

Hermeneutic constructivist psychotherapy: A narrative elaboration of George A. Kelly's ideas

Gabriele Chiari

School of Specialization in Constructivist Psychotherapy, CESIPc, Florence, Italy

“Hermeneutic constructivist psychotherapy” is the name given to the Italian elaboration of the personal construct psychotherapy proposed by George A. Kelly, in the light of a narrative-hermeneutic reading of his personal construct theory (PCT). Personal disorders are regarded as the person's active attempt at conserving a social adaptation, and traced back to developmental paths channelized by distinctive early interpersonal relationships. Because of this elaboration, the relational nature of personal identity is highlighted, PCT is enriched by the inclusion of narrative-developmental elements, and the psychotherapy deriving from it sees the role of the psychotherapeutic relationship in favouring a re-activation of experience even more central.

Keywords: *hermeneutic constructivist psychotherapy, personal construct psychotherapy, personal construct theory, narrative, adaptation*

Introduction: The case of Mathilda

I meet Mathilda in the waiting room of my office a few days after the telephone call in which she had asked for an appointment. Mathilda is a young girl about 23 years old, who many people would define a good-looking girl even though a little thin. She shakes weakly the hand I hold out to introduce myself, and shows a smile which appears to me a little forced, as if hiding a certain embarrassment. It is not so unusual: nobody (or nearly nobody) is happy to go and tell his/her problems to complete strangers.

I lead Mathilda to my therapy room, invite her to sit down in an armchair, and I then sit down in front of her, giving her the chance to start the conversation. Mathilda looks at me clasping her hands, but does not speak. I try with a ‘Tell me, if you like’, and Mathilda says that it is not easy. I nod and smile slightly, showing to understand her difficulty. Mathilda starts to tell.

She tells that she was thinking for a long time *to have to ask* a psychologist for help but had always put it off, hoping to be able *to manage on her own*. However, now she felt to be too unwell, and *to have to give in*.

Mathilda has not yet talked about her problem, but already these few sentences, particularly the words I italicized, have a meaning to me. They tell that Mathilda “thinks” *to have to* rely on

herself, believing she *cannot* rely on the readiness to help of other people. My experience suggests to me that this “forced self-sufficiency” usually relates back to very central features of a person: it often is the result of early, family relational experiences which resulted in the perception of a failure in one’s attempts at being “recognised” from others. From the very first lines of Mathilda’s tale, before I even knew her problem, my initial understanding of her as a person allows me to hazard a professional hypothesis, liable to be revised to be sure, but in the meantime precious to proceed in the relationship with her. It allows me to predict some elements in Mathilda’s narrative, and to exclude others. It allows me to predict particularly that the problem she will present, when she will decide to do that, will be about themes of adequacy, acceptableness, or lovable-ness. It allows me to predict that Mathilda will find it difficult to trust me, but also that, if and when she will feel able to rely on me, she could invest a lot in the relationship, with the risk of making of it a “special” relationship, thus opening the way to a later disappointment. I shall have to beware of this possibility; but, for the time being, I limit myself to reassure her again by telling her that I think to understand her difficulty and that I imagine that it had not been easy for her to take such a decision.

Mathilda begins to get to the heart of the problem that led her to me. She tells that since some months she has lost interest for the things that were important for her, particularly in her studies. Only an exam and the discussion of the thesis are short of what she needs to take a degree in philosophy, her passion. She has always studied very much and always with very good marks, but now she is really “low”, feeling abulic, and crying for the slightest thing. She lowers her eyes and remains silent.

I decide to intervene asking her how she feels for all that. ‘I no longer recognise myself’, she answers, ‘I feel weak, and I am afraid of arousing pity’. ‘Afraid?’. ‘Yes, I do not stand that someone feels pity for me!’. I ask her if she has an explanation for this recent change, and she says no.

Maybe a psychiatrist or a psychologist who think it more useful to classify people rather than trying to understand them in the light of the changes in the narratives of their personal experience would begin to contemplate a diagnosis of depression. From my viewpoint, the experience of no longer recognising oneself as a certain kind of person relates back to a loss, or to the prospective of a loss, of one’s narrative identity. I suppose that the recognition of herself as “weak” has replaced its contrast: “strong?”. In what sense, strong? And what makes the pity of others intolerable? But I prefer to wait before deepening these aspects. Rather, I try to go beyond her negative answer to my last question, and ask her if something important in her life has happened some months before, when she started feeling unwell.

The constructivist view of knowledge makes it unacceptable the more widespread idea that external events can determine peculiar changes in a person. Instead, it considers the possibility that people can no longer tell their world and themselves in the more familiar terms which allow them to give a certain meaning to their existence, due to the emergence of an incompatibility between these constructions and what they predict, and to the contemporaneous emergence of a greater compatibility with what they excluded. Let me elaborate with an example. If the dimension of “strength/weakness” is central in Mathilda’s identity (a possibility I was taking into consideration), and if she has “told” herself strong since immune from what she herself considers expressions of weakness, there is the possibility that she comes up against experiences more suitable to be understood by coming to regard herself as weak. To envisage knowledge in terms of dichotomous dimensions (the personal constructs) involves that people are never devoid of the possibility of giving meaning to their experiences, but change, when concerning the more central aspects of one’s narrative identity, can go along with radical transformations aimed at a re-adaptation.

Mathilda answers my question telling that she had difficulty in planning her degree dissertation, while shrugging her shoulders like, 'I don't think it is important'. Neither I think it is so important, in that a change of narrative identity, if one recognises a relational nature to identity, must derive from relational experiences. The difficulty with the dissertation could be the expression of an attempt at re-adaptation deriving from something else. So, I ask her, 'Anything else?', with the tone of who knows that the other can "do better" and would not be surprised in front of different "revelations".

Mathilda, looking away, tells me that about in that period a relationship with a boyfriend she was dating for some months had come to an end. The subject is delicate, and before asking probing questions I prefer to wait and see what Mathilda is willing to say on this point. After a few seconds of silence Mathilda adds that that relationship had actually taken her mind off her studies, and talks again about her difficulty with the dissertation, thus showing not being open to deepen the matter. I decide to respect her choice, and the rest of the session becomes a conversation about her interest for theoretical philosophy, particularly gnoseology. I try not to show of sharing her interests and, approaching the end of the session, I say that we could try to understand together the difficulties she is having, I ask her if she is willing to go on with our conversation, and if she has something to ask me. The answer to my last question is immediate: 'What do you think of me?'. The question, thanks to the understanding I begin to have of Mathilda, does not catch me napping. I answer "obliquely", saying to her that I was forming the idea that she had familiarity with difficulties, that she had always found the way to overcome them, and that this last one had something that makes it unusual and unusually hard, sending her again the proposal of a joint effort of understanding. In this way I suggest the possibility of replacing the dimension of "strength" with that of "commitment" (instead of "weakness") and that of "self-sufficiency" with that of "cooperation" (instead of "dependence"), appealing also to her liking for philosophical speculation. We agree to meet again the following week.

In the next session, Mathilda appears still less willing to converse. I ask her if she had thought over the things we told each other and she says no, adding that she tried, unsuccessfully, to concentrate on studying. With the intention of exploring Mathilda's social world while maintaining a continuity in the conversation, I ask her if she usually studies at home or at the university. She answers crisply 'At home'. And so, I find out laboriously that Mathilda lives with her parents and a sister her junior by five years, who attends the last year of the secondary school. While talking about her sister the narration becomes more fluent. She tells me spontaneously that their relationship is lovely even though they are very different: so much she is taciturn, asocial and insecure, so much her sister is chatty, fond of company and self-confident. I shift the conversation to her parents, and Mathilda says that, on the contrary, the relationship with them has never been easy. The father has always been taken up by his work and interested only in the progress at school of the daughters. The mother "in theory" should have looked after the family, but Mathilda remembers her as dissatisfied, irritable, and above all never pleased with the daughters all the time. Her sister has always managed to 'not to care and deceiving her' concealing the things which could have given rise to blames, whereas she has always maintained a position which appears to herself 'inconsistent': she struggles to obtain her approval after all, but opposing the impositions and paying dearly such a rebellion.

In the narration of Mathilda's relationship with her parents, concise as it is, I find the possible confirmation of my initial professional hypothesis based on the only aspect of forced self-sufficiency: Mathilda seems to have experienced the failure of her attempts at feeling accepted by her mother by fulfilling her expectations. Such experiences of invalidation are at the root of her being pessimistic about the possibility of relying on others and of the necessity of 'managing on

her own'. They also allow to predict a narrative identity centred around a dimension of inadequacy, about the idea of being somehow 'faulty'. However, such understanding would have to be shared, and we were still far from that.

In the following sessions, Mathilda becomes more collaborative. I guess that the atmosphere of acceptance has removed little by little her fear of being judged, if the hypothesis that adequacy is a central aspect of her narrative identity would have been correct. We begin to explore her social life, starting from her description of herself as a taciturn, asocial and insecure person.

Mathilda has always had a bosom woman friend, preferring an only special relationship to the company of various persons. However, sooner or later these great friendships have split up, because of something made by the current friend and that caused a deep disappointment to Mathilda: the revelation of a secret to others, the liking for another person, a helpfulness regarded as insufficient. At present, Mathilda trusts only the sister.

The relationships with the opposite sex are even more problematic. Mathilda tells me to see herself as neither a very charming girl nor a very interesting person (here is the dimension of inadequacy!), hence she excludes that someone can wish to know her and to have a sentimental relationship with her. If someone approaches her, either he imagines her different from what she will then reveal herself, or thinks to have fun with her. Anyway, her relationships have been few and disappointing.

Again, the theme of disappointment, and sometimes, it would seem, reciprocal: other people disappoint her, she disappoints other people. Anyway, expectations seem to play an important role in her relationships.

In corroboration of this hypothesis, when I ask her what leads her to consider herself insecure Mathilda tells me that, for instance, she is *not able* to say no to requests. 'What do you think it would happen if you *decide* to say no when you are asked for something you do not want to do?', I ask. 'I don't know... I think that the other would be disappointed.' 'And do you *prefer* to avoid that the other is disappointed to the point of *accepting* to do things you would not want to do?' 'Yes, because I am afraid that otherwise he could leave me.'

At this point, based on these and other aspects emerged during the first sessions, a professional hypothesis "intertwined" with an understanding of Mathilda as a person who has lived as precarious her relational experiences regarded as dependent on the meeting of the other's expectancies finds a confirmation. She is experiencing all the time the anticipation of losing the only possibility to have a "role" (and therefore to feel "considered") by being unsuccessful in her attempts at meeting the others' requests, to make herself at their disposal, to accede to the others' wishes. Such view of the relationships does not allow Mathilda a space in which to act her subjectivity: she must push into the background her desires, her requirements, her preferences, not to risk being rejected.

Such choice favours the emergence in Mathilda of a distinction between a "self in relationship with others" (acquiescent, inauthentic, but somehow considered) and a "self in solitude" (real, free, lively, but "empty")¹. The relationship with other people is exhausting, and sometimes Mathilda feels the "need" to stay alone.

Understandably, Mathilda thinks that all would radically change if only she meets a person from who could accept and love her "just as she is". Maybe she is less aware of the fact that, in case this unlikely occasion should happen, Mathilda herself would act in such a way as to not carry on such an experience, for the reasons I shall explain later. At least, it is what I imagine, based on the understanding I have of Mathilda; I also hypothesize that something like that could have happened to her some months ago, during the period she traces back the origin of the change that convinced her to ask for a help. At this point, I decide to explore the relationship with that

¹ A distinction similar to the one described by Winnicott (1960) between "True Self" and "False Self".

boyfriend by asking her if she tends to acquiesce also in couple relationships. Mathilda says yes, but making clear that she is so until the other does not disappoint her; at that point, she withdraws into herself, becomes disagreeable, and makes up to be left by the other being unable to do that by herself. 'Did the things happen this way also with the last boyfriend you had?', I ask. Mathilda looks at me and answers, with a serious expression, 'No, all was different with him.'

I summarize the following elaboration of this experience which has "bewildered" so much Mathilda. The boy, a university fellow I shall call Matthew, had to work hard to succeed in convincing Mathilda to have an affair with him: first, for a difficulty in proposing himself (Mathilda had not seen any sign of interest towards her), and later, for her resistance, justified by the fact that she did not like his appearance. But within a few days Matthew reveals himself in the eyes of Mathilda different from the others: solicitous, never demanding, able to understand and accept her "oddities" and her changes of mood. Mathilda says, with a bitter smile, to have 'sorely tried' him, but Matthew always kept treating her with love and respect. In relationship with him Mathilda began to feel herself more considered and freer to express herself. What a pity that he was not the right type for her in his look! This is the reason why Mathilda says to have left him: the first time that it was her decision to split up!

In my hypothesis, Mathilda prefers to tell herself in this way the decision to break off her relationship with Matthew. I suppose that the origin of the decision was the anticipation that this relationship could become very threatening, for aspects I think to understand but that must find a corroboration and, above all, Mathilda's agreement. Anyway, at the end of her narration, I ask her if she misses him, just for conveying to her that I am considering this possibility and therefore for legitimating her possible feeling of loss. She answers, after a few seconds, that 'of course, a bit. We were spending much time together, but this was distracting me from studying. It's better this way, there was no future.' 'There was no future, or there could be a future too different from the past?', I ask.

And here, for reasons of space, I am obliged to summarize what emerged during the following sessions. Mathilda begins to acknowledge (to herself before me) that the more the relationship was going ahead and she was feeling loved and understood by Matthew, the stronger was becoming her fear: the fear that the spell would come to an end and that she would find herself like before or even worse, undeserving of love; the fear of investing in the relationship to such a degree as to consider it overriding other interests (studies in the first instance), and to ask herself if what she gave such importance was really important; and the fear of losing her autonomy and freedom, always defended to the hilt and now sacrificed for the sake of the relationship. In my understanding, gradually shared, Mathilda has always proceeded trying to avoid risking to have to consider herself definitively unlovable (by not staking herself in relationship with others, and on the contrary trying to make herself acceptable by meeting the others' expectancies), but also trying to avoid risking to have to consider herself lovable (by breaking the relationship with people who, like Matthew, make feel herself accepted "just as she is"). Differently from common sense and from what argued by other psychotherapeutic approaches, hermeneutic constructivist psychotherapy holds that people do not go in search of "positive" conditions, but in search of meaning; and, in some cases the verification of certain central dimensions of narrative identity – due to their properties – would subtract meaning to personal experience.

"Due to their properties": actually, these dimensions are often applied to the person as a whole ("I am lovable or unlovable"), without distinctions of relational nature ("I am lovable to all or to nobody"), without shades ("one is lovable or unlovable"), and without a clear definition of their meaning (without the possibility of explaining what does "lovableness" mean, if not making reference to concrete signs of acceptance/rejection perceived by the person). Only a change in these properties can allow to overcome the stalemate.

Hermeneutic constructivist psychotherapy

This is what done with Mathilda in the following months. The psychotherapeutic process endeavoured to favour a diversification of the dimension of loveliness by extending the range of possible meanings and a differentiation of the people inhabiting the social world of Mathilda, so as to allow her to invest in relationships without staking her identity, and therefore to start again reconstructing herself.

I chose to start this paper with a case report for two main reasons.

The first is to show how “hermeneutic constructivist psychotherapy” (HCP) makes of the client’s narrative its subject matter and the objective of its intervention. Even the “tools” of the psychotherapist, those allowing him/her to formulate professional hypotheses and to participate in the relationship with clients in ways likely to be therapeutic – as we shall see later – deal exclusively with the structure and dynamics of narratives, in line with a view of psychology meant, phenomenologically, as a science of experience rather than a natural science. These “tools”, we shall call *professional constructs* to differentiate them from the *personal constructs* to which they apply, have been deliberately omitted from the case report. The readers can try to insert them as they will meet them in the rest of the paper.

The second reason is to show how the psychological suffering can be traced back to personal narratives too. I think that the question on “where psychological suffering comes from” is one of the most important between those a psychotherapeutic approach should be able to give an answer to. I formulated the question using the term “suffering”, denoting a subjective experience, because other terms – like “disorder”, “dysfunction”, “problem”, “disease” – are more or less closely connected with semantic networks which give them a technical meaning and, therefore, already prescribe an answer to.

The answer of HCP relates back to the adaptation between personal knowledge and environment. Of course, it is an answer requiring a clarification. In particular, it is convenient to make clear what we mean by *adaptation*, then which aspects of *personal knowledge* are supposed to be more implied in suffering, and lastly with which *environment* such knowledge should find an adaptation. All this I hope will allow to understand in which sense suffering *relates back* to adaptation. But before this I would like to situate HCP – which has recently been acknowledged internationally (Chiari, 2016a; Chiari & Nuzzo, 2010) – in the wide context of psychotherapies referring to psychological constructivism (Chiari, 2016b), and especially, among these, of those dialoguing with hermeneutics (Chiari, 2015a).

The philosophical background of hermeneutic constructivist psychotherapy

HCP is the attempt, started several years ago (Chiari & Nuzzo, 2000, 2004) and still fully active¹, at elaborating personal construct psychotherapy propounded by George A. Kelly (1955) in the light of a reading of his personal construct theory (PCT) from a narrative-hermeneutic

¹ Among the several works, published or in press, I mention Alfredetti & Ognibeni (in press); Buzzegoli, Carattoni, Chiari & Favaro (2011); Buzzegoli, Piattoli, Sassi & Timpano (in press); Cipolletta & Pruneddu (2012); Colombari, Ognibeni, Piattoli, Sagliocco, Sassi & Timpano (2011); Fornari, Stanziani, Albano & Papetti (2014); Ognibeni & Zoppi (2015); Ortu (2003); Ortu & Petrolati (under review); Sassi & Timpano, 2012.

viewpoint. It is considered the first constructivist theory of personality, as well as the psychotherapy deriving from that represents the first and, in my opinion, the most structured expression of contemporary psychotherapies referring to a constructivist epistemology (Chiari, 2009; Chiari & Nuzzo, 1996a, 2005a).

The philosophical assumption on which Kelly erects his theoretical construction, *constructive alternativism*¹ (Chiari & Nuzzo, 2003), postulates the existence of a world which cannot be directly perceived, but only interpreted, construed, in ways which can allow more or less precise and accurate anticipations. It shows a significant similarity with *radical constructivist epistemology*, which von Glasersfeld (1974) will point out as peculiar of Piaget's theory of knowledge twenty years later. However, it is missing in Kelly (such as it appears to be missing in many writings of von Glasersfeld) the overcoming of the separation between the person and the world (between knowledge and reality) which, on the contrary, can be found in phenomenology and hermeneutics, both envisaging a relationship of complementarity between subject and object of knowledge (Chiari & Nuzzo, 2006). Therefore, Kelly's constructivism can be considered closer to an *epistemological* rather than *hermeneutic constructivism* (Chiari & Nuzzo, 1996b). Anyway, it is possible to find in Kelly elements opening to the possibility of a phenomenological-hermeneutic interpretation of his theory (Armezzani & Chiari, 2014a, 2014b, 2015), elements which represent one of the threads in the elaboration of HCP and which make of it a psychotherapy putting at its centre the person in his/her irreducible relational nature.

Another reference is represented by Maturana's (1987; Maturana & Varela, 1984) theory of autopoiesis which, although presenting itself as a biological theory of knowledge, starts from an *ontology of the observer* in line with a constructivism of hermeneutic type, and which shows aspects of similarity with Heidegger's hermeneutics (Winograd & Flores, 1986). Recently, I tried to show the many aspects of similarity between the theory of autopoiesis and the very PCT (Chiari, 2016c).

Lastly, HCP has recently found inspiration for a further elaboration in the analyses of some hermeneutic philosophers, especially Gadamer and Ricoeur. Gadamer (1960, 1989) offers the possibility to re-read the psychotherapeutic process as described by Kelly in terms of a conversation aimed at favouring the emergence of new meanings. The treatment of narrative identity in Ricoeur (1990) and his hermeneutics of self and recognition (Ricoeur, 2004) allow, as we shall see, an elaboration of the Kellian notions of role and guilt, which are fundamental for a view of the person highlighting his/her relational aspect.

One might wonder why give such an attention to the philosophical assumptions of a psychotherapeutic approach, usually treated briefly or not considered at all, and why to take cues for a further elaboration from the fields of biology and philosophy rather than that of traditional psychologies². The point is that

This epistemological and ontological view of the person, in the case of hermeneutic constructivist psychotherapy, is not only a hat such as to let wide margins of freedom in the therapist's theoretical clothes. It is the ground from which a theory and a therapeutic praxis develop consistently and rigorously. Personal construct theory and psychotherapy represent its fundamentals; phenomenology, hermeneutics and the ontology of the observer are the reference axes, able to favour their further elaboration. (Chiari, 2015b, p. 186)

¹ "All of our present interpretations of the universe are subject to revision or replacement" (Kelly, 1955, p. 15).

² For "traditional psychologies" I mean the dominant ones, regarding psychology as a natural science (see Armezzani, 2002) and pursuing a realist or representationalist view of knowledge.

However, I do think it is important to point out that this operation is not aimed at proposing a “pure” theory of personality, of development, or of change (although treating all the three areas). It is a “fieldwork” like that of anthropological and sociological research, arising from the attempt at finding “meditated” (though, inevitably, temporary) answers to the many questions the psychotherapeutic praxis constantly asks who practises it with an attitude open to problematization and questioning of what appears obvious and taken for granted.

To begin, the theory of autopoiesis offers a rigorous theoretical framework to a view of the person as autonomous system (already present in Kelly) which, in turn, allows to consider adaptation between organism and environment in a way significantly different from the more traditional ones.

The continuity between life, knowledge, and identity

Adaptation

In order not to enter an accurate description of certain notions which would make more difficult the reading¹, I shall try to remain at a high level of abstraction. Therefore, I limit myself to define *autonomy* as the characteristic of living systems whose change in the interaction with environment is considered as determined by its own structure² rather than by environment as a source of stimuli.

So, “stimuli” assume the role of *perturbations*, able to *trigger* (instead of determining) the changes the system undergoes. Later on, I shall give some examples helpful to show how this way of considering the relationship between the person and the environment in terms of a *structural determinism* is after all easily applicable, and to distinguish it from the view (nevertheless more usual) that systems react to environmental stimulations.

Starting from this premise, any participating system, in its interaction with the environment of which other living systems are part, is at the same time source and target of perturbations. It follows from that a history of recurrent interactions³ resulting in paths of change⁴ characterized by a structural compatibility between the participants to the relationship: that is, by an *adaptation*. In other words, the systems in relationship with each other change in and thanks to the relationship they take part in. All this, as long as the structural changes the systems undergo allow the conservation of their *organisation*, that is, of the relationships between components which give the system its peculiar *identity*.

This way of conceiving adaptation allows to overcome one of the many dualisms in biology and psychology, which go along with a linear causality: that considering the primacy of environment on organism (like in Lamarckian theory in biology or behaviourism in psychology), or that of organism on environment (like in mutationism in biology or subjectivism in psychology).

¹ For the same reason, I chose to insert many footnotes which refer to theoretical specifications not essential for a first understanding of the points at issue.

² The systems considered in this way – sometimes defined *self-organised* – are said to show an *organisational closure*.

³ Maturana and Varela define *structural coupling* the result of this type of interactions.

⁴ Such paths, in the language of the theory of autopoiesis, take the form of *co-ontogenetic structural drifts*.

In the adaptation deriving from the idea of autonomy of living systems, linearity is overcome by a circular relation of complementarity¹ (Chiari & Nuzzo, 2006).

At this point, the ontogenetic development of a person can be understood in terms of changes in its structure allowing the conservation of adaptation and organisation: of the living organisation in the biological domain, and afterwards of the organisation of self in the linguistic domain. But what is meant by “living organisation” and “organisation of self”, and which relationship can be conceived between these two organisations?

Ontogenetic development

Within a hermeneutic constructivist view of knowledge as that represented by the *ontology of the observer* underlying the theory of autopoiesis, the existence of organisations in nature is not given. Organisation is what, in the eyes of an observer (that is, of a person able to make distinctions), specifies the *identity* of a unity. In time, the unity can undergo structural changes, allowing or not the conservation of the organisation that such structure realizes. Thus, at a phylogenetic level, the early cells underwent structural changes subordinate to the conservation of the living organisation, changes that – thanks also to the structural coupling between cells that gave rise to multicellular organisms – resulted in a huge variety of species to which we recognize different identities. However, all of them have just in common the same organisation, which makes them living systems².

Among these living species, at least one, the human species, has undergone changes such as to allow it – from a certain period onward in the course of ontogenetic development of the single individual – to make distinctions and, among these, to distinguish itself from others, up to arrive to recognize oneself a peculiar identity: in other words, what makes of each of us the person we “know” to be. Thus, the maintenance of identity is tied to the conservation of a specific organisation, different for each observer of him/herself, which I define “organisation of self”.

It matters to me to emphasize two aspects regarding what briefly said so far.

The first concerns the continuity between life (whose maintenance is allowed by the conservation of the living organisation in the relationship of the system with the environment in the biological domain), knowledge (consisting in the distinctions of unities made by an observer), and identity (what allows us to distinguish ourselves as peculiar unities, and whose maintenance is tied to the conservation of the organisation of self in the relationship with other persons in the social domain). This continuity results in an interdependence between the two organisations³, such as the disintegration⁴ of the living organisation inevitably implies the disintegration of the organisation of self, and the disintegration of the organisation of self can imply the disintegration of the living organisation.

The second aspect crosses the first one, and concerns the relational nature of living systems. This aspect derives directly from the choice made at the beginning of the present section to regard autonomy as a characteristic of living systems. Such autonomy implies the necessity

¹ In psychology, we can find a similar overcoming in the adaptation meant in terms of *equilibration* in Piaget (1975), and in the way Kelly (1955) accounts for *variation* in a personal construction system in the *Corollary of Modulation*, by regarding it as allowed and constrained by the structure of the system itself.

² Maturana and Varela (1984) define the living organisation (what makes of a system a living system) as *autopoietic organisation*.

³ Maturana and Varela (1984) define this interdependence in terms of a *structural intersection* between different organisations distinguished in the same system.

⁴ “Disintegration” is the term utilized by Maturana to point to the loss of organisation (and, in case, the emergence of a new organisation) following structural changes incompatible with its maintenance.

of structural changes in the interaction with the environment, triggered by it, but determined by the system's structure, to the end of conserving an adaptation.

In practice (in psychology)

All these considerations might appear very abstract (on the other hand, this was the declared intention), but overall not clearly connected to a psychological understanding of the person (on the other hand, the framework of the theory of autopoiesis is declaredly biological). So, let me show their implications in the application in the psychological ambit.

It is a popular (if not common) opinion that people can be induced to behave in a way different from their "natural" behaviour¹. It is an evidence all a series of everyday interactions ranging from "advice" ("If I were you, I would do this way"), to "plea" ("Please, do not do that anymore"), to "persuasion" ("Try to understand, ..."), to "injunction" ("Stop talking this way!"), to "threat" ("You must change, or else..."). Many of these communicative acts are even part of the repertory of techniques of some psychotherapies. It is all too easy ascertain that most times these interventions do not achieve the desired effect; and yet, we go on using them, and instead of questioning their efficacy, we attribute to the person not acting as "instructed" some characteristics able to explain their failure: "he/she is stubborn, lazy, bully, contentious, spiteful..." (or, in the case of psychotherapy, "resistant"). The point is that, if we start from the idea that people are autonomous systems determined by their structure, it is not possible induce them to do what we would like they would do², pace certain parents of clients in psychotherapy from who we hear with manifest disappointment, "my daughter wants always do her own way!" (implicit, "and not my own way"). Should we then conclude that everyone behaves his/her own way, and that there is no possibility to interact with each other? Not at all, and the solution derives just from that view that could appear (and that sometimes has been accused of being) solipsistic³.

To say that people are determined by their structure is equivalent to say that, in the psychological ambit, it is people who give meaning to the perturbations of their environment (to what their structure allows them to perceive around them) and to behave consequently. Therefore, if we want to interact effectively with another person, we must consider his/her structure: that is, we must try to understand him/her, relate with him/her on the basis of our anticipation of the meaning he/she will give to our behaviours.

Understanding has a central role in the Kellian theory of personality, in personal construct psychotherapy, and in hermeneutic constructivist psychotherapy.

¹ I use here the term "behaviour" in a wide meaning, comprising all the processes which can be distinguished in a person (acts, thoughts, emotions).

² Maturana and Varela (1984) express this view saying that a constitutive condition of autonomous systems is that nothing external to them can determine what happens inside them: that is, *instructive interactions* do not exist.

³ Varela (1979) gives a sharp answer to the charge of solipsism by making clear that the *closure* of autonomous systems must not be confused with the *closedness* from interactions. On the contrary, the identity the system acquires thanks to its organisational closure gives the point of reference for a domain of interactions in structural coupling with the environment and other autonomous systems.

Coming back to theory: The construction of understanding

Understanding is a modality of knowledge not much taken into consideration in traditional psychologies, which prefer description or explanation (Chiari, 2016a). It is not even easy to define, so much so that in order to “understand understanding” one usually resorts to metaphors: understanding another person means “to put oneself in the other’s place”, “to see the world with the other’s eyes”, or, as suggested by Mead (1934) with reference to empathy¹ (a similar concept), “to assume the other’s role”.

According to Kelly’s theory, people live in personal worlds resulting from the construction of similarities and differences (the *personal constructs*) in the experience of their relationship with the environment. Of course, of these personal worlds other people are part. But how these people are construed? In what form do they become part of our personal worlds? We substantially have two possibilities: to construe them as “figures”, as “objects” having given properties, or to construe them as “persons”, as “subjects of knowledge” having their own viewpoint on themselves, other people and the world, different in greater or lesser degree from our own, but as much legitimate. These two possibilities are not far from the difference between considering people susceptible to be “instructed” (as illustrate above), or “perturbed”. So, in PCT understanding another person means to construe his/her construction processes².

At this point, it is important to clarify that in PCT people processes are channelized by the ways in which they anticipate events³, where for *anticipation* is meant what the person “expects”⁴ will happen, having construed in a certain way the aspects being part of his/her experiential world. Like a scientist⁵, the person formulates theories (sets of constructs), behaves based on such theories (performs experiments), verifies the validity by observing the results, and in case changes them. Thus, each behaviour comes to assume the value of an experiment.

Of course, all this applies also to social processes: we relate with others on the basis of the construction we have of them (and, circularly, the others make the same thing with us). And, for instance, think of the difference between the way in which we can relate with another person labelling him/her as sullen (so, treating him/her as an object having the property of sullenness), or hypothesizing he/she is fearful of showing a willingness that would feel him/her dependent on us (therefore trying to understand him/her). But the matter does not stop here, because these two different ways of relating with the other will favour, in the other, different ways of considering us: say, mistrustful in the first case, respectful of his/her autonomy in the second. It is not difficult to imagine how much differently the relationship can develop.

¹ Mead calls “sympathy” the empathy.

² In PCT this aspect is treated in the *Sociality Corollary*. The constructs having as elements the construction processes of another person are defined *role constructs*. In contemporary cognitive psychology, the construction of others as persons is part of the notion of *metacognition*.

³ This aspect is stated in the *Fundamental Postulate* underlying all theory: “A person’s processes are psychologically channelized by the ways in which he anticipates events” (Kelly, 1955, p. 46).

⁴ I use the double quotes to point out that such “expectation” is not always highly conscious and rational.

⁵ Kelly comments that, curiously, while psychologists consider themselves as scientists, rarely credit the human subjects in their experiments with having similar aspirations. “It is as though the psychologist were saying to himself, ‘I, being a *psychologist*, and therefore a *scientist*, am performing this experiment in order to improve the prediction and control of certain human phenomena; but my subject, being merely a human organism, is obviously propelled by inexorable drives welling up within him, or else he is in gluttonous pursuit of sustenance and shelter” (Kelly, 1955, p. 5). In other words, most of the psychological theories lack of *reflexivity*.

It is in this view of *role relationships*¹ that identity comes into play.

Identity

This recursive and reciprocal change in the relationship with others, that begins at birth, culminates in two very important periods in the psychological development of the person: that of the progressive acquisition of self-consciousness, and that, later but interwoven with the first, of a progressive self-recognition, meant as recognition of a personal identity² (of an *organisation of self* in the language of the theory of autopoiesis, of a *core role* in the terminology of PCT). At this point, the conservation of identity depends on the maintenance of an adaptation in the social domain.

In such a view of the dialectics between the relational and the personal, sociality precedes individuality, in line with the phenomenological notion of *intersubjectivity* (Husserl, 1931) and the elaboration of the Kellian notion of role in terms of *embodied sociality*³ (Butt, 1998).

Since the early stages of development, our relationship with others, in the phenomenological view, is directly based on the perception of their intentions, rather than of their behaviour from which then infer intentions. The other is a “body-subject” and not a “subject within a body”: an embodied subject like we feel to be. In other words, it is not a matter of understanding the point of view of the other and then acting accordingly (a dualistic view in which cognition is separated from behaviour), as of engaging in a course of action based on *anticipation*. And anticipation is different from prediction: it refers to our attitude (even bodily) towards the world. As Butt (1998) exemplifies: “When I meet an old friend, my anticipation is evident in my posture, gestures, and facial expressions. This is what my friend responds to, and a social dance proceeds, each living in the anticipations of the other” (p. 108). In this social process, in this dance, through a story of role relationships so meant, the person arrives at recognizing and acting his/her identity.

The personal identity so acquired can be defined *narrative identity* (Ricoeur, 1990), but not meant as an essentially verbal narrative, but instead as interpretation of a role, acted and embodied, deriving from the insertion of a series of historical events (the construction of intersubjective relational experiences) into a plot. In other words, the person recognizes (and keeps recognizing) him/herself a peculiar identity to the extent that he/she feels “to be in the role”. The role does not necessarily have to be a leading role rather than a walk-on part, morally commendable rather than deplorable, of a comedian rather than a tragedian: the important thing is that it allows the person to find a positioning⁴ within his/her network of relationships, to make him/her feel of “being-with” rather than of “being-among” others. The adaptation in the social domain is conserved as long as the person keeps recognizing him/herself and being recognized a role in the relationship with other people.

¹ In PCT for *role relationship* is meant a relationship based on the construction of the construction processes of the other, that is, on *role constructs*.

² In the framework of PCT, the first period is equivalent to the emergence of the *construct self/other-than-self*, and the second to the insertion of *self as element* within other constructs relative to differences and similarities between persons.

³ This is the interpretation given by Butt (1998) in the light of Merleau-Ponty’s (1945) phenomenological view of *intercorporeity*.

⁴ This view of role is particularly elaborated in social psychology in the *positioning theory* (Davies & Harré, 1990; Jones, 1997; Guilfoyle, 2016), according to which self-construction derives from the participation of the person to verbal and non-verbal “conversations”, to “discursive practices” producing social and psychological realities.

Change as mode of adaptation

Following the above line of thought, consistent with a possible manifestation of a constructivist view of knowledge, wellbeing and suffering, psychologically meant, are closely tied to the maintenance of an adaptation between person and environment, especially the personal social environment. And if knowledge meant as the construction people have of themselves, the world, and their relationship with others, is constitutive of their being “social” as the structural evolution of their being “biological”, it is fundamental that such construction can change to maintain adaptation (Chiari, 2016d).

Construing change

The processes of change described in personal construct psychotherapy allow to understand which choices the person make to this end; and the techniques – “conversational” and “experiential” (about which I shall write at the end of the article) – which favour those same processes can be used in the psychotherapeutic work to orient change towards the search for alternative (less binding and more elaborative) modes of adaptation. It is appropriate to clarify that such processes fit in a theory of personality, and that they are not therefore peculiar of disordered people, but recognizable in any person. Their description would require too many pages and would make heavier the subject; therefore, I limit myself to a brief hint to some of them, necessary for understanding what will be dealt with further on.

I have just now written that the narration of oneself-in-relationship-with-the-world is regarded as constitutive of the person, as coessential: the person does not *have* a knowledge, but *is* a form of knowledge. This implies that the person is aware of the changes which could jeopardize him/her, especially of those relative to constructs which bridge his/her “biological” and “social” being: with another language, of the changes which could imply a radical modification or a loss of the meanings by which he/she is used to give order and organisation to his/her deepest experience.

Sometimes the awareness may be that of an imminent change in the most core aspects of one’s own narrative: the person feels that could easily undergo a “revolutionary” change in his/her construction of the world. This experience is defined as *threat*.

If the change the person anticipates should concern especially his/her narrative identity, then he/she would be confronted with a *threat of guilt*, a proper *guilt* consisting in the recognition that his/her identity has changed, that he/she is no longer the person he/she “knew” to be. This latter experience is the more devastating, since it involves the impossibility to keep playing a role in relationship with others, to recognize oneself and feel recognized as a certain kind of person.

Our narrative does not always allow us to give a precise meaning to anything which can “perturb” us. Consequently, when we feel confused, we experience a condition defined as *anxiety*¹.

¹ In PCT, threat, guilt, and anxiety are defined as *transitions*, that is, changes, or prospects of change, of the way people construe their personal worlds. Among transitions – which represent the non-dualist counterpart of the traditional *emotions* (Chiari, 2013) – Kelly includes also *fear*, less relevant in the clinical ambit, and *aggressiveness* and *hostility*, that in recent writings (Chiari, 2016c, 2016e) I proposed to regard as processes relating to the conservation of an adaptation, like those described further on.

Confronted by these *intimations of endangerment or disintegration of personal narrative* the person can choose to resort to *processes aimed at its conservation or restoration*. For instance, confronted by the impending risk of discovering him/herself untrustworthy (being trustworthiness one of the central aspects of his/her narrative identity and therefore of his/her own way of recognizing him/herself and being recognized by others), the person can: (1) make the construct of trustworthiness less clearly defined¹, so as to be able to keep after all considering him/herself trustworthy; (2) try to ignore the elements that, if considered, would imply an invalidation of the construction of self as trustworthy²; (3) elaborate the construct of trustworthiness so as to give it a new meaning that allows to recover on new bases the narrative identity that risked getting lost³; or, finally, (4) in the extreme case of a proper loss of narrative identity, go to any lengths to prove to be still what he/she knows “deep down”⁴ to be no longer⁵. Even in this case I limited myself to mention only some of the possible processes.

Diagnosis, and the choice of disorder

Given that in PCT the interest is towards the ways people construe their personal worlds and the changes they can undergo in relationship with social environment, the moment of diagnosis does not consist in the insertion of the client⁶ in a list of disorders like that of the categorial system of DSM, but in a professional construction⁷ able to indicate those processes which might show themselves more useful in order to favour those changes in the client’s narrative that can eliminate the disorder. But what is meant by *disorder* in this context?

In a sense, it represents the person’s choice to avoid change. This can appear paradoxical, or at least inconsistent with what written just now apropos of the necessity that the person undergoes changes to maintain adaptation. Actually, what the person prevents is the verification of his/her own placing at one pole or the other of a construct that occupies a central position in his/her narrative identity. Following the Kellian metaphor, it is as if the person-as-scientist chooses not to test a research hypothesis because the experiment outcome, both in the case of a confirmation and a confutation⁸, would upset the whole theoretical framework. The person chooses not to verify – therefore, not to see validated or invalidated – a core aspect of his/her narrative identity, of his/her being-in-relation: he/she makes a *nonvalidational choice*⁹, that implies a halt of experience in that area.

¹ A process termed *loosening*.

² That is, to make recourse to *constriction*.

³ *Aggressiveness*, meant as the active elaboration of the perceptual field.

⁴ That is, at a low level of cognitive awareness.

⁵ A transition termed hostility.

⁶ Even though not completely satisfactory, in personal construct psychotherapy as well as in the humanistic-existential therapies the term *client* is preferred to that of *patient*, of medical origin.

⁷ Kelly (1955) terms it *transitive diagnosis*, to indicate that it concerns the search for bridges between the past and the future of the client.

⁸ It is important to specify that, unlike a scientific experiment which considers a null-hypothesis, a personal construct is a two-way hypothesis: if an anticipation is invalidated in relation to one pole of a construct, it is validated in relation to the other.

⁹ Kelly (1955) defines a disorder as “any personal construction which is used repeatedly in spite of consistent invalidation” (p. 831). Recently, his view of disorder was elaborated in terms of the notion of *non-validation* (Walker, 2002; Walker & Winter, 2005) or *not-becoming* (Chiari & Nuzzo, 2010).

Paths of recognition

The contribution offered by PCT to the analysis of the processes of construction and change and to an understanding of identity as a constitutively relational dimension can be enriched by the inclusion of two aspects which are lacking in the original framework proposed by Kelly: those relating to content and to development¹. In the last years, based on my psychotherapeutic experience, I advanced some proposals in this direction I think consistent with the metatheoretical assumptions of PCT.

At the beginning (Chiari *et al.*, 1994) my interest turned to the possibility of singling out – in the early relationship with people on whom children depend for their survival, and with whom begins the formation of their narrative identity – experiences able to channel their development along trajectories more or less susceptible to configure themselves as “disordered”, according to the meaning just now given to the term “disorder”. Such experiences are traced back to the possibility the children have to actively explore their social world so arriving at construing other people as persons and at acquiring a self-recognition or, on the contrary, to the obstacle to the development of such possibility.

The described *paths of dependency* derive from the attempt at construing similarities and differences between people who recur to psychotherapy on the basis of professional constructs applicable to changes (transitions) which their construction systems underwent in their relationship with parents. The recursion which characterizes autonomous systems allows to hypothesize that the differences between the paths develop and increase along a continuum from the neonatal period to maturity, organising themselves in the form of distinguishable narrative plots.

The content of these narrative plots is part of the recent proposal of *paths of uncompleted recognition* (Chiari, 2016a, 2016b, 2016e, in press), to be considered as an elaboration of the paths of dependency in the light of the dimension of *self-recognition* (Honneth, 1992; Ricoeur, 1994).

My interest for this dimension derives from the clinical observation that the suffering of most clients addressing psychotherapy can be traced back, as held several times since the beginning of the present article, to the loss or the threat of the loss of adaptation in the social domain, which manifests itself as a difficulty in recognizing oneself a role in relationship with others.

The process leading to a recognition of one’s identity begins in the dialectics mother-child, and is connected to the reciprocity of intersubjective recognition. Such reciprocity consists in the willingness to recognize each other as *dependent on each other*, but at the same time as *fully individualized*. Inspired by the psychoanalytic theory of object relations, both Honneth and Ricoeur locate the possibility of a reciprocal recognition – enabling the establishment of relationships of relative dependence – in the intersubjective balance between the contrasting poles of “fusion” and “self-affirmation in solitude”. However, the realization of a full reciprocal recognition is questionable, and it seems more reasonable to suppose a continuum between recognition and misrecognition, meant as refusal of recognition.

In PCT the topic of dependency is not treated in terms of the opposite of autonomy, but of its *dispersion*, that is, the possibility to rely on various persons for the various aspects associated to survival. A high dispersion of dependency is thus associated with the possibility of establishing relationships with others seen as “persons” through the construction of their construction processes. On the contrary, an intersubjective imbalance can be regarded as characterized by a low dispersion of dependency, with an allocation of dependencies either on few other people

¹ The reasons of the scarce consideration of these aspects are beyond the main object of the present article and would merit a treatment apart.

seen as “resources” (moving near the pole of fusion), or on oneself (moving near the pole of the self-affirmation in solitude).

A mother-child relationship based on the mother’s willingness to understand the child’s requests¹ and to act accordingly, thus validating his/her anticipations, will favour the progressive construction of the mother as a person and no longer or, rather, not only as a resource, and a social experimentation even outside the family group. This intersubjective balance will favour a *path of completed recognition in the form of acceptance*.

In my hypothesis, people presenting a disorder have experienced a greater or lesser lack of reciprocity in their relationship with parents, to the detriment of the completion of the process of recognition. Such incompleteness implies the sense of a lack of confidence in the place they occupy in the social domain, that is, in the recognition of their own role. Consequently, people whose path of recognition has not come to completion strive to obtain a recognition, which however, just because looked for, will never find a realisation: this is the reason why I find more appropriate to speak in this case of *search for social visibility*, or *search for consideration*.

An imbalance between the two poles of fusion and self-affirmation in solitude leaning towards the former pole underlies a *path of uncompleted recognition in the form of fusion*, that here I shall describe briefly.

In this type of relationship, children construe their mother as a figure willing to take care of them provided that they accept to limit their relationships to family members and unwilling otherwise, thus exposing them to the *threat* of the loss of the relationship from which they depend.

In the course of development, the person comes to see the possibility of preserving an adaptation as dependent on the conservation of a *proximity* to the significant other, which in turn has to be reconciled with the preservation of *individuality*, meant as a separate existence. Thus, a basic tension between *constraint* and *freedom* dominates their social lives, and such bipolarity also characterizes the disorder: they are both threatened by *separateness* – that would imply freedom from constraints, but at the same time loneliness and bewilderment – and *closeness* – which would imply restriction of personal freedom.

The person tries to replace the feeling of uncompleted recognition with the search for consideration. Given the “commercial” quality of their relationships (“I receive to the extent that I give”), the person is inclined to play help giving “roles”², expecting gratitude just as a sign of consideration.

An imbalance between the two poles of fusion and self-affirmation in solitude leaning towards the self-affirmation pole underlies the *path of uncompleted recognition in the form of contempt*³.

In this case, children construe their mother as a figure willing to meet their requests provided that they succeed in complying with her expectancies, but their attempts are invalidated, notwithstanding the exclusion from the relational field of all the expressions of themselves supposedly incompatible with the possibility of playing a role with her – and later, as adults, with other people.

In the course of development, people come to see the possibility of conserving an adaptation as dependent on their meeting others’ expectancies, sacrificing in this way the possibility of a self-affirmation, meant as the recognition and assertion of the existence and value of one’s indi-

¹ In PCT, *acceptance* is the willingness to see the world through the client’s eyes.

² I put “role” in inverted commas (and I shall do the same even afterwards) to indicate that it is a mode of relating with others different from that of a proper role (as described in the *Sociality Corollary*), deriving from a construction of the other as a person. Ognibeni and Zoppi (2015) distinguish likewise ROLE from “dependency roles”.

³ *Contempt* is the term used by Ricoeur (2004) for this type of misrecognition.

vidual self. Thus, a basic tension between *self-expression* and *constriction of parts of self* dominates their social lives, and such bipolarity also characterizes the disorder: they are threatened both by a *recognition* from others – that would imply exposing themselves to invalidation – and a *rejection* – that would imply definitive loneliness. The generic core narrative is about a construct of *acceptableness vs undesirableness*. It is a construct dimension which directly refers to the early relational experiences of invalidation, which left a feeling of being possibly wrong.

Depending on the more specific interpretations of the early relational experience, acceptableness is supposed to take different sub-forms, which go along different ways of looking for consideration in place of recognition. In the sub-form of *lovableness vs contemptibleness*, people are inclined to strive for consideration by showing care and concern for others; in the sub-form of *proficiency vs inadequacy*, by showing themselves as worthy of admiration; in that of *trustworthiness vs irresponsibility*, by showing themselves as irreproachable.

Lastly, in the *path of uncompleted recognition in the form of neglect* the imbalance between the two poles of fusion and self-affirmation in solitude assumes a particular connotation. Here, the child-mother relationship is such that children are deprived of the possibility to adequately construe her, since the mother's participation in the relationship is limited to nourishing the children. The children see the formation of new constructs hindered by the unavailability of validating data, and therefore experience *anxiety*. As a protection from anxiety, the children loosen their constructions, as much as their social experimentations outside the family are likely to generate anxiety in people having trouble in understanding their loose construing, and that can protect themselves by avoiding the child who, in a progressive spiral, has less and less access to validation material of an interpersonal nature. Given the withdrawal and the relative lack of role constructs, the search for consideration, as an alternative to isolation, takes the shape of bizarre bids to impress others, and can range from weird to risky behaviors.

Psychotherapy as reactivation of experience

Psychotherapy, according to the hermeneutic constructivist perspective, can be defined as a relational process aimed at favouring the reactivation of experience through a reconstruction of the client's narrative identity. Such a process winds along moments that follow one another, overlap, arise again, and that can approximately be distinguished and reordered only for descriptive aims. Many of these elements can be found in the case of Mathilda described at the beginning of the present article.

From the very first encounter with the client, the psychotherapist's attitude is characterized by two aspects which he/she will keep throughout the psychotherapeutic process. The first is termed by Kelly *credulous approach*, and consists in considering all that clients tell as their truths, that the therapist respects even when appear not shareable, incoherent, or even absurd. This "credulity" does not exclude the possibility that clients can be telling lies, but invites the psychotherapist to wonder about the sense of the lie.

The second aspect is *acceptance*, meant as the willingness to see the world through the client's eyes. The therapist's acceptance involves the attempt at anticipating events as the clients do, at employing their vocabulary, at giving words the same meanings the clients do. Therefore, it represents the approach to an *understanding* of the client, which in turn will allow the psychotherapist to hypothesize a professional construction and to create a suitable therapeutic relationship. Later, we shall come back to the professional construction and the psychotherapeutic relationship.

Hermeneutic constructivist psychotherapy

From the beginning of the psychotherapeutic process it is important to try to understand what the client expects, that is, which is his/her *pre-construction of psychotherapy and the therapist*. Sure enough, if the client considers his/her difficulties in terms, for instance, of an inability to control emotions, and consequently his/her expectations are relative to the acquisition of techniques to achieve a better control of them, the therapist's choice to explore the client's social life since the first sessions would meet an incomprehension for his/her part and is likely to determine the choice to break treatment. Just as it could compromise since the beginning the continuation of treatment a pre-construction of the therapist as a person to which, for instance, ask for advice, if the therapist does not understand such expectation and does not offer an alternative such as neither meet nor disappoint it.

In order to understand such pre-constructions and to have an idea of what the client considers liable to be treated with psychotherapy, the psychotherapist will allow the client to carry on with an *uncontrolled elaboration of the complaint*. This is to say that the therapist limits him/herself to show acceptance and attention, without playing a part in steering the conversation towards a specific direction, as long as the client keeps telling the difficulties for which is asking for help. Only when the client has ended the presentation and explicitly asks an intervention, the psychotherapist begins to take an active part in the conversation.

This choice has another important purpose: that of favouring the client's assumption of a role as co-protagonist of the psychotherapeutic enterprise, where the usual attitude is that of a passive one waiting of a help from an expert on the pattern of the doctor-patient relationship. In personal construct psychotherapy and in HCP it is the client to be the expert¹ as creator of his/her own world of meanings, and the psychotherapist, in Kelly's metaphor, acts as a supervisor of the client's research program, as a tutor towards a research student. This requirement fits in a view of psychotherapy as a "collaboration's journey" (Chiari, 2016b, p. 220, transl. mine), in which the therapist and the client are "shipmates" who "embark together [...] on the very same adventure" (Kelly, 1969, p. 232), consistently with an idea of psychotherapy as something that one makes *with* the client, not *to* the client.

Though the first session is considered the beginning of a therapeutic conversation and does not represent a special diagnostic moment separated from the therapeutic one, such conversation need not be intended to have a continuation. Actually, it is a matter of assessing if there are *indications for psychotherapy* given the problem the client tells, not taking for granted that such a request is a sufficient criterion.

Firstly, the psychotherapist should presume the presence of a disorder as meant in such type of psychotherapy (the main criterion to determine the indication to treatment), then he/she should consider the possibility that other kinds of psychological help (for instance, counselling, family or couple therapy, sex therapy, family mediation) or other practitioners (a doctor, a psychiatrist, a social worker) can be more appropriate, taking into account the possibilities they can offer in relation to the client's possibilities in terms of his/her readiness to embark in a psychotherapeutic treatment for the cost it entails, the presumable duration, and the interference with his/her working, family and social activities. In other words, the psychotherapist should check if there are the conditions to adapt the intervention to the possibilities of the person, rather than asking the person to adapt to the demands of treatment.

Even in case the psychotherapist identifies the indications for psychotherapy, he/she could not personally accept the request, especially on the basis of the prediction of the difficulties that could arise in the psychotherapeutic relationship, given his/her initial understanding of the client and the knowledge he/she has of him/herself. If HCP is indicated for any kind of disorder and

¹ This is one of the aspects that personal construct psychotherapy (and HCP) shares with the application to psychotherapy of social constructionism (cfr. Anderson & Goolishian, 1992).

for any kind of setting (individual, couple, family, group), the single psychotherapists are not so much, and this is an aspect to consider, in defence of the wellbeing of the client and the psychotherapists themselves. Even in this case, the psychotherapist will take pains over suggesting a colleague who, for his/her personal characteristics, can be more effectively helpful for the client.

Furthermore, from the very first sessions the psychotherapist assesses the client's *readiness to change* by means of a series of criteria. The importance of such assessment can be more clearly understood if one considers that people addressing psychotherapy, even though eager to find relief from their suffering, are rarely willing to change, that is, to modify their narrative of themselves and the world. The reason is that repeatedly stated, that is, the fact that from such narrative depends the conservation of adaptation. Even more so in the case of a disorder, where the person's choice is that of preserving (without verifying) what allows him/her to keep giving a meaning to his/her experience without risking of collapsing in chaos.

Consequently, a hermeneutic constructivist psychotherapist takes care to relieve the threat clients experience in their interpersonal relationships, especially in their relationship with the therapist, since easily perceived as a person who will try to question their interpretation of themselves and the world. The credulous approach and the acceptance, above described, already have a reassuring effect as indicative of a respect for the clients' ideas. Besides these, the therapist can decide to resort to specific techniques¹. Some of them basically consist in making the clients feel that their behaviours and ideas are consistent, reasonable and organised; others, in allowing clients to feel that their attempts at communicating with the therapist are successful.

These techniques, together with the ones mentioned later, consist in ways of participating in the conversation with the client so as to favour certain specific processes. Thus, they can be regarded as *conversational acts* (Chiari & Nuzzo, 2010), that the psychotherapist chooses to use on the basis of his/her professional construction. But what does the *professional construction* consist of?

It consists in applying professional constructs (threat, guilt, loosening, constriction, and so forth) to the understanding the psychotherapist has of the clients' personal experience, with specific reference to the processes which represent intimations of endangerment or disintegration of their narratives (therefore of their adaptation), and to those aimed at its conservation or restoration, as we wrote in the section "Construing change". Therefore, the professional construction leading the psychotherapist's acts can vary as his/her *understanding of the person of the client* proceeds.

Such understanding should not be meant to the exclusive benefit of the psychotherapist: it is extremely important that his/her understanding goes at the same pace with that of the client. It is an aspect that gives shape to all the therapeutic process, and that can be traced back to the transformative power of relationship. In HCP, the change process – aimed at the reactivation of experience in the "disturbed" area – realizes *in* the therapeutic relationship, in turn a component of the therapeutic relationship.

The work aimed at a shared understanding initially concerns *the problem presented by the person*, to later spread to *the person presenting the problem*. With this last expression I mean particularly, to say it in ways having a similar meaning, the aspects more characterizing the persons' narrative identity, the whole of their more recurrent ways to relate with others, their self-organisation, their core role.

Only an understanding of narrative identity can allow to hypothesize which is the form of the path of uncompleted recognition presumably followed by the client – even if some "markers of form" can already be grasped in the first session (Chiari, 2015b) – and which is the construct

¹ They are termed *palliative techniques*, and are distinguished in *reassurance* and *support*.

dimension implied in the disorder and that the psychotherapeutic process should make no longer an obstacle to the reactivation of experience. In this connection, the therapist-client relationship has an extreme importance.

The *psychotherapeutic relationship* is not only the “place” where a conversation able to favour some changes is carried on, thanks to the way the psychotherapist participates in it; it is also, inevitably, the environment in which the client (and the psychotherapist, in ways I shall clarify later) acts his/her subjectivity (Chiari & Nuzzo, 2005b). It is where the clients, though aware to be in a professional context and to be seated in front of a specialist, will try to construe the relationship with the psychotherapist in ways – at least in relation to the aspects making up their core role – similar to those they are used to utilize in the other relationships: they can try to make themselves acceptable showing to be deferential, careful or seductive, they can try to take advantage of the relationship asking for advice, or to assure it showing they are clearly willing to help the therapist, and so on. In these and many other examples, they are relational modalities which in their own are not indications of a search for consideration to replace the perception of a lack of recognition; they can become such when showing themselves in an indiscriminate and repetitive manner, thus suggesting a tendency to construe others as undifferentiated figures, with a scarce consideration of the plurality of subjectivities.

Thus, beyond what the psychotherapist can do *in* the relationship, there is the possibility to favour in the client an alternative experience *with* the relationship. However, in order that the relational experience can actually result alternative, the psychotherapists should not collude with the client’s request nor reject it, but propose themselves in terms of a different dimension, *orthogonal* to the first one (neither similar, nor opposite).

With relation to this aspect of the therapeutic process, personal construct psychotherapy and HCP make use of the psychoanalytic notions of *transference* and *countertransference*, revising them (in ways that cannot be described here), and giving a special importance, in reference to orthogonality, to the therapists’ understanding of the way in which the client construe them, and therefore of the way in which he/she will act in the relationship¹. Further, a special attention is given to the cases in which clients try to allocate their dependencies on the therapists treating them as resources², and to the cases (even more damaging to the therapeutic process) in which the therapists try to allocate their dependencies on the clients³.

Therefore, the psychotherapeutic relationship is the environment where new ways of relating can emerge⁴, of which the relationship with people outside the therapy room represents a testing ground, the occasion for social experimentations that can validate or invalidate them.

Throughout the therapeutic process, the psychotherapists should focus their attention on understanding the disorder in relation to the client’s core role, and on favouring the construction of alternatives able to reactivate experience. About that, it can be useful to make a clear distinction between the “conversational” and the “experiential” techniques I had mentioned but not described.

The former consist in the conversational acts through which the psychotherapist participates in the conversation with the client so as to favour certain specific processes. Previously I hinted at those conversational acts aimed at giving reassurance and support, yet many others

¹ This aspect is termed construction of transference.

² In this case, we talk of dependency transference.

³ Cases which configure a counter dependency transference.

⁴ An exception is the case in which the psychotherapist is construed as “the only person who... (understands me, accepts me, et cetera)”. The therapists should come out from this type of primary (instead of secondary) transference, wondering about the reasons that favoured it, inevitably ascribable also to their conduct.

could be mentioned. Some of them are directed towards the elaboration of the clients' complaint, or of material arising during the course of conversation and that the psychotherapist considers especially meaningful on the basis of precise criteria, or of the construction the clients have of themselves and their own role¹. In this respect, the elaboration can make use of specific methodologies, developed by Kelly and his collaborators, aimed at exploring, together with clients, different aspects of their narrations of experience: the self-characterisation, and various types of "grids" (repertory grid, resistance-to-change grid, implications grid, dependency grid)². Self-characterisation in particular, is a typically narrative technique consisting in requesting the client to write a character sketch as if he/she were the principal character in a play. Other conversational acts are aimed at making clearer or looser the narrative³, to make certain aspects of it more likely to open themselves to new experiences or less usable⁴, to favour the production of a psychotherapeutic movement, with the possibility of assessing its adequacy on the basis of precise criteria.

The techniques I define "experiential" derive their strong transformative effect from the way described above to understand the core role in terms of embodied subjectivity. The psychotherapeutic relationship itself can be regarded as a tool aimed at favouring new relational experiences, to the extent that requires the clients to contrive different ways to relate with the therapist. The proper experiential techniques could be termed also "acting" techniques, since they involve the interpretation of a role⁵. They can consist in the interpretation of a brief part to enact in the therapeutic conversation so as to understand better the role of the person portrayed, or in interpretations for the duration of several days based on a plot carefully written by the psychotherapist starting from the clients' self-characterisation, that can allow them to experience in the relationship with other people a role alternative to the more familiar one, thanks to the protective mask of fiction⁶.

I have briefly described in the present article the psychotherapeutic process according to the hermeneutic constructivist perspective referring to an individual setting. However, the peculiarities of its epistemological and theoretical assumptions and of the therapeutic praxis that derives from them make of couples therapy and group therapy settings maybe even more fertile for the pursuit of the goal of psychotherapy according to Kelly (1955, p. 187): "the psychological reconstruction of life."

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¹ They are termed by Kelly, respectively, techniques of elaboration of the complaint, of the emerging material, and of the personal system.

² A clear and thorough explanation of these techniques can be found in Armezzani, Grimaldi & Pezzullo (2003).

³ They are termed techniques of tightening and loosening respectively.

⁴ Techniques favouring the permeability or impermeability of personal constructs.

⁵ Kelly writes to have been inspired by Korzybski's (1933) General Semantics and Moreno's (1937) psychodrama.

⁶ Kelly (1973) terms it *fixed-role therapy*.

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The Author

Gabriele Chiari, MD chartered psychotherapist, is co-director and teacher at the *School of Specialization in Constructivist Psychotherapy* at CESIPc, Florence, Italy, and President of the *Italian Association of Constructivist Psychology and Psychotherapy*, AIPPC. He introduced personal construct theory in Italy in the early 80's and since then has trained about two hundred psychotherapists and contributed to the spreading of Kelly's ideas in the university by teaching *Psychodiagnostics* and *Clinical Psychology* as lecturer at the *Faculty of Psychology, Florence*, for eight years. A member of the editorial boards of the *Journal of Constructivist Psychology* and *Personal Construct Theory & Practice* since their first issue, has published extensively on constructivist epistemology, theory and practice, and on a phenomenological-hermeneutic elaboration of personal construct theory. His latest book in English (co-authored with the late Maria Laura Nuzzo) is *Constructivist psychotherapy: A narrative hermeneutic approach*, published by Routledge in 2010.

Email: mail@gabrielechiari.it



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