

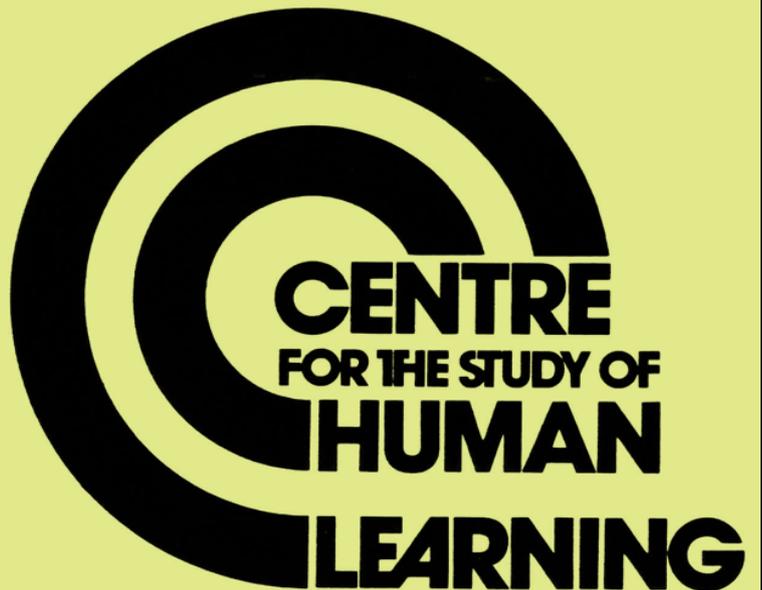
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Kelly in the Counselling Process

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This paper attempts to describe reflections on a piece of empirical research within the context of a local community church, involving an analysis of counsellor-client interviews in which I acted as pastoral counsellor. It does not attempt to give full descriptions of the interviews or methods used, but focuses on the use of Kelly within a counselling process within a community situation.

THE CONTEXT: A COMMUNITY CALLED CHURCH

Inevitably, the role of Minister of Religion cannot be played out without coming to terms with the recognition of counselling, as we now understand it, as a means of helping "the human predicament" where people seek help, out of their disease.

The clergyman has largely given way to the new "holy men", the doctor, the psychotherapist, the social worker, and so on, all of whom have their own sacerdotal roles in the bringing of wholeness to a community.

We have not got time to investigate why Humanistic Psychology and its associated plethora of therapies has largely displaced the cleric from his office. Yet the search for transcendence, the attempt to formulate new models of man, meta-language and peak experiences have given the enlightened Theologian and practitioner chance to engage once more in the dialectic.

I have two main responsibilities as a clergyman. I serve as a Minister of a progressive, radical-thinking, community-orientated Free Church somewhere within "the Tropics of Ruislip", and also act as Free Church Chaplain of (or to) one of Britain's leading technological Universities, Brunel. The second function has enabled me to relate my work to the constructs of Man as being investigated by the C.S.H.L. and to develop some ideas about the learning-to-learn process within a church setting.

Analysis was made of twenty two "clients" who sought my help. They were categorised both in terms of the socio-economic strata which underlay the presenting problems and in terms of their symptoms. Broadly speaking they presented problems which were later codified under "marital and familial stress", "addiction", and "vocational". Such designations can only be vague as they are determined primarily by the initial interview. Later conversation often raised other problems and the primacy of any one problem was a matter of current interpretation.

My basic approach in counselling is client-centred and non-directional. Given the quiver of therapies now available to the counsellor from Bioenergetics to Primal Therapy, from Transactional Analysis to Gestalt one has to pull out one which, in the moment of the counsellor-client relationship, is felt to be appropriate. The response of the counsellor to the "client" is one which recognizes, by virtue of empathy and positive regard, that the process of treatment must not be pre-determined. It must naturally arise out of the personal relationship being established between counsellor and client. The counsellor and client explore together meaningful areas where disease has occurred. They work together moving towards a mutually accepted language of meaning and pattern of procedure.

Despite my bias towards the eclectic approach, I found that, within the Church community, where I was afforded a good deal of trust, the Kellyian approach proved most valuable.

My local general practitioner, a firm friend, started sending patients to see me. It had become clear to me through "conversation" with those seeking help, that those who had sought a doctor's help were as much in need of direction-finding as they were of changing their diet; as much concerned with their relationships as they were with lack of exercise, as preoccupied with lack of goals as they were with inherited disease. In other words, the "constructs" they had about their own malaise had been "contaminated" (to use TA language) by what Kelly might have called a "focus of convenience", the language of interpretation had been modelled by the medical context. Equally important for the client were those constructs of the reality of his situation which had, as their "range of convenience", the personal and the ultimate. Kelly would have said that their super-ordinate constructs had not been given space for an airing within the interview room.

Again and again, these super-ordinate constructs or universals, verbalised in the language of direction and purpose in life or religious or quasi religious language, were able to be expressed.

Religious language was a meta-language where for example "doing God's will" or "travelling on life's pilgrimage" became meaningful expressions to converse one with another. The analogy of the Christian Life or the journey of everyman from birth to death was as valuable a reference as talking about aches and pains and using general body language. Doctors may not have time or inclination to listen to life-stories, elicit value systems, hear about journeys and pilgrimages but this does not invalidate the use of that kind of language as meaningful for the patients involved.

THE "QUO VADIS" SYNDROME

Instinctively, I found myself, in the conversation with clients, experiencing my Existentialist convictions. I tried to live in the here and now, to hear in every particular moment what was being said and inferred and was also very conscious that the journey the two of us had contractually entered upon in the counselling process was analogous to the journey that everyone of us embarks upon, the journey of encounter from birth to death.

The many questions which are thrown up by the client's distress can be summed up in his search for his own identity and journey. The "Quo Vadis" question is one which each of us asks, whether we make it explicit or not. Life's journey becomes predictable and a "given", an inevitable road to walk on, a ride on the tramlines if you like. There is no room for alternativism; for alternative lifestyles, for alternative constructs, people journey along carrying their fixed roles with them.

A case in point is that of "Rob", an alcoholic I saw regularly. Listening to the way he told his life story, the metaphor of journey repeated itself. He was "on a search" to "find himself" and he strongly identified with the journey the Prodigal Son had to make to find his rightful place again. His direction and constructs had been fixed. His mother had died when he was young. His father was an alcoholic. This goaded him on to find the straight and sober path but clearly he had not found it. He needed a change of direction, dare I say it, a "conversion". Here it is not unimportant that etymologically, 'convert' and 'converse' are linked. The convert "turns with" or "turns about" and converses, literally "keeps company with" (the original meaning of

conversation) another (could this another way of saying "starts to make meaningful relationships"?).

"Rob" then, wanted to change direction, find a new way, an alternative mode of being. Through the conversation-encounter in the counselling room and outside it, in the wider context of the community called church, he was beginning to tread a new way.

Involved in this was the introduction of a new community, a framework of people, whose constructs, language and lifestyle were greatly different from his. Here was an alternative to his fellow inebriates. Churchgoing provided an alternative to meeting his mates in the shopping precinct and tussling with police in the park.

"Rob" agreed to write a self-characterization of himself. It was readily discernible where the positive and negative poles of "Rob's" constructs lay. He saw himself acting in two modes, basically "sober" and "drunk". The constructs under these two modes were listed as follows:

<u>Sober</u>	<u>Drunk</u>
"wouldn't steal"	"would steal"
"ashamed"	"unashamed"
"straight man"	"con-man"
"gives in to others"	"stands up to others"
"helps wife"	"ignores wife"
"plays with child"	"no interest in child"
"content with self"	"know I'm doing wrong"

His polarisation of constructs reflect dichotomy of behaviour. The pictures he gave me were, on the one hand a sober, pleasant, easy-going, helpful, inoffensive family man and, on the other hand, a drunken, demanding, aggressive manipulating, cheating individual. The construct which, in a sense, justifies his negative mode of behaviour is that of the self-assurance which he feels at the time, even though he feels ashamed afterwards.

We explored his desire to get drunk through a "laddering" process which began with the question "why do you drink?". His over-arching answer was "because life is a search for something more. We are searching all the time".

Here we are back to the journey metaphor. Heuristically, "Rob" has begun to experiment with changes in his life, small changes but significant ones, he has found dialogue with the members of the community of church something which questions his own construing. New conversations he has been having has opened up the possibility of alternative paths.

THE CONSTRUCT OF GUILT

Clients who suffer from guilt or "guilty feelings" were amongst those I counselled. Kelly's definition of guilt is "dislodgement of the self from one's core role structure". The theoretical constructs of guilt - basically ontological, religious and psychoanalytical ones - are models from which we construct our own view and interpretation of guilt. Some people feel guilty that they are not feeling guilty. They are supposed to feel guilty according to society's norms; they have transgressed something in their core role structure. They have built it in to their essential way of thinking and acting that guilt feelings follow infringement. The

dislodgement from this assumed structure causes them to feel guilty. These feelings of guilt are induced through the dislodgement from their role structure.

Through learning conversations, they may be able to incorporate verdicts of "not guilty" into their core structure and thus learn to live without particular guilt feelings. The learning process allows her to deal with her guilt. It may well be, as Kelly suggests, a form of "dis-identification" with the social organisation of the person's life.

Guilt, Kelly maintains, is a "dimension of transition". Transitions are more likely to take place in a person's life in particular areas and at particular times. These times are often at times of crisis. The tight rigid person in changing to looser constructs can experience guilt or other dimensions of transition such as threat, fear, aggressiveness and hostility. Aggressive clients may invite guilt, not because their ideas seem too novel to be accepted, or because they perform hazardous experiments with their roles, but because they feel that aggression itself miscasts them. For them to be aggressive at all is to feel themselves out of character. Being out of character, they perceive themselves out of their proper role as dutiful and conforming people.

One woman I counselled exemplifies this. Her role structure depended on being a dutiful and conforming middle class professional man's wife.

Occasionally she let fly, at times violently, at her husband, dog, children and counsellor, only to suffer extreme guilt thereafter. She had shown herself out of character. Her core role structure had been dislodged. At times she would explore, through flights of imagination, flight into romantic fantasy to discover the viability of forming a very different role structure. Kelly recognizes that such people may be helped to explore novel role relationships by means of abstract words and logical forms.

In conversation with the guilty client, the idea of punishment often arose. The guilty person is being punished and thus paying back a debt to society. He may feel he has to make restitution for sins committed. Kelly reckoned that some people even use punishment as a kind of prepayment for sins they might commit later on. Illness is a strong form of punishment. One woman I saw was diagnosed as suffering from Parkinsons Disease. It became apparent after conversing together a number of times that she had established certain constructs which led to guilt and ideas of punishment. Perhaps somatically these were expressed through her illness. Briefly put, the following emerged:

- a) God punishes sins by sending illness
- b) She had produced a brain damaged child

Therefore God was punishing her for something or other. The punishment extended to her own illness. It became clear that the constructs of God and of her father were similar. They were authoritative, demanding, and judgemental. God had become a modelling facility to talk about instead of her faith. Yet this conflicted with the God of love she dearly wished to accept. The role structure she had adopted of the submissive, all obedient child was going through a transition where hostility against God was being expressed.

In conversation with her a learning process emerged whereby she was able to face my constructs of God as loving and non-punishing who does not punish through sending illnesses for sins committed. She was learning to, learn and this, in turn, was a process of transition to

greater autonomy and better health. Her guilt was being dealt with. As she began to construe her core role structure vis a vis God, her husband and adopted children, in a new light.

Because guilt is a "loss of role", the counsellor seeks to help the client reconstruct her core role. Further the client needs to find alternative roles to the ones lost; she needs help through "interpretive therapy", whereby the client's interpretations of the actual persons who normally delineate her role, is used. Care has to be exercised that the counsellor does not make the guilty client dependent. Through a sustaining relationship, with wide ranging therapeutic explorations, the client can be sustained, having temporarily lost her role. The counsellor plays temporarily a kind of "foster" role. This was true in my example. I was a parent-in-God and counsellor to this woman who had to establish her new role and cross bridges to start again with new constructs about God and herself and her world.

In another case, I used the laddering exercise to find out why one woman felt guilty and established both the super-ordinate and subordinate structures. The former ended up with "everyone wants pleasant feelings", the latter expressed itself through "slapping a child or a dog".

With someone else, I used a Rank Order Grid, listing significant persons (the elements) in her life and the conditions which made her feel guilty became the constructs. She scored very high in terms of the ranking of herself as producing guilt through the constructs of 'disliking', 'neglecting', 'being angry with', 'not enjoying the company of', 'revealing emotions to', and 'not enjoying thoughts about'. She ranked 16th however in terms of feeling guilty through being angry with herself. Being angry with her mother and father produced the most guilt. What became apparent was the intra-psychical conflicts which were at work. Gradually she began to share her world with me as counsellor and face possibilities of establishing a new role structure not dependent on her dead parents.

CONSTRUCTS AND BODY LANGUAGE

Particularly valuable in the counselling process has been the relating of Kelly's notion of "tight" and "loose" constructs to the terminology of "body language" as expressed in Alexander Lowen's work on "Bioenergetics" (following Wilhelm Reich)¹.

Nigel Collingwood, my Student Counsellor colleague at Brunel, has made out a strong case for showing there is a link between the body and class consciousness². An example might be of the child who is locked into a particular physical posture because he is always bracing himself ready to be punished for crimes committed. So, Collingwood maintains, people are locked into certain positions through attitudinal responses to various forms of hierarchy, including the State².

What has become apparent is the connection between the language of the body expressed in the counselling interview and the concomitant constructs which this language expresses. For example, a tight-fisted person has often a very fixed, tight set of constructs of his world, his relationships and himself.

This way of interpreting has been particularly useful in helping a married couple. The

1. A. LOWEN, "Bioenergetics", Penguin Books, 1975.
2. N. COLLINGWOOD, "Class Consciousness and Bodies", (Unpublished).

husband, a very upright, impeccably dressed man who tends to march when he walks, was asked to describe both himself and his wife. He was also asked to pass judgement on these descriptions. This is how he described himself and his wife:

	<u>Self:</u>	<u>Wife:</u>	
"good" values	"quiet" "reliable" "punctual" "nothing too much trouble"	"quiet" "outspoken" "warm to others" "compassionate" "caring"	"good" values
"bad" values	"over pernickety" "lacking in confidence"		

His wife was then asked to do the same exercise.

	<u>Self:</u>	<u>Husband:</u>	
"good" values	"cheerful" "sense of humour"	"reliable"	"good" values
"bad" values	"expect too much"	"no sense of humour" "pernickety"	"bad" values

It became clear that the fixed roles they had both adopted would have to be amended in some way. His rigidity had to be "loosened", her caring had to be extended to her husband. I suggested he found some way to loosen up (joining a musical society and playing a comic role has helped this enormously). They have also started going to places together to enjoy things, something they haven't done for years. It also transpired that, of the "significant persons" in the husband's life (four in all) none was a member of his family and one was his counsellor! His wife gave me six names of significant persons, all were family or close friends, her husband did not appear on her list.

The sharing of constructs together surprised them. In the end they agreed (a) to find a common interest to share, (b) talk more to each other and share feelings, (c) develop new ways of being themselves. A good deal of what Kelly calls "slot rattling" went on as they explored new modes of being themselves.

In other instances I have assisted the "loosening" of "tight" constructs, bodily posture and language through conversation and manipulation at the same time. The lady with "Parkinsons Disease" was asked to walk across the room if she could, unhaltingly, at the same time she repeated her new-found experience, being free from the domination of God and her father.

CONCLUSIONS

Space has not allowed me to spell out all the clients I saw and how we fared using Kelly as a form of therapy. The instruments of testing self-characterisation, repertory and rank order grids, laddering were all used as aids to relational counselling where warmth, empathy and non-possessive love were constituents. I cannot claim that the Personal Construct Approach has pride of place in the eclectic method, but it comes near to being a kind of "primus inter

pires". In the counselling process a number of things have become clear, which assist the wider educational, learning-to-learn process. They can be briefly listed:

1. Persons have overriding super-ordinate constructs by which they live and have their being. These are "believed in" and "obeyed". They take on mega-values, they become universals. Their validity in the "real" world can be tested through their breaking down into elements. I can see the use of Personal Construct Theory being valuable in at least two spheres. In the counselling area, the client can be helped to play with his super-ordinate constructs, mega-values, universals, myths, whatever the overarching principle is, to see if he can anticipate his life with new ways of being himself. In the learning process I can see some application for attitudinal change particularly in areas where people are locked in to structures of meaning which have some possibility of being open to change. I have in mind racial discrimination, attitudes to peace and war, and the interpretation of suffering.
2. The conversational process between persons is not to be "reduced" simply to an objective analysis of the language and self constructs being used. Martin Buber's "I - Thou", in relationships, the regarding of one person of another, the "hidden agenda" of personality-relatedness, the here-and-now dynamic are all as important as the abstraction of data for grids.
3. The counselling process is always being carried out within a social context, a community, within which the psyche and the soma are subject to internal and external pressures and expectations. Both the counsellor and client are community animals. We are always "becoming who we are" and, within the counselling situation, radical alternativism has to be at least a possibility and at most the end of the therapeutic process. Conversion is as much a possibility as aversion.

Kelly's disciples cannot be restricted to the domain of the clinic or the educational establishment, they must be found in the community. They must not be only psychologists but include all those who empathically care for others.