
Historical Forerunners

Personal Construct Theory and the Psychotherapeutic Interview¹

George A. Kelly

BIOGRAPHY OF A THEORY

A good many years ago when I first set for myself the task of writing a manual of clinical procedures it was with the idea that psychologists needed to get their feet on the ground, and I was out to help them do it. Other scientists had gotten their feet on the ground; why couldn't we? Elsewhere all about us there were those hardy breeds who had penetrated the frontiers of reality with boldness and forthrightness. Practical men they were who, with each bedrock discovery, discredited all those generations of anemic philosophers who never dared venture beyond the comforts of their own redundancies. And yet here was the gloomiest vista of all, the mind of man, only one step away—a deep cavern so close behind our very own eyes and still enshadowed in Delphian mystery. And here we were, psychologists, standing on one foot wanting very much to be scientists—and more than a little defensive about it, too—chattering away and so frightened of what we might see that we never dared take a close look.

Fancying myself thus as a practical man and seeing science as something which was, above all things, practical, it seemed that whatever I could do to bring psychologists into contact with human beings, novel as that might be, would help extricate psychology from the mishmash of its abstruse definitions. So I proposed to write as much as I knew about how to come to terms with living persons. I took as my prototypes the ones who confided in me, particularly those who were in trouble, because, as I saw it, when a person is in trouble he acts more like what he is and less like some-

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thing dangling from the strings of social convention. Out of such an undertaking, if enough psychologists were willing to join in, I could envision a gradual awakening of the ancient half-conscious mind of man and the ultimate fruition of its vast potentialities. It should be obvious that all this fantasy took place when I was very young.

That manual was never written, at least not that kind of manual. The business of being practical turned out to be not as simple as I thought. After more delay than should have been necessary, even for one short of wits, the notion finally struck me that, no matter how close I came to the man or woman who sought my help, I always saw him through my own peculiar spectacles, and never did he perceive what I was frantically signaling to him, except through his. From this moment I ceased, as I am now convinced every psychotherapist does whether he wants to admit it or not, being a realist. More important, I could now stop representing psychology to clients as packaged reality, warranted genuine and untouched by human minds.

Perhaps *realism* is not a good term for what I am talking about. It is obvious, of course, that I am not talking about Platonic realism. Nobody talks about that any more. The realism from which my clients and I are always trying to wriggle loose might possibly be called "materialistic realism." At least it is the hardheaded unimaginative variety nowadays so popular among scientists, businessmen, and neurotics.

REALISM AND DOGMATISM

What happened was this. Like most therapists with a background of liberal scholarship rather than strictly professional training, I soon became aware that dogmatic interpretations of clients' problems often did more harm than good. It was not only the client who suffered; therapists were affected in much the same way he was. Dogmatism produces a kind of mental rigidity that replaces thoughts with word, stifles the zest for free inquiry, and tries to seal the personality up tight at the conclusion of the last psychotherapeutic interview.

Understand, I am not yet ready to say that dogmatism has no place whatsoever in psychotherapy, especially when weighed against certain grimmer alternatives. It may even prove valuable to all of us as a firm point from which to rebel. But these are other matters.

What actually jarred me loose was the observation that clients who felt themselves confronted with down-to-earth realities during the course of psychotherapy became much like those who were confronted with down-right dogmatic interpretations of either the religious or psychological variety. On the heels of this observation came the notion that dogmatism—

the belief that one has the word of truth right from the horse's mouth—and modern realism—the belief that one has the word of truth right from nature's mouth—add up to the same thing. To go even further, I now suspect that neither of these assumptions about the revealed nature of truth is any more useful to scientists than it is to clients. But especially I am sure that both assumptions get square in the way of that supreme ontological venture we call psychotherapy and that they serve only to perpetuate its present unhappy captivity to fee-based medical materialism.

While my original views of ontology—and I am insisting that it is the same ontological process that runs its course whether the man is in the role of a client, a psychotherapist, a physicist, or an artist—have changed in some respects with the years, one of my original convictions remains with me. It still seems important for the psychologist to deal directly with persons on the most forthright terms possible. This is why I think of clinical psychology, not as an applied field of psychology, but as a focal and essential area and method of scientific inquiry. On the other hand, traditional psychology, it seems to me, is still much too self-consciously scientific and still much too peripheral to its subject matter. Instead of being so careful to do nothing that a scientist would not do, it would be more appropriate for the psychologist to get on with his job of understanding human nature. To the extent that he is successful, "Science" will eventually be only too glad to catch up and claim his methods as its own.

As for dogmatism, I certainly am not the first to say that it often works badly in therapy. Nor am I the first to recognize that the client has a point of view worth taking into account. But if one is to avoid dogmatism entirely he needs to alert himself against realism also, for realism, as I have already implied, is a special form of dogmatism and one which is quite as likely to stifle the client's creative efforts. A client who is confronted with what are conceded to be stark realities can be as badly immobilized as one confronted with a thickheaded therapist. Even the presumed realism of his own raw feelings can convince a client that he has reached a dead end.

ALTERNATIVISM

As my client's therapist I can temporarily avoid pushing him over the brink of reality by being passive or by accepting as nonjudgmentally as possible anything and everything he says or does. There is no doubt but that in this atmosphere of intimate ambiguity many clients will figure out sensible things to do in spite of a therapist's shortsightedness. This is good and, for a therapist who thinks he has to act like a realist, it is about as far as one can go without betraying the dogmatism implicit in his realism. But I am

not a realist—not anymore—and I do not believe either the client or the therapist has to lie down and let facts crawl over him. Right here is where the theoretical viewpoint I call *the psychology of personal constructs* stakes out its basic philosophical claim.

There is nothing so obvious that its appearance is not altered when it is seen in a different light. This is the faith that sustains the troubled person when he undertakes psychotherapy seriously. It is the same as the faith expressed in the *Book of Job*—not so much in the overwritten poetic lines as in the development of the theme. To state this faith as a philosophical premise: *Whatever exists can be reconstrued*. This is to say that none of today's constructions—which are, of course, our only means of portraying reality—is perfect and, as the history of human thought repeatedly suggests, none is final.

Moreover, this is the premise upon which most psychotherapy has to be built, if not in the mind of the therapist, at least in the mind of the client. To be sure, one may go to a therapist with his facts clutched in his hand and asking only what he ought to do with them. But this is merely seeking technical advice, not therapy. Indeed, what else would one seek unless he suspected that the obstacles now shaping up in front of him are not yet cast in the ultimate form of reality? As a matter of fact, I have yet to see a realistic client who sought the help of a therapist in changing his outlook. To the realist, outlook and reality are made of the same inert stuff. On the other hand, a client who has found his therapeutic experience helpful often says, "In many ways things are the same as they were before, but how differently I see them!"

This abandonment of realism may alarm some readers. It may seem like opening the door to wishful thinking, and to most psychologists wishful thinking is a way of coming unhinged. Perhaps this is why so many of them will never admit to having any imagination, at least until after they suppose they have realistically demonstrated that what they secretly imagined was there all the time, waiting to be discovered. But for me to say that *whatever exists can be reconstrued* is by no manner or means to say that it makes no difference *how* it is construed. Quite the contrary. It often makes a world of difference. Some reconstructions may open fresh channels for a rich and productive life. Others may offer one no alternative save suicide.

A THEORETICAL POSTULATE

Here, then, is where one takes the next step, a step that leads him from a philosophical premise—called *constructive alternativism*—to a psychological postulate. Put it this way: *A person's processes are psychologic-*

ally channelized by the ways in which he anticipates events. Next, combining this statement with the gist of some of its ensuing corollaries, we can say simply: *A person lives his life by reaching out for what comes next and the only channels he has for reaching are the personal constructions he is able to place upon what may actually be happening.* If in this effort he fails, by whatever criterion, the prudence of his constructions is laid open to question and his grasp upon the future is shaken.

Let us make no mistake; here we come to the exact point where we all have trouble. If our misleading construction is based on dogmatic belief, that is to say it is held to be true because someone like God or the Supreme Soviet said so, we are not likely to have the audacity to try to revise it. Similarly, if it is believed to have had its origin in nature rather than in our own noggin—the position of “realism” I have been talking about—we are left with no choice except to adjust and make the best of matters as they stand. Or if realizing that it was altogether our own mistaken notions that led us afield, if it seems now that there is nothing left to do except to scrap our convictions, one and all, then utter chaos will start closing in on all sides. Any of these is bad. Fortunately, there are always other alternatives when predictions go awry. For the person who does not see any of them—psychotherapy!

VIEW OF PSYCHOTHERAPY

We have ruled out the notion of psychotherapy as the confrontation of the client with stark reality, whether it is put to him in the form of dogma, natural science, or the surges of his own feelings. Instead, we see him approaching reality in the same ways that all of us have to approach it if we are to get anywhere. The methods range all the way from those of the artist to those of the scientist. Like them both and all the people in between, the client needs to assume that something can be created that is not already known or is not already there.

In this undertaking the fortunate client has a partner, the psychotherapist. But the psychotherapist does not know the final answer either—so they face the problem together. Under the circumstances there is nothing for them to do except for both to inquire and both to risk occasional mistakes. So that it can be a genuinely cooperative effort, each must try to understand what the other is proposing and each must do what he can to help the other understand what he himself is ready to try next. They formulate their hypotheses jointly. They even experiment jointly and upon each other. Together they take stock of outcomes and revise their common hunches. Neither is the boss, nor are they merely well-bred neighbors who

keep their distance from unpleasant affairs. It is, as far as they are able to make it so, a partnership.

The psychotherapy room is a protected laboratory where hypotheses can be formulated, test-tube sized experiments can be performed, field trials planned, and outcomes evaluated. Among other things, the interview can be regarded as itself an experiment in behavior. The client says things to see what will happen. So does the therapist. Then they ask themselves and each other if the outcomes confirmed their expectations.

Often a beginning therapist finds it helpful to close his cerebral dictionary and listen primarily to the subcortical sounds and themes that run through his client's talk. Stop wondering what the words literally mean. Try to recall, instead, what it is they sound like. Disregard content for the moment; attend to theme. Remember that a client can abruptly change content—thus throwing a literal-minded therapist completely off the scent—but he rarely changes the theme so easily. Or think of these vocal sounds, not as words, but as preverbal outcries, impulsive sound gestures, stylized oral grimaces, or hopelessly mumbled questions.

But at other times the therapist will bend every effort to help the client find a word, the precise word, for a newly emerged idea. Such an exact labeling of elusive thoughts is, at the proper time, crucial to making further inquiries and to the experimental testing of hypotheses. Particularly is this true when the team—client and therapist—is elaborating personal constructs. But before we can discuss this matter further we need to say something about the nature of personal constructs from the point of view of the theory.

PERSONAL CONSTRUCTS

We have said that a person lives his life by reaching out for what comes next and the only channels through which he can reach are the personal constructions he is able to place upon what appears to be going on. One deals with the events of life, not as entirely strange and unique occurrences but as recurrences. There is a property, a human quality of our own manufacture, that makes today seem like yesterday and leads us to expect that tomorrow may be another such day. To see this is to construe similarity among one's days. Without this view the future would seem chaotic indeed.

But to say that one's days are all alike, and nothing more, is to lose them amidst the hours of the years. What makes days seem alike is also precisely what sets them apart. We construe, then, by ascribing some property that serves both to link an event with certain other events and to set it in contrast to those with which it might most likely become confused. This

construed dimension, embodying both likeness and difference, this reference axis, is what we call a construct. And constructs are personal affairs; regardless of the words he uses, each person does his own construing.

In this world—past, present, and future—ordered by each of us in his own way, constructs and events are interwoven so that events give definition to constructs and constructs give meaning to events. Take the client. The events, for example, that he recalls from childhood during the course of a psychotherapeutic interview serve to define the constructs that often he can otherwise express only through “intellectualization” or by “acting out.” But constructs, on the other hand, give current meaning both to his memories and to his future plans and, particularly when they are precisely verbalized, they lay the ground for profitable experimentation.

The constructs one applies to himself and his interpersonal relationships have particular importance. Psychotherapy finds itself mainly concerned with them. While always fewer in number than one might wish, they nevertheless set the pattern of human resources available to the client and, when they are applied to his own changes of mood or behavior, they become wide-open pathways for shifting his position and altering the course of his life. Knowledge of them helps the therapist predict and control the client’s possible reactions to threat, including the implicit threat that, to some extent, is always implied by psychotherapy itself.

THE VARYING TECHNIQUES OF PSYCHOTHERAPY

The team of client and therapist can go about their task in a variety of ways. Essentially these are the same ways that, on one kind of occasion or another, man has always employed for dealing with perplexities. (1) The two of them can decide that the client should reverse his position with respect to one of the more obvious reference axes. Call this slot rattling, if you please. It has its place. (2) Or they can select another construct from the client’s ready repertory and apply it to matters at hand. This, also, is a rather straightforward approach. Usually the client has already tried it. (3) They can make more explicit those preverbal constructs by which all of us order our lives in considerable degree. Some think of this as dredging the unconscious. The figure is one that a few have found useful; but I would prefer not to use it. (4) They can elaborate the construct system to test it for internal consistency. (5) They can test constructs for their predictive validity. (6) They can increase the range of convenience of certain constructs, that is, apply them more generally. They can also decrease the range of convenience and thus reduce a construct to a kind of obsolescence. (7) They can

alter the meaning of certain constructs; rotate the reference axes. (8) They can erect new reference axes. This is the most ambitious undertaking of all.

Alteration or replacement of constructs—the last two methods mentioned—is essentially a creative kind of effort. Both involve first a loosening of the client's constructions, either by the use of fantasy, dreams, free association, or the introduction of varied and illusive content into the therapeutic interview. But creativity is not a single mode of thought; it follows a cycle. The second phase of the cycle involves tightening and validation of the newly placed or newly formed constructs.

I have summarized what goes on in therapy under eight headings. More might have been used. It is necessary only that I offer some sketch of how psychotherapy can be envisioned in terms of personal construct theory, that I try to make clear that what I am talking about is not restricted to the process tradition calls *cognition* (a term for which I find little practical use lately), that psychotherapy runs the gamut of man's devices for coming to grips with reality, and that the client and his therapist embark together as shipmates on the very same adventure.