

Rigorously Respecting the Person:

The Artistic Science of Experiential Personal Constructivism

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Presidential Address for the Division of Humanistic Psychology (Division 32) of the American Psychological Association. Delivered at the annual convention of the American Psychological Association, Chicago, IL, August 24, 2002. Address correspondence to L. M. Leitner, Ph.D., Department of Psychology, Miami University, Oxford, Ohio 45056 (email: [Leitnelm@muohio.edu](mailto:Leitnelm@muohio.edu)).

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All appearances to the contrary, psychology, particularly clinical psychology, is in the midst of a great crisis. On the one hand, we spend more time, money, and effort learning ever more about even less. In so doing, we celebrate theories that reductionistically assume that theories are unnecessary as we “discover” more “facts.” The field accepts theories that assume that the *DSM-current version* contains (or at least the *DSM-infinity* will contain) the truth about psychopathology, ignoring viewpoints that would suggest that psychopathology cannot be understood outside of theories of person. The profession standardizes around models of care that are based upon artificial, reductionistic, often irrelevant, empirically “validated” treatments, disenfranchising many practitioners (not to mention decades of good psychotherapy research).

On the other hand, there is an increasing cry urging us to look more closely at the organism that we ought to be most concerned with – the person. Psychology (psyche + logos) should be more concerned with the study of the soul, or at least the mind, instead of solely the brain. Psychopathology (psyche + pathos) can more rightly be seen as being concerned with the suffering and tragedy of the heart and soul, not merely a branch of applied biochemistry. Finally psychotherapy (psyche + therapos) is based on the noble tradition of

witnessing to the suffering of the heart, not manipulating and controlling (either chemically or behaviorally) the symptoms of human despair.

Leitner & Phillips (in press) have described this crisis as the immovable object of an increasingly reductionistic and scientific approach to the field encountering the irresistible force of humans “searching desperately for solutions to questions involving meaning, purpose, and richness in life – something more than merely behaving differently or feeling less” (p. 1). Humanistic psychology is more than caught in the midst of this crisis; we have unique opportunities to revolutionize the study of the psyche. (When I refer to “humanistic psychology in this paper, I am referring to that broad grouping of theories including, but not necessarily limited to, traditional humanistic psychology, existential psychology, constructivist psychology, and transpersonal psychology.) However, we all too often buy into the notion that theories must either be rigorous or respectful (or either scientific or artistic). Such a position leads us to choose respectful artistry over rigorous science and such a choice leaves us vulnerable to critiques of intellectual sloppiness from non-humanistic colleagues. It is my position that these forced choices are in fact arbitrary and constructed and that good humanistic theory can be rigorous and respectful, scientific and artistic. Further, such an integration of these false dichotomies is essential if humanistic psychology (indeed all of psychology) is to survive and grow.

Leitner & Phillips (in press) described ways the immovable object of scientific psychology reified *DSM* diagnoses, manualized treatments, and randomized controlled trial research. We discussed humanistic critiques of these tendencies and outlined specific steps humanistic scholars could take to rigorously and scientifically counter the prevailing zeitgeist. Today, after summarizing the arguments and steps, I will use experiential personal constructivism (Leitner, 1988), an existential/constructivist theory of person, to illustrate the ways that good humanistic theory can be rigorous and respectful. In so doing, I am neither saying that experiential personal constructivism is the only way this work can be done nor trying to make constructivists out of everyone here today. Rather, I believe that seeing the ways the steps can be applied in one theory may help others use them in other humanistic, existential, and transpersonal approaches. Before beginning, I will provide a brief overview of experiential personal constructivism to create a context for the later discussion.

### *Experiential Personal Constructivism*

Experiential personal constructivism is an elaboration of George Kelly's (1991a, 1991b) classic personal construct psychology and was developed in order to understand the experiences of more serious personal struggles. We see the person as inherently a meaning making organism, co-creating "reality" in interaction with the world. I use the term "co-create" as the world is neither solely an internal construction nor an external given that is discovered. Rather,

we encounter a real world that is interconnected and constantly unfolding but can only know that world through the meanings we have to engage it. Thus, “reality,” while present, is a bit “softer” than the realities many psychologists espouse. The role of the psychologist (both as therapist and researcher) is to understand the person’s experiential reality, not impose particular ways of being on the client or subject.

Experiential personal constructivism focuses on the joys and travails of interpersonal connection in life. The theory holds that deep interpersonal connections are absolutely necessary for leading a life that is experienced as rich and rewarding (Leitner, 1985). However, such relationships also carry the potential for the experience of terror in that they can lead to massive invalidations of our most central personhood. Thus, people are always choosing between great intimacy with an other (with the experience of richness yet potential terror) and limiting the depth of contact (with the experience of safety yet emptiness). Our experiences and actions (including the experiences of psychological symptoms) are seen as the current best compromises we can have between the dilemmas of potentially terrifying richness versus safe emptiness. Experiential personal construct psychotherapy focuses on this vital, alive area of the need to connect with versus the need to retreat from others.

While much more can be said about experiential personal constructivism, I think this very brief overview shows its humanistic and existential roots. The

person's experience in the world is respected and honored. Relational connection versus distance is focused upon. The person is seen as actively creating meanings that frame experience. The person is seen as active, agentic, creative, and future focused (as opposed to past determined). The therapist (or researcher) respects the lived wisdom of the person rather than tries to impose reality on the client (or subject). Let us turn now to the specific issues of diagnosis, manualized treatment, and outcome research.

### *Humanistic Psychology and Diagnosis*

The fetish for the deification (note the "d") of the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR* American Psychiatric Association, 2000) has been extensively criticized. These criticisms include, but are not limited to, theoretical, philosophical, empirical, and clinical grounds (e.g., Breggin, 1994; Caplan, 1995; Kirk & Kutchins, 1992; Kutchins & Kirk, 1997; Levy, 1993). Humanistic psychology has been at the forefront of these criticisms (e.g., Bohart, O'Hara, & Leitner, 1998; Honos-Webb & Leitner, 2001; Kelly, 1991b; Raskin & Epting, 1993; Rogers, 1951; Sanua, 1994; Szasz, 1987; among many others).

However, "If the last 30 years in psychology have proven anything, they have shown that critiquing the *DSM* in the absence of intellectually defensible alternatives does nothing to change its dominance over the field of human distress" (Leitner & Phillips, in press, p. 6). Ironically, the idea that humanistic

psychologists do not diagnose clients is one of the great myths about humanistic psychology. Many psychologists, including many humanistic psychologists, accept this myth precisely because of the reification of the *DSM*. Diagnosis gets equated with a *DSM* diagnosis; it is not seen as a professional understanding of the client by the therapist from within the therapist's theoretical framework. Both classic (e.g., Becker, Bugental, Kelly, Maslow, Moustakas, Perls, Rogers, Yalom) and more current (e.g., Greenberg, Leitner, Wilbur) humanistic psychologists diagnose persons they engage in therapy, although the diagnosis given may have little, if anything, to do with the *DSM*. (See Leitner & Phillips, in press, for a more thorough discussion of this issue.)

Let me illustrate using a diagnostic system within experiential personal constructivism (Leitner, Faidley, & Celentana, 2000). This system consists of three axes. First, there is an axis that assesses whether the development of the construction of self and other has been arrested due to severe traumas (see Faidley, 2001). Intimate relationships are extremely chaotic if one cannot be clear about where one ends and the other begins as well as have a felt sense of the other's presence and constancy over time. The second axis is an assessment of the person's interpersonal style. For example, people may disperse their dependency needs in ways that either facilitate or hinder deep human contact. Finally, there is an experiential axis on which people can be assessed in terms of

their relational struggles based upon a constructivist perspective on optimal functioning (Leitner & Pfenninger, 1994).

While humanistic psychology has elaborated many creative ways of understanding human distress, “creative theory does not a diagnostic system make” (Leitner & Phillips, in press, p. 8). If we truly want to dislodge the *DSM* from its hegemony over the field, we must show that these alternative positions are in fact better than the *DSM*. This means, of course, that we must do *research*. Many humanistic psychologists seem opposed to “research” because the term has been literalistically equated with a particular reductionistic method. David Bakan (1967) termed this worship of a specific method “methodolatry.” We must recapture the term such that “research” becomes the systematic gaining of evidence evaluating a position (Leitner & Phillips, in press). As we discuss the points below, I will be suggesting quantitative and qualitative research projects that illustrate some of the points mentioned.

Leitner & Phillips (in press, p. 9) urged humanistic psychologists to systematically evaluate diagnostic systems using the following template:

- Develop clear descriptors of the humanistic diagnostic terms to be studied, complete with illustrative examples. These descriptors may need to be revised and re-revised based upon input from practicing therapists until a satisfactory level of clarity has been reached.

- Assess whether different therapists can agree on the use of the system with illustrative cases. Again, the descriptors and examples may need to be revised and re-revised until a satisfactory level of inter-therapist agreement has been reached.
- Compare the humanistic diagnostic understanding to the traditional nosology. Which system is more helpful to therapists and to clients? Which system gives the client the most hope and makes the client feel empathically respected?

*Develop clear descriptors.* Obviously, in order to systematically study phenomena, one must have clear descriptors of them. (I am arguing for “clarity,” not necessarily reductionism, two terms that get confused in practice.) For example, *discrimination*, one of the components of the experiential axis in experiential personal constructivism, has been defined as the ability to construe differences between self and other and evaluate the impact those differences will have upon you (Leitner & Pfenninger, 1994). Discrimination is a major issue when choosing whether to risk the potential terror of intimate relationships. It would be easy to have therapists rate the clarity of the description as well as have them give feedback as to why it is not as clear as it could be (see Table 1).

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Insert Table 1 about here

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*Comparing to the current nosology.* Once we have descriptors that are clear and that therapists can use reliably, we already will be far beyond the *DSM*. We then could compare a humanistic diagnostic system to the *DSM*. For example, we could provide written descriptions of clients based upon their experiential constructivist diagnoses as well as their *DSM* diagnoses to the clients and their therapists. Table 2 shows some questions that could be asked for any humanistic conceptualization system.

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Insert Table 2 about here  
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In this study, we would not be asking for any objective TRUTHS. Rather, we are assessing the degree to which each system of understanding human distress has treatment implications, instills hope, makes the client feel respected, and so on. In other words, in true humanistic fashion, we are assessing the ways these conceptualizations are helpful to clients. In his concept of transitive diagnosis, Kelly (1991b) argued that a system, no matter how “accurately” it describes a client’s struggles, is useless unless it also points to options for growth, change, development, or elaboration.

(As an aside, I recently submitted an unsuccessful NIMH grant application to do exactly this project. A major reason it was turned down was because questions about which conceptualization inspires more hope, makes the

client feel more respected, and so on were seen by the reviewers as too biased against the *DSM* system to be a “fair test.” I do not know whether this is humorous aside, a tragic aside, or even if it really is an “aside.”)

Qualitative research also could be done to explore in a more in depth fashion the experience of being diagnosed within the alternate systems. What does it feel like to be seen in that particular way? Why does it feel that way? What effect did it have on your relationship with your therapist to know that the therapist was viewing you in a given way? These are just a few of the questions that could be answered through qualitative investigations of the experience of diagnosis.

#### *Humanistic Psychology and Manualized Treatments*

When I speak of the manualization of treatments, I am referring to the movement to specify what occurs *within* therapy sessions as opposed to evaluating the effectiveness of a therapy across sessions. Manualization of treatments is tied to the belief that, if we can eliminate the “variability” of the person of the therapist (through having all therapists do the same thing), we can have uniform and consistent treatments, much like medicine. The threat of manualization of treatments to the profession of humanistic psychology is well known (see Bohart, O’Hara, & Leitner, 1998, for a review). Manualization assumes that therapy is something someone does *to* another, not a creative encounter *with* another. Therapy “can be manually described or prescribed no

more than the connection between two lovers on a romantic evening” (Leitner & Phillips, in press, p. 10). We propose creative therapeutic artistry as an alternative to manualization (see Bohart, 2001).

However, creative artistry should not be confused with an “anything goes” approach to therapy. While art cannot be studied reductionistically, people can determine that Rembrandt had much more painting talent than Leitner ever will. We must be able to evaluate the therapeutic encounter if we are to distinguish between better and worse therapy. In other words, therapeutic creativity is not merely the development of novel ways of understanding and approaching clients. (Trust me, my way of drawing a portrait would be novel.) There are *principles* underlying the creative encounter with the client. Let me illustrate with fine cooking. The French developed *nouvelle cuisine* as a way of using the underlying principles of cooking to approach food in new and creative ways. The principles themselves had to be understood and mastered prior to moving to *nouvelle cuisine* (Dornenburg & Page, 1996). Returning to the therapy room, the principles underlying the encounter with the client can be tested to distinguish those that are creative versus merely strange.

As humanistic psychologists, we place great credibility on the client’s lived experience. Based upon this principle, Leitner & Guthrie (1993) argue that any therapeutic intervention can be seen as either affirmed or disconfirmed by client experience. An intervention is confirmed to the extent that the client

experiences life as richer and more meaningful, the relationship with the therapist becomes more meaningful, the client brings new material into the therapy, and the client's level of distress changes (Leitner & Guthrie, 1993). When interventions do not lead to these client experiences, we should question whether the intervention (and the principles underlying the intervention) is a creative act or merely our own weirdness. In other words, interventions that are affirmed by the client may be creative; those that are disconfirmed are our failures to relate (Honos-Webb & Leitner, 2002). This approach to validation of therapist interventions empowers the client to co-determine the direction and outcome of therapy and is tremendously therapeutic (Leitner, 2001). It also empowers the client to "experientially validate treatment" versus the mainstream "empirically validated treatment" approach. In other words, we have our own version of "EVT"s! (Or, if you prefer the wolf in sheep's clothing terminology, "EST"s.)

Leitner & Phillips (in press) proposed the following program of scholarship to understand the importance of true therapeutic artistry:

- Develop and clarify principles underlying humanistic artistic encounters. If necessary, revise and re-revise until an acceptable level of clarity is reached.
- Confirm, through client experience, that encounters based upon these principles actually benefit clients. Be prepared to discard

principles that do not lead to encounters that can be shown to benefit clients.

- Use client experience to compare encounters based upon these principles to manualized techniques.

*Develop and clarify principles.* As with diagnostic descriptors, these underlying principles need to be clear if they are to be systematically investigated. For example, the Leitner & Guthrie (1993) description of when an intervention is validated versus invalidated can be used to represent one set of principles within experiential personal construct psychotherapy (see Table 3).

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Insert Table 3 about here  
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*Compare to manualized techniques.* While the assessment of Principles 1 and 2 may seem straightforward (or even trite), providing client experiential evidence that these indicators are, in fact, ways clients tell us they are benefiting from therapy sets the stage for more definitive work. For example, does a therapy that pays careful attention to client experiences of validation and invalidation result in more instances of powerful affirmation (and fewer instances of powerful disconfirmation) than a manualized treatment where such experiences are less central? When getting ambiguous validation material from the client, do manualized therapists pay less attention to the therapy relationship

indicator as the most important criterion for determining whether therapy is on track? Do therapists following these principles correct their understandings and interventions when the client disconfirms them more than therapists practicing some manualized technique? If so, are such therapies experienced as more powerful and helpful by clients than the manualized treatments extant in the field today? Are manualized therapies that are successful in fact violating the treatment manual at times when the therapy is in trouble in order to focus on the relationship and save the therapy, as some critics have suggested (Brooke, 2002)? What a line of scholarship, all based upon one set of principles from one humanistic theory of therapy! At this point, we would have empirical support for experientially supported treatments (ESEST), one upping the “EST” folks!

#### *Humanistic Psychology and Double Blind Outcome Studies*

Tied closely to the manualized treatment movement, psychology has attempted to adopt randomized controlled trials (RCTs) as the “gold standard” of outcome studies (as well as what therapies should be taught in “high quality” training programs). The hidden assumptions behind the privileging of RCTs have been documented and the ways those assumptions bias the field toward cognitive, behavioral, and chemical interventions detailed (Bohart, O’Hara, & Leitner, 1998; Task Force for the Development of Guidelines for the Provision of Humanistic Psychosocial Services, 1997; Leitner & Phillips, in press). However, critiquing the dominant view without providing solid evidence supporting some

alternative leaves humanistic psychologists vulnerable to the view that they are avoiding answering legitimate questions about psychotherapy (e.g., Do these therapies work? Why? Are there approaches to humanistic therapy that are not useful to clients? Etc.).

Ironically, the RCT movement also erroneously discredits decades of good psychotherapy outcome research, including good outcome research on humanistic therapies. Carl Rogers (e.g., Rogers & Dymond, 1954) is widely regarded as one of the very first psychologist to systematically evaluate his approach to therapy. Further, recent meta-analyses (e.g., Elliott, 1996; Greenberg, Elliott, & Liataer, 1994; Viney, 1998) show strong support for the efficacy of humanistic and constructivist therapies, even using quantitative models of assessing efficacy. Rennie (2002) reviews numerous qualitative studies supporting humanistic therapies. (See the Cain and Seeman, 2002, volume for a thorough review of this research.)

In other words, humanistic scholars already have provided quantitative and qualitative data on the efficacy of humanistic therapies. We are, then, facing a tremendous opportunity. If we follow up on this research by systematically exploring the reasons non-manualized yet technically clear therapies work, we have the opportunity to place our approaches to human suffering on the same level as the mainstream positions. In this context, Leitner & Phillips (in press, p. 16) suggested the following template to guide further research into the outcome

of humanistic psychotherapy (versus the within session research referred to earlier):

- Clearly specify and illustrate the bases of each approach to humanistic psychotherapy. If necessary, revise and re-revise these illustrations until an acceptable level of clarity is reached.
- Use both qualitative and quantitative studies to determine the effectiveness of the utilization of these principles.

*Clearly specify and illustrate bases of humanistic therapies.* Each humanistic therapy can detail the bases of its approach to the client. For example, one of the bases of experiential personal construct psychotherapy is the importance of the experience of paradoxical safety in the therapy relationship (Leitner, 2001). If the therapist is successful in creating a safe place (Havens, 1989), the client begins to struggle with revealing the most personally threatening material. Thus, because therapy is safe, the client risks more and, paradoxically, feels threatened about whether the safety of the therapy room will still hold. (I believe this is similar to what Perls referred to as the “safe emergency” of the therapy room in the famous Gloria tapes.)

Please note: While paradoxical safety is clear and precise as a concept, it does not mandate specific interventions. In other words, therapists may use innumerable specific techniques to implement paradoxical safety. However, by having the concept clearly specified, therapists and researchers can assess

whether a given therapist – client dyad achieved this goal. In so doing, we can systematically investigate the concept.

*Investigate the effectiveness of these approaches.* Using paradoxical safety as an example, we could ask clients many questions at the end of therapy. We could ask whether they felt safe in the therapy. We could ask whether that sense of safety seemed important to them. We could ask whether the safety made them more likely to reveal important and potentially distressing experiences to the therapist. We also could ask about the helpfulness of the therapy. We could determine the extent to which paradoxical safety was experienced in successful non-humanistic therapies, implying that humanistic relational principles were operating in these therapies. Again, questions such as these could be addressed quantitatively, qualitatively, or in both ways.

When these types of questions are combined with questions around other components of experiential personal construct psychotherapy (e.g., optimal therapeutic distance, therapist trusting and respecting the client, therapist hope, genuineness, etc.), we have the opportunity to understand the ways that a therapy relationship needs to be structured to benefit the client. We have ways of evaluating whether a therapist is failing a client. We have ways of discarding components that clients tell us are not relevant. In this way, we can become technically clear and extremely specific about therapy without prescribing

specific behaviors. In my opinion, we would have provided the scholarly foundations for true therapeutic creativity.

*In Conclusion*

I hope this talk has shown that humanistic, existential, constructivist, and transpersonal psychologies have a historically unique opportunity. We have the chance to do more than defend the all too limited turf of respecting the *human* in psychology. We have the opportunity to show the field that the human can be respectfully engaged in systematic scholarship. We have the chance to show what a truly holistic approach (integrating heart and head, soma and psyche) can do for enriching the lives of people.

However, to truly realize the potential described here, we must do one more thing - we must start placing more humanistically oriented professors in mainstream colleges and universities. If we fail to increase the number of humanistically oriented professors, students will have limited opportunity to discover the exciting work being done. The net result will be increasing marginalization, despite the brilliance of the scholarship. The profession will become increasingly sterile and future clients and therapists will suffer (Orlinsky, Botermas, & Ronnestad, 2001). Leitner & Phillips (in press, p. 18) proposed the following agenda to increase the representation of humanistic psychologists in the academy:

- Undergraduates who are interested in humanistic psychology can be surveyed to determine their views on the advantages and disadvantages of faculty life. If appropriate, misconceptions can be clarified.
- Humanistic faculty at mainstream universities can volunteer to teach Research Methods from a humanistic perspective.
- Undergraduates interested in humanistic psychology should be encouraged to explore and perform humanistic scholarship. This will do more than make them competitive with traditional students who already are doing traditional research; it also will let them see first-hand how exciting humanistic scholarship can be.
- Humanistic faculty at mainstream graduate programs should try to insure that some of each year's admitting class are humanistically oriented.
- Humanistic faculty should attempt to publish research in mainstream journals. While the rejection rates are brutal, even the occasional published piece raises the profile of humanistic psychology in the field.
- Humanistic graduate professors should routinely work on publications with these interested graduate students. This both makes the future professional more competitive for an academic job and teaches the student the many issues and approaches to publication.

- APA Division 32 should systematically seek out and mentor new faculty members who are humanistically oriented.

As we face these immovable objects, we can see opportunities that only humanistic psychology can engage. Let me conclude by quoting from Leitner & Phillips (in press, p. 19) one more time:

As our existential colleagues will remind us, we always have a choice. Currently, we can choose to drown in the tidal wave of reductionistic thought or we can seize the moment to transform the field. Further, our existential colleagues would push us to realize that we are responsible for the consequences of that choice. If we choose poorly, we have no one to blame but ourselves. However, if we choose wisely and well, being aggressive pursuing our ideas while also being open to evidence, in a few generations psychology may become what it was intended to become – the investigation of the profound mysteries of the human heart and soul.

I would like to thank you for your attention to these thoughts today. I also would like to thank you for the honor of having allowed me to be your president.

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Table 1

## Description of Discrimination

Discrimination: the ability to construe differences between self and other and evaluate the impact those differences will have upon you.

People can struggle with discrimination in many ways. First, people may underdiscriminate by having difficulty seeing the ways that others are different from them. Struggles in this area often can be seen by the person assuming that others feel the same way about issues, value the same things, like the same people, etc. For example, Patricia, referred for therapy due to “panic attacks,” would disclose intimate details of her life to most everyone she would meet. She did not bother to evaluate whether these people might potentially be injuring to her due to differences in their experiences of the world versus hers.

People may be able to see differences between self and other yet err on the side of assuming such differences are manageable and will not adversely affect the ongoing relationship. For example, a client had a long history of falling in love with whomever he happened to be dating. When the romantic partner would raise concerns about the viability of the potential relationship, he would argue that the differences being expressed could be worked out “if we love one another enough.” He had great difficulty in differentiating between differences that might add spice and zest to the relationship and those that might lead to a high likelihood of devastating injuries.

Struggles with overdiscrimination also can be seen in two ways. First, people may struggle with seeing any ways that others are like them. Struggles of this nature often can be seen through the experience of surprise when others feel the same way about issues, value the same things, or like the same people. The predominance of the experience of being different from others, unable to connect, or viewing the world in uniquely different ways may also be a manifestation of struggles in this area. For example, a client can be invested in contrasting his or her ways of experiencing the world from the “mundane” and “middle class” ways of others.

People also can struggle with overdiscrimination through the process of inferring excessive risks and dangers associated with the differences they do see between themselves and other people. Perceived differences lead to the experience of potential betrayal and injury. For example, William, referred for therapy for depression, had difficulty talking about the intimate details of his life due to his fears over what the other might do with the information. He was quite worried about their “gossiping” about him and telling people he did not know about potentially embarrassing details of life.

Table 2  
Examples of Questions

The questions below could be asked of case descriptions based upon the *DSM* and any humanistic system. These are illustrative questions.

1. Please rate how accurately you believe the case description describes your client's struggles.
2. Please rate the extent to which the case description helps you understand your client.
3. Please rate the extent to which the case description increased your ability to feel for the client.
4. Please rate the extent to which the case description helped you see strengths in the client that you might otherwise have overlooked.
5. Please rate the extent to which the case description makes you feel optimistic about the client's chances for improvement.

(NOTE: Clients will complete similar questions about the case descriptions and their experience of themselves and the therapy process.)

(Note: All of these could be rated on a scale like the one below:

1	2	3	4	5	6	7
not at all		slightly		moderately		extremely)

Table 3

Validation and Invalidation of Interventions

1. Client experiences life as richer and more meaningful = validation; client experiences life as less meaningful = invalidation
2. Connection between therapist and client deepens = validation; connection stagnates, shallows, or disrupts = invalidation
3. Client brings new material into therapy = validation; no new material, ruminating over past material = invalidation
4. Symptoms change = validation; no change = invalidation

Underlying Principles for inferring validation or invalidation:

1. When all indicators point toward validation = powerful affirmation
2. When all indicators point toward invalidation – powerful disconfirmation
3. When indicators are “mixed” rely most strongly on the connection between therapist and client indicator (#2)
4. When being invalidated, the therapist should re-assess and determine why he or she is not grasping the client’s experience.