As long as we, as therapists, cannot operate without a “prejudice,” let's have at least a constructivist prejudice.

A model of human processes and change should have the following characteristics to be considered coherent with a constructivist epistemology: (a) it should be *centered in the process* of construing rather than the “reality” construed (content); (b) it should be *contextualist*²; that is, it

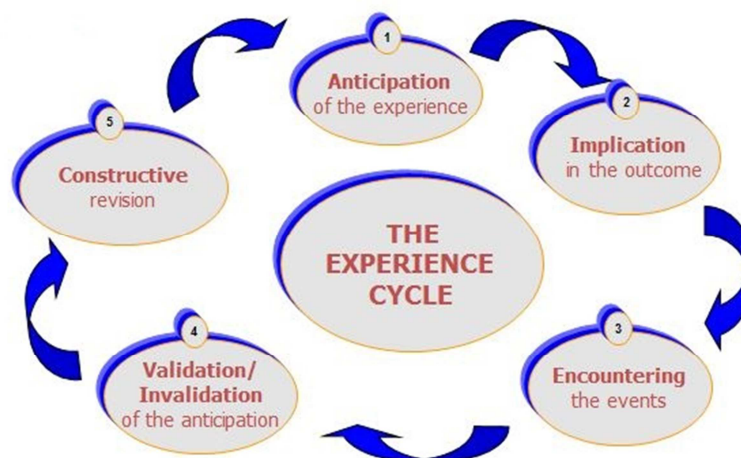
should account for the way broader systems of construing interact with narrower ones; and (c) it should be *reflexive*, that is, it should account for the construing processes of both the observer and the observed. I believe that PCT can provide such a constructivist model.

Next, I outline the personal construct model of human functioning. Because, for PCT, life is continuous movement, this is also a model of change. PCT is organized in eleven corollaries that develop a fundamental postulate (mentioned above). A formal presentation can be found in other works (e.g., Kelly, 1963; Bannister & Fransella, 1986; R. Neimeyer, 1987a). To take a more informal stand, I focus the cycle of experience, also proposed by Kelly (1970) and lately elaborated by later construct theorists (R. Neimeyer, 1985; Feixas & Villegas, 1990).

PCT as a process-centered model

From a constructivist view, experience plays a crucial and exclusive role in the generation of knowledge. For Kelly, the process of experience is an intrinsic part of being human and, therefore, he is not concerned with explaining its causes and motives -- the why. Rather, he proposes to consider this very process as the more fundamental mechanism of change and evolution. He thought that a deep understanding of this mechanism, as a continuous circular process (see figure 1), would enable us to better comprehend human action instead of just original causes and impulses. Because the universe itself is constantly transforming, this “invites the person to place new constructions upon them (events) whenever something unexpected happens” (Kelly, 1955 p. 72).

Figure 1. The experience cycle



Kelly proposed the metaphor “man-the-scientist” to describe the *cycle of experience*. He compared everyday human activity with that of the scientist. The first stage of this cycle, which emerges from previous cycles, refers to the anticipatory nature of human existence as well as the predictive aspiration of science. The anticipations (constructs) or hypotheses are hierarchically organized in a system which serves both for understanding events and for anticipating the future. As scientific hypotheses, anticipations are linked to a whole theory, the personal construct system.

This comparison between the human being and the scientist does not imply that people are aware of having hypotheses (and theories) in the same way as scientists are. Even though we are unaware of it, at any single moment of our existence we are involved in this process of anticipation. For example, in selecting a key out of a set to open a closed door one *anticipates* making the right selection. There is enough *investment* to act according to this anticipation and take the key and try to open the door, that is, to *encounter* the event. The outcome of this behavior provides a *confirmation* or disconfirmation of the anticipation, which in turn leads one to carry out a *constructive revision*. In case of validation (positive feedback) of the hypothesis, the distinction which made possible that choice is consolidated in the system. In case of invalidation (negative feedback), new constructions should evolve to guide the subsequent behavior. A crucial question at this stage is how an anticipation becomes validated or invalidated. For Kelly (1955) it is not reality that provides (in)validation. Instead, (in)validation is “subjectively construed” (p. 158). That is, the hypothesis involves its own criteria, in terms of low order sensory constructs, for (in)validation. As noted elsewhere (Feixas, 1990b), the cycle of experience can be summarized as a feedback loop in which behavior (represented by the encounter stage) and anticipation influence each other in a circular way.

More attention must be paid here to the nature of the person's anticipations -their *personal constructs*. They are reports of a difference, in Batesonian terms (see Feixas, 1990a; for a comparison between Kelly and Bateson), and evolve every time we make a distinction. Constructs are the way in which we perceive things or people as either similar to or different from each other. In this sense, constructs are dichotomous for, as Kelly (1955) asserts, “much of our language ... implies a contrast which it does not explicitly state. Our speech would be meaningless otherwise...” (pp. 62-63). Certainly, meaning is constructed through contrasting differences. Moreover, meaning arises from the way two or more constructs are related. The construct “religious vs. atheist” can bear different relationships with the construct “good vs. bad”. In some families “religious” is linked with “good”, and “atheist” with “bad”, while in others this relationship is reversed, or non-implicative (to be “religious” is considered neither

“bad” nor “good”). PCT has elaborated models to account for the different possible relationships among constructs (a summary of one of these models is presented in Feixas, 1990b). In addition, PCT inspires more precise models for specific areas such as that proposed by Viney, Benjamin and Preston (1988) for the elderly.

PCT as a contextualist model

Although this description of the construing process can be seen as highly individualistic (as the idea of “personal construct” suggests), this model has been adapted by Procter (1978; 1981; 1985a) and Feixas (1990a) to describe family construct systems. In fact, what Kelly proposed was a model of functioning for construing systems, but because validation of a personal construct system is mainly provided in an interpersonal domain -the family in one's early years, and wider systems later (Procter & Parry, 1978)-, construct theory allows itself to be extended to wider systems of construing. According to Procter (1981, p. 354) this extension has “simply not yet been elaborated”. Feixas (1990a) tentatively proposes an adaptation of PCT corollaries to describe family and other multi personal construct systems.

Procter (1978) has added two new corollaries, related to groups and families, to PCT as a foundation for his theory of the Family Construct System (FCS). In this approach families negotiate a common reality, the FCS, that “provides the members with alternative 'slots' so they do not necessarily have to be in agreement” (Procter, 1981, p. 355).

One of the main advantages of PCT, as extended by Procter (1978), is that it uses the same model to describe the construing processes of personal systems and those of family or wider systems. Furthermore, it can provide a frame to explain the interaction in families. Using this model in previous research, my colleagues and I (Feixas, Cunillera & Villegas, 1987), graphically presented this “overlap” among personal construct systems and FCS. One can see that personal construct systems of family members have a different degree of overlap with the FCS. The construing system of the members represented as having a major degree of overlap is mainly centered in the FCS. Their hierarchically superordinate constructs are embedded in the FCS, meaning that their main source of validation lies in the perceived meanings and attitudes of other family members. Conversely, those members who are represented as having a minor degree of overlap receive their major validation from other sources. Their more superordinate constructs (core constructs) are not tied to the FCS even though some of their views are (see 26 for some empirical evidence about these points).

One could build a developmental story within this model. For example, children's systems of construing are mainly directed through the avenues of movement of their FCSs. As

children grow and acquire more individuation (Stierlin, 1987) as well as a more external life, their core constructs can become more independent of the FCS. Of course, this process could lead to many different developments. For example, young adults could also identify their thinking with that of the FCS in such a way that leaves little space for individuation. For these people, to leave the family is almost out of the range of available alternatives of their systems of construing. Many others, even though they leave their family of origin, often carry the same FCS when developing a new family.

The idea of a FCS goes beyond Kelly's (1955) emphasis on the individual construct system. In his writings, Procter (1978, 1981, 1985a) depicts a system of construing that has a life of its own. The FCS comprises a set of shared constructs of the family members that result from the partner's implicit negotiation and from the evolution of the system through the family life cycle. The FCS also includes the meta-perspectives (Laing, Phillipson & Lee, 1966) of the family members. In PCT, the mutual anticipation that one member has of the construction processes of the other (e.g., the way a father thinks his son views his mother) is termed a role-relationship. Thus, family (and other social) relationships can be viewed as role-relationships in which every member anticipates the others' thinking and behavior. Although such anticipation is both necessary and desirable, when one member behaves unexpectedly this can invalidate the others' role constructs. Because such innovative pathways are inherent to personal growth and development, the efforts made by other members to enforce conformity to older patterns are potential sources of conflict in family development. In these conflicts, one member often has to make a choice between personal growth and adapting to others' expectations. Symptoms of distress are often compromise solutions to that conflict. Notwithstanding these considerations, the FCS does not provide a model of "functional families" or the ideal "family life cycle" but rather a comprehensive model to understand those very different evolutionary paths that families undertake.

PCT as a reflexive model

Several personal construct authors (e.g., Bannister, 1966) have emphasized the reflexive nature of Kelly's theory. In describing the process of construing, the personal construct model accounts for the very activity of describing the model, that is, it is able to account for the observer as well as for the observed. PCT is a way of construing how human beings construe. Family members, thus, can be viewed as family theorists who elaborate theories (constructs) to anticipate and predict each-others' behavior. Equally PCT, as Kelly (1969b) recognized, is in itself a construction and, as such, will be reconstructed: "our theory is frankly designed to

contribute effectively to its own eventual overthrow and displacement” (p. 66).

Reflexivity was also developed in Procter's (e.g., 1985a) extension of PCT. He postulates that every family member takes a position in the FCS. As I will develop in the next section, the notion of position entails two levels: the level of construction and the action level. When a problem arises every person or institution related to the problem takes a position. I found useful here the idea of *problem determined systems* (e.g., Anderson, Goolishian & Winderman, 1986). According to this, which the system to be considered includes not only family members but also the professionals “who are languaging about the problem” (Anderson et al., p. 9). In this sense it would be more accurate to talk about problem construct systems. Procter (1985a) suggests including the views of these other professionals' when investigating presented problems as well as the therapist's own perspective. This would lead to the construction of therapeutic road maps or schemata as described in the following section. To conclude, one can assert that PCT, with the inclusion of Procter's FCS conceptualization, can be considered a process oriented, contextualist, and reflexive model of human processes. Therefore, it results in being a coherent and consistent “prejudice” for constructivist therapists.

FROM BEHAVIORS TO MEANINGS AND VICE VERSA

Hoffman (1985) viewed the development of the family therapy field as pendulum. Family therapy started with a great emphasis on behaviors, in part as a reaction against excessively intrapsychic approaches. Now, the constructivist orientation has swung the pendulum the other way: “ideas, beliefs, attitudes, feelings, premises, values and myths have been declared central again” (Hoffmann, 1985, p. 390). Furthermore, Hoffman considered “a shift in focus from behaviors to ideas” as one of the commonalities of “a general style of systemic therapy ... influenced by a constructivist approach” and she clearly states that “problems do exist but only in the realm of meanings” (p. 124).

Although I would basically agree with this new shift, I have always thought that pendulum movements were unbalanced and dangerous. I would prefer that the contribution of constructivism to the therapeutic arena would be comprehensive and holistic enough to also include some of the advances produced by family therapy's prior emphasis on behavior. However, I think that in the context of the previous evolution of the family therapy movement it may have been difficult to suggest an alternative to the “pendulum movement.” Perhaps the issue of the central relevance of meaning is difficult to present without conveying the image of a therapist doing nothing but conversation. The new constructivist therapist can appear to be a weak practitioner, especially when prescriptions, rituals, and other active interventions used by

traditional family therapists, have resulted so clinically useful. I like the idea of a conversational model for therapy (it brings new and fresh air into the therapy room) but this idea needs more elaboration, since the word “conversation” might also connote lack of clinical resources. Consequently, a constructivist model of change should include behaviors as well as meanings, and should allow the therapist to act upon both of these levels of experience.

In my view, the personal construct model of change offers a comprehensive frame that allows the therapist to consider behaviors as well as ideas as a focus, both at the moment of gathering information and when intervening. I think this would also fit with Hoffman's suggestion of a “both-and position” instead of an “either/or stance” (1988b, p. 67), and also with Keeney's (1982) view. In fact, Keeney and Ross' (1985), who also derive their approach from constructivism, have taken a similar stance in considering two different frames of reference, the semantic (related to meanings) and the political (related to patterns and sequences of behaviors). In his integrative model of intervention, Linares (personal communication, 1988) also proposes a model with two orthogonal dimensions. One of them, the epistemic vs. pragmatic dimension, corresponds with this comprehensive emphasis on considering meanings as well as behaviors.

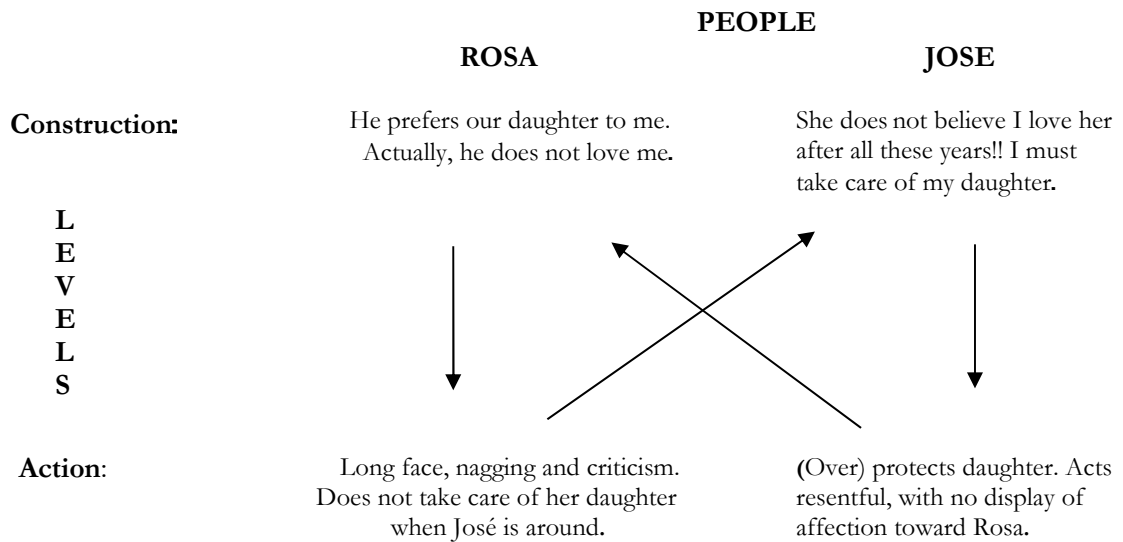
Procter's (1985a) notion of position, defined as the integrated stance that each member of a system takes, entails two levels: the construction level and the action level. Taking into account the experience cycle (described in the previous section), Procter suggested that the position that one member takes involves his or her construction of him or herself, the construction of the other's thinking, and also several metaperspectives. The actions of this member are derived in accordance with those constructions. These actions are ways to test his or her hypotheses. At the same time, other members' actions are (in)validational evidence for further cycles of construing. In fact, the FCS is the interconnection of the family members' different positions in such a way that each one provides (in)validational evidence for the other. This is not only a conceptual device. Several clinical implications can be derived from this framework in both clinical assessment and intervention.

Position as a Framework for Clinical Assessment

Keeping the notion of position in mind, a therapist may start at any given point, either with a concrete behavior (perhaps the one labeled as “the problem”) or an idea expressed by some family member. The therapist should then proceed to investigate concurrent behaviors and meanings of other problem-related members. To explain this with a case example, I will introduce the Pérez family (an alias). José requested that he and his wife, Rosa, be seen for help

with marital problems. The couple was in their early fifties and had Lucia, a profoundly retarded eighteen-year-old daughter. Rosa's own family had emigrated in her adolescence to Barcelona from Andalucia, a Southern area of Spain characterized by their emotional and expressive people harmonizing with their warm weather. On the other hand, José was born in Aragón, a dry area where people seldom tend to express feelings, and moved to Barcelona in his mid-twenties to meet Rosa and marry her a few months later. Rosa began the description of their lack of marital satisfaction by claiming that José was not providing all the love and affection she needed while she appeared to be a sensitive lover. She was talkative and generous in providing examples of José's lack of caring attitude towards her, as well as her eagerness to take an overprotective care of their daughter. That was especially painful for Rosa now that she was losing her sight and planned to retire from her present work as cleaning assistant in a hospital. She was becoming very depressed with the prospect of retiring and having such a calloused husband available only for their retarded girl. While she was describing this problem, José looked ashamed and concentrated his efforts in disputing minor details of his wife's description of his disregard towards her.

Figure 2. A diagram for the positions of Rosa and José in their marital conflict.



After the initial problem is presented, the process of gathering information about the members' positions on the problem can be carried out in several ways. In this case the therapist

first investigated José's view of the problem -- that is, his construction of her long faced criticism and nagging. José resented that she would not trust in his love proven through twenty years of marriage, but he was particularly struck by her lack of understanding of the fact that Lucia was completely dependent on their care. He further insinuated that if he did not provide such care their daughter would be left unattended (which led Rosa to respond energetically with the numerous things she was doing for Lucia). It appeared that the major conflict occurred when the three of them were together and José assumed an exclusive role in looking after the girl. This provided evidence for Rosa that he preferred Lucia to her, which is consistent with her slightly more distant attitude toward the girl. That attitude, in turn, became confirmatory evidence for the idea that José should take care of their daughter. Procter (1985a) calls this the “bow tie” of the problem, which is represented for this case in Figure 2.

Of course, this schema should be complemented with various levels of metaperspectives and also with the view of other problem-related people as well as the therapist and other professionals' views (these aspects usually arise with the help of circular questions). To simplify, I reduced the issue to this dyadic “bow tie.” The point here is that the therapist, in using this framework, guides the interview in a way that goes from meanings to behaviors and vice versa throughout all the problem-related members. Procter (1985a) sees this way of interviewing as a zig-zag. Though the therapist does not have a straight list of questions, he or she has two levels (meaning and action) of investigation in mind, and has a process oriented hypothesis according to which each level (construing or action) is related to other member's meanings and behaviors.

Position as a Framework for Intervention

Sometimes the conversation about the “bow tie” of the problem that arises in this kind of interview provides a different kind of (in)validational evidence that generates some kind of constructive revision (fifth stage of the cycle of experience) in the members' personal construct system or in the FCS. However, in many other situations the therapist has to intervene at some point of the cycle of family construing in order to trigger an alternative construction. Although every orientation is usually committed to a definite number of techniques, many others can be available to a therapist. In this sense, PCT is technically eclectic but theoretically consistent (Feixas & Villegas, 1990; R. Neimeyer, 1988; R. Neimeyer & Feixas, 1990a). Therefore, what characteristically defines the approach I am presenting is not the option a therapist will take on a technical level, but instead the therapeutic stance and the conceptualization. For example, one could try to reframe one of the family member's actions by attaching a different meaning to a behavior, one more congruous with the existing FCS. This, then, leaves open the possibility of

an alternative construction. On the other hand, one could try to bring into focus some kind of alternative behavior, either emphasizing an existing one or prescribing it, in order to provide evidence for (in)validation of a hypothesis of the family.

These therapeutic implications per se are not saying anything new to most family systemic therapists. They have been reframing and prescribing (with different emphases depending on their particular orientation) in this way for a long time. However, some therapeutic implications have been presented to illustrate the flexible framework that PCT, incorporating Procter's ideas of the FCS and the notion of position, can provide. As an example of this flexibility, we have presented elsewhere (Feixas, Cunillera, & Mateu, in press) a case example using dream interpretation in the context of a systemic family therapy. Besides this clinical flexibility, this proposal allows one to incorporate some personal construct techniques, such as hypothesis testing, fixed role, and family characterization sketch techniques, which are briefly summarized in the following paragraphs.

The first of these techniques, *hypothesis testing*, needs some theoretical elaboration before describing it as a technique. It is derived from the model of change presented in the experience cycle. From the fresh perspective that this cycle offers, Kelly (1970) in his paper titled *Behavior is an experiment* presents a new view of behavior. From the circular model provided by this experience cycle, behavior can be viewed as both the antecedent and the consequence of a (re)construction. Behavior is an encounter (third stage of the cycle) with the event. That encounter will provide the evidence to validate or invalidate an implied anticipation. In this sense, behavior is a form of inquiry, a "man's (sic) way of posing a question" (Kelly, 1969d, p. 13). Although many forms of therapy (i.e., behavior therapy) consider behavior the "dependent" variable to be changed through the treatment, Kelly (1970) proposes that behavior can be the "independent" variable. That is, the therapist can prescribe ("manipulate" in the experimental metaphor) behavior to trigger a revision of the construing system. Thus, "the psychotherapist helps the client design and implement experiments" (Kelly, 1955, p. 941). This is expressed within the personal scientist metaphor. "Implement experiments" means putting into practice some of the client's anticipations or hypotheses to watch how they work, and in helping clients to define what kind of evidence will serve to validate their hypotheses. In other words, hypothesis testing involves an agreement between therapist and client to carry out some tasks outside the therapy room. These tasks may sometimes take the form of a therapist's prescription. In further sessions, this technique involves a revision of the task and of some of the (in)validational and (re)constructive implications that it carries. As it has already been outlined (Feixas, 1990b), this technique bears some similarities to the prescription of tasks and rituals

commonly used by many systemic therapists although its rationale is presented in a somewhat different form.

In the case of the Pérez family, the therapist proposed a hypothesis testing experiment in the form of an enactment. Previous to that exercise I posed the following general reframing:

Therapist: I have noticed how much you love each other, beyond the fact you express your affection in different ways. I also have to express my sincere admiration for the excellent care both of you have given all these years to your daughter. I am impressed by the great deal of sacrifice you both are devoting to the difficult task of raising Lucia, although you carry out such efforts in different ways.

They listened with attention -- thus breaking their previous mutually interruptive pattern -- and some tears appeared in José's eyes. Then I suggested that I would take care of their daughter for the rest of the session (they brought Lucia to the session because did not trust anybody else to look after her), and I proposed an exercise for both of them. While seating beside Lucia, I invited them to turn their chairs in order to look into each other's faces. I then asked directly to Rosa:

Therapist: Do you agree with what I said, that you truly love your husband?

Rosa: Yes!!

T.: Well, why don't you tell him?

Rosa: Yes I love him, indeed. (looking at me)

T.: Don't tell it to me. He is the one who needs to hear it! Please, tell him looking straight at his eyes.

At this point she was seemingly embarrassed but had the courage to say "I love you José" with tears in her eyes. I paralleled this process with José who also showed evident difficulties in expressing his love directly to her and appeared touched, too.

This intervention, as I said before, could be carried out by practitioners of various therapy orientations. The purpose here, however, is to show its theoretical relevance according to the notion of position. The reframing and the following exercise were aimed to provide striking evidence for the invalidation of the hypotheses they held that one did not love the other. Moreover, this intervention provided a balanced picture of both spouses as having problems in expressing feelings (both showed difficulties in expressing their love in the enactment) and as being responsible and active in the raising of their daughter (a reformulation that was mutually accepted). Therefore, by invalidating some of their constructions the intervention implicitly proposed an alteration on the bow tie of the problem, implying the possibility of alternative actions, which in turn would validate alternative constructions. The following course of therapy enabled both partners to commit themselves in negotiated steps toward the satisfaction of their mutual needs -- negotiation that framed the next therapy sessions.

Kelly's (1955) fixed role technique is presented in many textbooks as a behavioral

technique. However, in my opinion it is a procedure directly derived from a constructivist stance. In the context of individual therapy, the therapist asks the client to write a “self-characterization”, a minimally structured self-description of relevant aspects of the client's view about her or himself from the standpoint of a hypothetical friend who is neither unrealistically critical nor complimentary. Then, the therapist, preferably with the help of a small team of colleagues, elaborates an alternative description according to a set of simple formal rules (Kelly, 1955). This alternative sketch is presented to the client to be enacted full time in his or her real life for a two week period. During this time, therapist and client meet approximately three times each week to ensure the goal of an accurate enactment of the prescribed new role. In these sessions, the therapist supports the client and both role-play those situations which are especially difficult for the client to enact. Once the intensive two week period has finished, the therapist helps the client to contrast the distinct implications that the client's initial view and the prescribed sketch carry for some of the problems the client faces. This process leads clients to elaborate their own alternative perspective. The core of this procedure involves a forced generation of an alternative view in the clients' construing systems. Once clients are capable of holding two different views of the events they face everyday, they will be able to generate other alternatives without the therapist's directions. The remainder of therapy is devoted to providing clients with an appropriate context to elaborate their own alternatives. Thus, the essence of this technique is to generate a fully experienced alternative (as opposed to a verbal reframing or suggestion) in order to open the system of construing to new ways of construing. This procedure, of course, requires a more complete explanation (for more detailed accounts see, e.g., Kelly, 1955; and Epting, & Nazario, 1987). An interesting example of the use of this technique in a couple's therapy context can be found in Kremsdorf (1985).

Alexander & Neimeyer (1989) have presented the *family characterization sketch*, an interesting adaptation for family practice of Kelly's (1955) self-characterization technique. This is presented as a pencil and paper task to be done individually by every member in the therapy room. Instructions for this task are the following:

Write a brief character sketch of this family. Write it from the perspective of someone who knows the family intimately and sympathetically, perhaps better than anyone really knows the family. You should write it in third person. For example, begin by saying, “I know the Smith family...” (Alexander & Neimeyer, 1989, p. 113)

The resulting individual commentaries can provide a good glimpse of their areas of convergence and divergence in terms of their family constructs. This is a way to enable the family members to make explicit their (usually implicit) view of themselves as a family group through their own writings and comments, with moderate participation of the therapist.

In conclusion, PCT with the integration of Procter's FCS and position notions, can provide a comprehensive and flexible model both at a theoretical and clinical level. It articulates behaviors and meanings in a way that provides the therapist with a framework for mapping the system's interaction as well as for implementing a variety of interventions. Moreover, some of the personal construct techniques can be incorporated within the family therapist's set of tools. Several case examples in which this approach has been used can be found in Brennan and Williams (1988), Feixas, Cunillera and Mateu (1990), and Procter (1987). Feixas, Procter and Neimeyer (1993) offer a comprehensive review of these procedures.

STRATEGIZING ABOUT CONTENT, STRATEGIZING ABOUT PROCESS

The controversial issue of whether or not, and to what extent the therapist should be directive has been debated by psychotherapists for many years. In the history of the family therapy movement, it has taken the form of a discussion about the therapist's power. The notion of power (and related ideas such as “one up”, “one down”, and “control of the therapeutic relationship”) was broadly adopted and used by many family therapists despite Bateson's (1972) reservations. More recently, Hoffman has taken a position similar to Bateson's in this debate suggesting “a relative absence of hierarchy” (1988a, p. 125) and “a tendency to inhibit intentionality” (1988a, p. 127) as characteristics of a constructivist position for family therapy. She recommends that “it may be necessary to build into therapy, provision for less deliberate procedures....In other words, it may be important to minimize the consciousness of the therapist in pushing for, or strategising for, change” (Hoffman, 1988a, p. 119).

In an article that has initiated some discussion, Golann (1988) notes that Tomm's (e.g., 1987) emphasis on strategizing, intention, and deliberation “may have reintroduced therapist power and control into systemic work in a way that corrupts Hoffman's aspirations for a second-order practice” (Golann, 1988, p. 62). Despite this, both Hoffman and Tomm seem to be influenced by the same constructivist authors. In summary, the issue here is whether or not adopting strategies in therapy is a legitimate position for a constructivist oriented therapist.

Whereas the Rogerian approach views the therapist-client relationship in a person-to-person way, the PCT construes an expert-to-expert relation (Feixas & Villegas, 1990). Clients are experts in the content of their lives; nobody knows more about them than they themselves. However, therapists are experts in the processes of construction, in the way role relationships develop and, in particular, in the therapeutic process. The personal construct model of experience enables the therapist to be an expert about the process of construing. The content of the anticipations and the kind of events the person faces in light of these anticipations lie within

the client's domain of expertise. Therapists cannot assume knowledge of all these content issues, but have to learn them from every client. Furthermore, this learning about the client's content should be neutral, that is, not biased by judgment. The aim here is to enable the client to become a better scientist by developing more viable hypotheses and controls regardless of their content. This idea of therapy as a "research paradigm" has the advantage of limiting the power of both client and therapist to circumscribed areas of expertise. Since society, and thus most clients, invests the therapist with certain power, personal construct therapists do not find themselves in the paradoxical position of being at the same time (a) perceived as powerful social agents of change, and (b) seeking for no change and showing no exercise of power. PCT enables therapists to work in a responsible way for acquiring certain process changes regardless of the normative content of these changes. The latter is the client's responsibility. This parallels Hoffman's (1988a) ideas of "reciprocal" power and "shedding" power (p. 126). Within this model, also in concordance with Hoffman (1985), when the therapist is required to control content issues and acquire certain normative changes (usually in certain cases involving violence and abuse) he or she is acting as a social controller instead of a constructivist therapist.

This distinction between issues of process and content parallels Bateson's distinction between "Learning I" and "Learning II" (1972) and can also be compared to the distinction between "Change I" and "Change II". PCT is not a model about what kind of normative learning a system must acquire but about the process of learning. Neither Bateson nor Kelly used "learning" in the conventional sense. Both viewed learning as the very process of experience and its construction. "Learning to learn" thus refers to the process by which we construe our experience; and this cannot be instructed. The only thing a therapist can do is to generate alternative (in)validational experiences oriented to trigger a constructive revision of the system of construing, to create a new "context" for learning (Bateson, 1972).

From a PCT perspective, it makes sense to talk about strategies and intentionality. In fact, any human action can be seen as intentional since it is invested with anticipations. However, I am talking here of strategizing about the process instead of using the usual content connotation of the word. Its use in the latter sense can lead to controlling the direction of client's life. Actually, Kelly (1969) suggested, and other construct theorists have developed (Feixas & Villegas, 1990; Neimeyer, 1987), theoretically grounded "process" strategies for change. In summary, the basic distinction between process and content employed by PCT sheds a different light on the inconsistencies about the issue of power, intentionality, and strategizing pointed out by Golann (1988).

SOME IMPLICATIONS FOR RESEARCH

The emergence of the epistemological debate in family therapy, mainly represented by the March 1982 *Family Process* issue, questioned in some way the legitimacy of psychotherapy research. Later on, some elaborations (e.g., Golann, 1987; Gurman, 1983) reacted to the reluctance of the “new epistemologists” for psychotherapy research. The question of what kind of directions for research arise from a constructivist position is, however, still open.

Unlike many constructivist traditions, PCT has prompted derived a great deal of research. Neimeyer, Baker, & Neimeyer (1989) report approximately 1,700 publications using personal construct concepts and methods, 65% of which are research articles. Kelly's position about measurement and research was not directed to assess “reality”, but to view the kind of constructions people create through personal experience. The direction of research in PCT does not only go from the researcher to the lay person but also from the lay person to the researcher. The latter suggests a format or context (process) for the individual (or any observed system) to express his or her personal meanings (content). Thus, the assessment results from a co-creation of a unique device for that specific client or family. Moreover, there are no hidden content rules to evaluate or classify the client in pre-established psychopathological categories. Instead, this clear assessment provides some characteristics of the structural non-content qualities of the construing system. This is known as Kelly's *credulous approach* to assessment: “If you don't know what is wrong with a person, ask him; he may tell you” (Kelly, 1955, p. 322).

Paradigmatic examples of this approach are the self-characterization (presented above as an adaptation to families; see also Kelly, 1955, chap. 7), and the repertory grid technique. The latter is a kind of semi-structured interview in which the investigator elicits relevant elements (usually family members and other significant figures outside the family, but it can also include events, places, etc.) and some dimensions of meaning (constructs) used to draw distinctions among those events. A further rating applying the constructs to every element allows one to do a statistical analysis which provides a map of the organization of the client's construct system (for a detailed description and applications see, e.g., Beail, 1985; Neimeyer & Neimeyer, 1981). Assessment using a grid has proved to be a powerful method generating theory-relevant findings as well as clinical guidelines for conducting therapy. Grid methods have been already successfully used in different studies in family research (e.g., Feixas et al., 1987; Harter et al., 1989; Procter, 1985b., Vetere, & Gale, 1987) and family therapy training (Zaken Greenberg, & Neimeyer, 1986).

Hampson (1982) distinguishes two major orientations for psychological research and assessment. The first one is centered in the investigator. In this orientation, researchers propose

a set of dimensions relevant to their theoretical assumptions (e.g., extroversion-introversion), devise instruments to measure the concepts they have invented, and apply those instruments to people to classify them according to their theory-derived categories. On the other hand, the orientation centered on the client's "lay perspective" focuses its struggle on devising procedures to study categories people use when classifying other people and events (e.g., what kind of theories people construct to understand their world). Simply put, researchers in this latter approach are interested in eliciting meanings instead of superimposing their own meanings on the client. PCT, along with implicit theories of personality, fits very well with this second orientation. Of course, this approach is somewhat less developed (and less academically accepted within an objectivist paradigm) than its counterpart centered in the investigator. However, I think this orientation, which leads one to investigate the theories (constructs, myths, stories) that families co-create, appears to be the one most relevant to systemic practice.

CONCLUSIONS

PCT is a constructivist approach to the understanding of human experience and to clinical practice. Kelly evolved into this epistemological position through clinical practice, and his approach to explanation, assessment and intervention of human processes has been coherently derived from his epistemological position. Because of this experience in viewing the therapeutic endeavor from a constructivist point of view, PCT can be an interesting approach for systemic therapists to have in mind when trying to think in constructivist terms about therapy. This is especially pertinent if we consider the extension of PCT presented by Procter (1981, 1985a). The notions of position and FCS allow us to conceptualize the family processes in terms of constructions and actions tied to one another in interactional sequences. Moreover, this model enables the therapist to use any technique at hand in order to generate an alternative (re)construction. Therapists can also be included in the model. They provide (in)validational evidence that may be construed by the family in terms of their family constructs, in the same way that the family has interpreted previous views about the problem given by other professionals or relatives.

Current controversial issues such as the role of power, strategies, and control in therapy can be seen in light of the distinction used in PCT between content and process. In approaching the therapeutic relationship on an expert-to-expert bases, PCT attributes expertise to the client in terms of the content of their constructions while still regarding the therapist as an expert (as it is somewhat expected by society) in the form and the process by which constructs are organized

and applied to events. The same distinction can be applied to research where an emphasis on content approaches directs researchers to set forth standards to evaluate people, while a focus on process leads researchers to set up a context in which people may express their unique content and meanings. The latter is much more relevant for a practitioner in terms of guidelines for therapy, and more adequate for a constructivist approach to systemic family therapy. Thus, the integration of PCT and systemic therapies becomes an interesting though complex issue. An exchange of ideas and perspectives developed under the same epistemological assumption, constructivism, may lead to a mutual enrichment.

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Endnotes

¹ The distinction between "second order" and "first order" cybernetics was introduced by von Foerster (1981) and adopted for family systems therapy by Hoffman (1985) and Keeney (1983). While first order cybernetics was based on the premise of the study of an external reality, without reference to the cognitive activity that makes possible that study, second order cybernetics (also known as "cybernetics of observing systems" and as "cybernetics of cybernetics") focuses on the role of the observer in construing the observed "reality." Since I consider this an epistemological constructivist position as described earlier in this article, I will use constructivism and second order cybernetics as interchangeable terms.

² The term "contextualism" has been used in social sciences by Pepper (1942) as one of the four root metaphors (viz., formism, mechanism, contextualism, and organicism). Contextualism here holds both that (a) all knowledge is provisional, conjectural, and not leading to a conclusive "truth"; and (b) knowledge is framed by

contextual (relational) factors inserted in a sociohistorical and cultural context of meanings and relationships (see 14 for therapeutic implications). Therefore, the term contextualism meets my intentions here both in "common sense" and in Pepper's sense.

³ This approach bears some similarities with Reiss' "family paradigms" (1981), Penn's "family premises" (1985), and with Bogdan's (1984) elaboration of Bateson's (1972) "ecology of ideas". Aside from their potential usefulness, Bogdan (1987) himself notes the problem that emerges with these "shared-ideas" models: "Typically, family members come in to therapy with very different ideas about the problem" (p. 32). Within the FCS model this can be explained; since constructs -- unlike premises, concepts, or beliefs -- are bipolar dimensions of meaning.