Ernst von Glasersfeld and Psychotherapeutic Change

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> Context • The late Ernst von Glasersfeld humbly claimed that he was not a therapist and therefore had no comment on the relevance of his radical constructivism for psychotherapy. **> Problem** • Because the constructivist view of psychotherapeutic change is often overlooked, this paper in von Glasersfeld's memory uses his constructivist theory to conceptualize how such change occurs. **> Method** • By briefly outlining the radical constructivist position and examining its theoretical implications for psychotherapy, the significance of von Glasersfeld's theorizing for understanding therapeutic change is articulated. **> Results** • A constructivist view of psychotherapeutic change emphasizes relational factors rather than the rote steps of an empirically supported treatment approach. While client-therapist interactions never instruct clients how to change, the therapeutic relationship is the mechanism by which client systems are disrupted and compelled to reorganize in new ways. **> Implications** • Von Glasersfeld's constructivism implies that therapy is a structured way of generating client change. Because all clients are closed systems, therapy is different with every client. Von Glasersfeld's theory provides a basis for conceptualizing therapy in relational, rather than empirically supported treatment, terms.

> Key words • Psychotherapy, empirically supported treatments, personal construct theory, radical constructivism.

In a video interview, the late Ernst von Glasersfeld was asked about the implications of his radical constructivism for psychotherapy. He demurred, replying "I am not involved in that and I would not like to meddle with what therapists are doing" (Lombardi 2008). Though not a therapist himself, von Glasersfeld's work has significant psychotherapeutic implications. Some practitioners have combined von Glasersfeld's theorizing with other varieties of constructivism in developing concrete strategies for working with clients (Chiari & Nuzzo 2010; Efran, Lukens & Lukens 1990; Mahoney 2003; Neimeyer 2009; Raskin & Bridges 2008). Nevertheless, the radical constructivist explanation of *how* psychotherapeutic change occurs has often been misunderstood. In this brief essay in von Glasersfeld's memory, I present his basic theory and its implications for psychotherapy, with particular emphasis on what it means for conceptualizing and studying therapeutic change. Radical constructivism provides a rigorous and scientifically-grounded rationale for psychotherapy research that emphasizes the therapeutic relationship rather than specific techniques. According to radical constructivism, change is only possible when therapy disrupts client equilibrium in ways that force psychological reorganization. Consequently, change is determined much more by client structure than therapist technique.

The constructivist stance

Von Glasersfeld's (1995) radical constructivism is rooted in two basic assumptions about human knowledge: (a) it is actively constructed by people rather than passively received, and (b) it is devised for adaptive, not representational, purposes. According to von Glasersfeld, people can never be certain that their understandings match an external world, but they can know if their constructed knowledge proves viable in light of their intentions. In other words, radical constructivists reject correspondence theories. One reason for this is because they conceptualize people as closed structural systems (Glasersfeld 1995; Maturana & Varela 1992; Simon 1985). This means that information never crosses from inside a person's structure to outside it or vice versa. Instead, forces external to the person "perturb" its private internal workings and disrupt its equilibrium, requiring individuals to respond based on their organization. For example, light waves do not dictate what a human being sees; rather, light waves trigger the structurally determined activity of the human visual system (Maturana & Varela 1992). What one sees is based on how the visual system is built, which is why different species experience different visual responses to the same stimulus.

Of course, no two organisms – even those of the same species – are structurally identical. Each person constructs personal knowledge based on his or her particular experiences and organizationally-closed structure. This is what makes people unique. Because radical constructivism emphasizes actively building up personal knowledge, its critics often see it as denying external reality (Held 1995; Matthews 1993, 2002; Nola 2003; Suchting 1992). However, this is not so. Radical constructivists simply maintain that (a) while people believe that there is an external reality, its existence is beyond rational proof because people are closed information systems; and (b) any presumed external world never directly instructs how the systems it disrupts must respond (Glasersfeld 1995; Maturana & Poerksen 2004; Quale 2008). Whatever lies outside a closed system activates its construction processes, but the understandings people generate are the products of those processes.

A constructivist view of therapeutic change

Accepting the idea that external reality does not directly instruct systems how to respond when perturbed requires a shift in understanding of mechanisms of psychotherapeutic change. The empirically supported treatment model of psychotherapy research, which presently exerts quite an influence on the field, emphasizes standardized treatments (Baker, McFall & Shoham 2009a). It is based on the assumption that all people exhibiting comparable symptoms suffer from the same underlying malady. If so, they should respond similarly to specific treatment interventions. In other words, the empirically supported treatment movement maintains that psychotherapy must be limited to detailed sets of procedures. Further, only use of those procedures shown to consistently work with specific client problems should be allowed. When therapists do otherwise they are "behind the times" and not practicing competently (Baker, McFall & Shoham 2009b).

The intentions of empirically supported treatment advocates are honorable. They wish to see psychotherapists help clients and believe that this can only be accomplished by applying structured treatment regimens to those with the same diagnosis. Yet from a radical constructivist perspective, this position does not make a great deal of sense because it is based on the assumption that specific procedures should produce similar changes in all clients. That is, the empirically supported treatment approach presumes that client responses are a direct result of the steps taken by their therapists. In such a conception, therapy is something clinicians "do" to clients. It directly instructs clients how to respond, yielding the same internal changes regardless of the client at hand.

Those favoring empirically supported treatments are quick to invoke science in defending their approach. On the surface, they provide a compelling argument. In their view, psychotherapy must model itself on medicine in order to become a legitimate scientific enterprise (Baker et al. 2009a). In medicine, treatment depends on accurate diagnosis of underlying disorders. All those exhibiting the same symptoms are believed to suffer from the same fundamental dysfunction. Through research and the establishment of standard treatment procedures, clear sets of steps can be devised to cure illnesses. This model has proved remarkably viable in medicine, with doctors able to treat and cure diseases much more readily than they could a century ago.

However, the analogy does not hold up especially well when we shift from the generally concrete biological interventions of medicine to the more ephemeral arena of human meaning and relationships. First, it is questionable whether people showing the same symptoms have the same essential problem; two different people acting depressed may be doing so for entirely different reasons based on the unique ways they have constructed understandings of themselves and their circumstances. According to radical constructivism, people actively devise constructions based on their distinctive circumstances and structure. To assume that the same behaviors reflect identical underlying construction processes contradicts the radical constructivist idea that each person's understandings are inevitably personal, private, and idiographic.

Second, when a psychotherapist disputes an irrational belief, counter-conditions a phobia, or interprets a dream there is no way to determine how a given client will respond. This is because client responses are the products of clients' internal meaning-making processes. A therapeutic technique may trigger those processes, but it cannot dictate what those processes will generate once activated. This explains why an intervention used with one client produces remarkable therapeutic progress, but when used with another it yields no change at all.

This also sheds light on one of the most consistent and robust findings in psychotherapy research, namely that the therapeutic relationship is the best predictor of therapeutic outcomes (Bohart & Tallman 1999; Duncan et al. 2010; Gelso & Carter 1985; Horvath & Luborsky 1993; Lambert 2011; Wampold 2001; Wampold, Hollon & Hill 2011). Change occurs when clients feel moved in some way by their relationships with their therapists. This is consistent with von Glasersfeld's radical constructivism, which holds that it is a person's internal organization that determines how he or she responds to external stimulation. It is the client's structure – not a specific technique – that is central to producing changes. Put another way, when it comes to generating therapeutic transformations, the steps of an empirically supported treatment manual are far less important than how (or whether!) a client's structure responds to what a therapist does.

Effective therapeutic relationships foster perturbations that initiate psychological reorganization. Because each client responds in his or her own unique way to therapeutic interventions, it makes sense that the relationship as experienced by the client is a better predictor of outcomes than the particular strategies used by the therapist. If the relationship does not inspire, move, or touch the client in some manner, therapeutic progress is not possible. Nonetheless, whether and why a client feels inspired, moved, or touched is inevitably a product of a client's closed system and its idiographic response to being therapeutically jostled. The therapeutic relationship, unique in every client-therapist pairing, proves a strong predictor of therapeutic outcomes because when clients feel impacted by their therapists, they often reorganize their understandings in new ways. Yes, sometimes clients feel impacted by the rote steps of an empirically supported treatment manual. However, at other times the impact is the result of far more informal, at times even unplanned and spontaneous, interpersonal transactions. This is what all too often is overlooked by therapy researchers invested in structured treatments based on standardized diagnoses. It also explains why the encounters identified by clients as the most transformative moments of therapy are often not the ones their therapists would have predicted to be so.

Relational coordination in psychotherapy

Von Glasersfeld's theory has been more readily applied to education than psychotherapy (Glasersfeld 1989, 1995; Quale 2008; Steffe & Gale 1995). Generalizing from one to the other, radical constructivism implies that therapy, like learning, is "the product of self organization" (Glasersfeld 1989: 11, page refers to web document). How our psychological systems organize constructed

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understandings provides the basis on which we interact with others and the world; it is what determines when, how, and whether we learn or change in response to external stimulation. This is important because even though constructivists see people as closed information systems, they readily acknowledge that people impact one another and mutually coordinate their actions. George Kelly, a clinical psychologist whose constructivist theorizing is more psychotherapy-oriented than von Glasersfeld's, conveyed this nicely when he discussed roles and sociality. According to Kelly (1955), sociality involves construing another person's construction processes. Upon doing so, one can adopt a role in relation to the other person. Therefore, if I construe my boss as wise and defer to her on work-related issues, I have adopted a role in relation to her. Ideally my boss engages in the same process and develops constructions about how I construe things; perhaps she construes me as dedicated and gives special attention to initiatives I undertake. Our mutual construing of one another's construction processes permits us to relationally coordinate in a satisfying manner that feels like shared understanding – even if, technically speaking, we each remain in touch only with our private constructions. In this regard, Kelly's ideas about roles and sociality fit with von Glasersfeld's (2010) thoughts about shared communication. From both theorists' points of view, our constructions of others are always pragmatic, personal, and private creations that are maintained when they allow effective relational coordination and – ideally – discarded or revised when they do not. However, they are never truly shared or direct reflections of the world out there.

A constructivist perspective on psychotherapy is relational in that it depends on the interpersonal coordination central to Kelly's (1955) sociality, as well as on von Glasersfeld's (2010) conception of shared communication as synchronized actions that corroborate the respective participants' constructions of one another. What happens in therapy is no different from what occurs in everyday life. In the course of daily events, people mutually coordinate their actions based on their personal constructions of self and others. When other people's actions confirm (or, in von Glasersfeld's terms, "fit") their constructions, they proceed as usual. When they do not, a sense of internal disequilibrium occurs and psychological reorganization is initiated to reestablish homeostasis. The difference between daily life and psychotherapy is that the former may provoke psychological disruption and alteration, but is not explicitly geared to do so most of the time. The latter, regardless of the theoretical orientation adopted by the therapist, is a structured activity purposely designed to perturb client systems and push them towards psychological change. In this respect, all therapy is relational.

As a final caveat, a radical constructivist conception of psychotherapy avoids the pitfalls of solipsism because it assumes that how therapists act in response to sociality (i.e., their constructions of their clients' constructions) offers the very real prospect that clients' psychological systems will be disrupted to a degree requiring self reorganization. So even though psychotherapists never gain direct access to client constructions, when their understandings allow them to relationally engage clients in ways that perturb them and yield mutually satisfying psychological transformations, therapy is effective. This makes the therapeutic relationship central to generating client change while still seeing the resulting changes as products of clients themselves as opposed to the steps of rote treatment regimes.

Conclusion

Ernst von Glasersfeld was not a therapist. However, about 10 months before he passed away, he said something to me that nicely encapsulated a radical constructivist understanding of therapeutic change. In an effort to reassure me in the face of criticism from those hostile to constructivism, Ernst noted that he usually found it ineffective to argue with his critics because nothing he said or did had the power to change their minds. Only when their systems were organized in a manner that made them amenable could radical constructivist ideas have any impact on them at all – and even then, he could never figure out why saying this or that was powerfully compelling with one person but completely ineffective with the next. Trying to convince someone who was unreceptive to radical constructivism was pointless. Come to think of it, the same could be said of clients who are unresponsive to therapy, which is probably why forcing treatments on them usually does not work.

Despite not being a therapist, Ernst von Glasersfeld developed a theory of radical constructivism that has important insights for psychotherapy. Despite his humility on the subject and his ensuing desire to avoid treading on therapeutic turf, his theory provides a challenge to models conceptualizing therapy as a set of steps that directly alter

client feelings, thoughts, and behaviors in specifiable ways. Radical constructivism bolsters the notion that therapy is a much more elusive process than what empirically supported treatment advocates claim: it is one in which therapists must creatively struggle to find what triggers the psychological reorganization of the particular client at hand. In my own work as a psychotherapist, Ernst von Glasersfeld's theorizing has been remarkably influential, transformative even. It has fostered perturbations and reorganizations in me and many other clinicians that will continue to ripple through the field of psychotherapy well beyond Ernst's lifetime. For that, I shall always be grateful.

References

Baker T. B., McFall R. M. & Shoham V. (2009a) Current status and future prospects of clinical psychology: Toward a scientifically principled approach to mental and behavioral health care. Psychological Science in the Public Interest 9(2): 67–103.

Baker T. B., McFall R. M. & Shoham V. (2009b) Is your therapist a little behind the times? The Washington Post, 15 November 2009. Retrieved from http://www.washingtonpost.com

Bohart A. C. & Tallman K. (1999) How clients make therapy work: The process of active self-healing. American Psychological Association, Washington DC.

Chiari G. & Nuzzo M. L. (2010) Constructivist psychotherapy: A narrative hermeneutic approach. Routledge, London.

Duncan B. L., Miller S. D., Wampold B. E. & Hubble M. A. (eds.) (2010) The heart and soul of change: Delivering what works in psychotherapy. Second edition. American Psychological Association, Washington DC.

Efran J. S., Lukens M. D. & Lukens R. J. (1990) Language, structure, and change: Frameworks of meaning in psychotherapy. Norton, New York.

Gelso C. J. & Carter J. A. (1985) The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. The Counseling Psychologist 2: 155–243.

Glasersfeld E. von (1989) Constructivism in education. In: Husen T. & Postlethwaite T. N. (eds.) The International Encyclopedia of Education. Supplement Volume 1. Pergamon Press, Oxford: 162–163. Available at http://www.vonglasersfeld.com/114

Glasersfeld E. von (1995) Radical constructivism: A way of knowing and learning. Falmer Press: London.

Glasersfeld E. von (2010) A radical constructivist view of meaning and the problem of communication. In: Raskin J. D., Bridges S. K. & Neimeyer R. A. (eds.) Studies in meaning 4: Constructivist perspectives on theory, practice, and social justice. Pace University Press, New York: 3–8.

Held B. S. (1995) Back to reality: A critique of postmodern theory in psychotherapy. Norton, New York.

Horvath A. O. & Luborsky L. (1993) The role of the therapeutic alliance in psychotherapy. Journal of Consulting and Clinical Psychology 61: 561–573.

Kelly G. A. (1955) The psychology of personal constructs. 2 Volumes. Reprinted in 1991 with Routledge, London.

Lambert M. J. (2011) Psychotherapy research and its achievements. In: Norcross J. C., VandenBos G. R. & Freedheim D. K. (eds.) History of psychotherapy: Continuity and change. American Psychological Association, Washington DC: 299–332.

Lombardi J. (2008) Radical constructivism and daily life. Video recording. Available at http://www.youtube.com/watch?v=GpWbUWroPuA

Mahoney M. J. (2003) Constructive psychotherapy. Guilford, New York.

Matthews M. R. (1993) Constructivism and science education: Some epistemological problems. Journal of Science Education and Technology 2(1): 359–370.

Matthews M. R. (2002) Constructivism and science education: A further appraisal. Journal of Science Education and Technology 11(2): 122–134.

Maturana H. R. & Poerksen B. (2004) From being to doing: The origins of the biology of cognition (Translated by W. K. Köck & A. R. Köck) Carl-Auer: Heidelberg.

Maturana H. R. & Varela F. J. (1992) The tree of knowledge: The biological roots of human understanding (Translated by R. Paolucci). Shambhala, Boston.

Neimeyer R. A. (2009) Constructivist psychotherapy: Distinctive features. Routledge, London.

Nola R. (2003) "Naked before reality; skinless before the absolute": A critique of the inaccessibility of reality argument in constructivism. Science & Education 12: 131–166.

Quale A. (2008) Radical constructivism: A relativist epistemic approach to science education. Sense, Rotterdam.

Raskin J. D. & Bridges S. K. (eds.) (2008) Studies in meaning 3: Constructivist psychotherapy in the real world. Pace University Press: New York.

Simon R. (1985) A frog's eye view of the world. Family Therapy Networker May/June 1985: 33–43.

Steffe L. P. & Gale J. (eds.) (1995) Constructivism in education. Lawrence Erlbaum, Hillsdale NJ.

Suchting W. A. (1992) Constructivism deconstructed. Science & Education 1: 223–254.

Wampold B. E. (2001) The great psychotherapy debate: Models, methods, and findings. Lawrence Erlbaum: Mahwah NJ.

Wampold B. E., Hollon S. D. & Hill C. E. (2011) Unresolved questions and future directions on psychotherapy research. In: Norcross J. C., VandenBos G. R. & Freedheim D. K. (eds.) History of psychotherapy: Continuity and change. Second edition. American Psychological Association, Washington DC: 333–356.

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