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INTRODUCTION TO DIVING BENEATH THE WAVES: IN MEMORY OF TOM RAVENETTE

One of the criticisms that has sometimes been leveled at personal construct psychology (PCP) is that it is a very verbal approach. Clinicians and researchers overwhelmingly have used words to explore the meanings people give to their experience. This is in part because the methodologies that have been most commonly associated with interviews have been repertory grids, self-characterizations, and laddering, all of which rely centrally on language (Walker & Winter, 2007).

Kelly (1955/1991) himself did not see his approach as confined to what is verbalized. He used the term "preverbal" to characterize the discriminations that are not expressed by words. However, some have expressed their unease with this term because of its (unintended?) implications, either that preverbal discriminations are those occurring prior to the child developing language or that such discriminations *need* to become verbalized. Instead, they prefer the more neutral word "nonverbal," a term Kelly also used.

In this special edition of the *Journal of Constructivist Psychology* for the first time we have a group of PCP articles with a central focus on the nonverbal. These five articles deal with one major aspect of the nonverbal, the visual, using drawing, photography, and painting. In so doing, most authors credit Tom Ravenette (1997a, 1999) for innovative applications of such media to understanding individuals from a personal construct perspective.

Tom was a British educational psychologist whose focus was particularly on one-off interventions with children who were regarded as "problems." He was driven to consider alternative ways to both understand and work with children, as well as those who considered them to be a problem. In his retirement he started to give innovative and thought-provoking workshops in which he invited participants to adapt some of the techniques he used with children to adult contexts. Many of these began with the nonverbal, especially the visual. The authors of the articles in this

issue were inspired by his invitations to work themselves with the visual, and to use this to "dive beneath the waves" (Ravenette, 1997b).

It is interesting to note, however, that the writers of this volume have not seen the visual as something that can and should *necessarily* be translated into words. In some instances this was important, as in Humphreys & Leitner's case study of a client struggling with a fragmented identity. But for others, such as Harter and Stein, the visual could at times tap into a nonlinear, multifaceted expression not readily, or even desirably, expressible in the linear form of language. Harter cites Moon (1994), who used the term "meta-verbal," rather than nonverbal.

While many of the techniques illustrated here have been used within other psychological traditions, the present writers adapt and reconstrue the approach within a personal construct perspective. To illustrate, Foster adopts the method of Ravenette whereby the individual makes a drawing, but also does a drawing that is its opposite, retaining the important bipolarity of construing. Hanieh and Walker use a photographic technique developed by a humanistic psychologist, Ziller, to explore the process of constriction that Kelly considered central to depression.

We trust you will find the articles both useful and interesting. We hope that this issue will trigger others in the future to explore approaches that use nonverbal methodologies from a constructivist perspective.

Beverly M. Walker
Guest Editor

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NONVERBAL TECHNIQUES IN PERSONAL CONSTRUCT PSYCHOTHERAPY

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In this article it will be argued that the importance of nonverbal methods in personal construct psychotherapy arises from the basic philosophical and theoretical tenets set out by Kelly (1955) concerning the role of the clinician. The sensitive use of such techniques can greatly enhance both the precision and the experiential impact of the verbal interchange between client and therapist. Two in-depth clinical case studies will be presented to illustrate ways in which nonverbal tasks (predominantly visual) can be employed from diagnosis through the middle and closure phases of the therapy process. This will be done in such a way as to highlight key therapeutic issues, including therapist–client relationship, choice, facilitation of change, "resistance" to change, and issues of identity. Techniques covered include drawing; art postcards, and visual and kinaesthetic imagery techniques.

> The world of words and the world of experience are two separate domains only bridgeable by acts of the imagination. (Ravenette, 2000)

Our aims as productive personal construct psychotherapy (PCP) clinicians begin with Kelly's *leit motiv* of "constructive alternativism": "that all our present perceptions are open to question and reconsideration, and . . . that that even the most obvious occurrences of everyday life might appear utterly transformed if we were inventive enough to construe them differently" (Kelly, 1986, p. 1). For the clinician, this is an invitation to a bold, creative endeavor in the context of an intimate relationship with our clients. This leads directly to the proactive catch cry: "No one needs paint himself into a corner: no one needs to be completely hemmed in by circumstances: no one needs to be the victim of his biography" (Kelly, 1955, p. 15).

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The philosophical cornerstone of constructive alternativism and the vivid, visual metaphors used by Kelly in its elaboration, as well as Kelly's views on the nature of a construct and the process of construing, lend strong support to the discerning use of nonverbal methods. Kelly described a construct as a bundle of thoughts, feelings, and behaviors. This presented a radical and commonly misrepresented position to that of the mainstream psychological theories of his day. To emphasize his stand, he stated "that a construct had something to do with formless urges too fluid to be pinned down by verbal labels" (Kelly, 1966, p. 15). Theoretically, Kelly opposed mind–body dualism and called attention instead to the notion of human experience along a continuum of awareness. In acknowledging Freud, he noted: "[H]e too must have listened to these same cries echoing from deep down where there were no sentences, no words, no syntax" (Kelly, 1969, pp. 50–51).

Nonverbal tools can be extremely useful when working with these preverbal (laid down prior to language development) and nonverbal constructs. To do so successfully necessitates a deep, intimate quality of communication between therapist and client. Right from the start nonverbal methods can provide a new way for people to experience salient constructs and, more specifically, can prevent the launching into the telling of one's tale in familiar terms along with accompanying known implications and self-labels. These tools can also enable the expression of recent or early experiences, which have been, prior to coming to therapy, less consciously available to the client. In my experience, they often provide a less threatening way in which the connection between core constructs (which relate to issues of self, survival, and identity) and more peripheral constructs can then be verbally explored and revisited.

There is a diverse history of the incorporation of visual and nonverbal methods within other adult psychotherapy traditions. Examples include action methods of psychodrama (Moreno, 1964) and gestalt therapy (Perls & Perls, 1973); dream analysis and work with visual symbols and images (Jung, 1984); sand tray, clay modeling, and active imagination techniques used in Jungian analysis (Weaver, 1973); art therapy (Moon, 1994); numerous instances of hypnosis (Bandler & Grinder, 1981; Spiegel, 1993) and guided imagery techniques (Assagioli, 1975; Gendlin, 1982);

and attention to body language (Bandler & Grinder, 1981). Apart from Ravenette's (2000) extensive use of drawing with children and adolescents, there is limited discussion of the use of visual methods in PCP literature, especially with adults (Fransella & Dalton, 1993; Rowe, 1996). Kelly's (1969) fixed role therapy would seem to be the major action method employed by PCP therapists (Epting & Nazario, 1987), although this derives largely from verbal and written methodologies.

I have found that integrating several dimensions in one's clinical practice—verbal, visual, and kinaesthetic—can encourage a general openness to complexity in and out of the therapy room, for both therapist and client, and can facilitate an empathic understanding through the suspension of our own constructs. My early clinical practice was with children and adolescents. It was during these 10 years that I made extensive use of Ravenette's techniques (2000) and other creative methodologies. It was a natural progression to include such methods in my later work with adults. By incorporating nonverbal methods, designed to work directly with the imagination, we can skillfully and sensitively accompany and at times guide our clients through their personal and collective labyrinths. Furthermore, weaving in stories and images of transition with sociocultural meanings, by way of metaphors, symbols, and myth, can greatly enhance the process of healing and integration.

Personal Construct Psychotherapy

PCP is theory- and philosophy-driven, rather than technique-driven. Kelly deemed any assessment or intervention technique acceptable as long it was carried out in the spirit of the philosophical and theoretical tenets of PCP. Such techniques would never be conducted as "tricks" or mysterious tests quietly evaluated by an omniscient therapist. In a nutshell, the process involves listening respectfully and with great care, in an attempt to understand our clients' understanding of themselves and their lives. We are thus interested in the *person* in the context of intimate attachment relationships, not in "the problem." As noted by Ravenette, asking questions in PCP becomes an art form, enabling a deep exploration of who we are and what obstacles we put in our way, and opening up new pathways to become who we want to be. The

incorporation of images provides another way to ask a question, as well as another avenue through which changes take place. In PCP, assessment overlaps with early intervention. This is because the process of appropriate and empathic inquiry results in the client feeling deeply understood and often developing new insights (in addition to furthering our understanding); changes in the client's experience and anticipations have already begun.

My sense as a PCP therapist is that of working on the edge between what is clearly conscious and able to be named, on the one hand, and with experiences that are further along the continuum toward unconsciousness, on the other. This is particularly evident when working with the bipolarity of a client's construing. This practice, undertaken at all stages of the therapeutic process, sets PCP apart from many other approaches. Rather than dealing with concerns and issues as if they were *unities*, a PCP therapist usually seeks to explore the person's opposite pole to the one expressed. It is in this contrast pole that the essentially personal nature of the construing is revealed. This has two important functions. First, the invitation necessitates that clients look again at what they value and with a greater awareness of all it entails in order to then delineate what for them is its opposite. Second, the process of becoming aware of and then communicating to the therapist the less familiar personal contrast pole is a powerful one, and can in itself produce important changes. The extent to which a client's associations to these poles are then examined through verbal methods such as laddering (Hinkle, 1965; Neimeyer, Anderson, & Stockton, 2000) varies; sometimes they are best left, temporarily.

The process of PCP involves repeatedly moving between exploring clients' construct systems; relating the manifestation of personal core and peripheral constructs to the specific issues they have brought to therapy; and examining, where appropriate, all of this in the context of the client–therapist relationship. The general outcome of successful therapy, however, necessitates a client's audacious restructuring of his or her worldview and an ongoing commitment to an enhanced awareness, as revealed in day-to-day actions. For a detailed account of PC therapies see Fransella (2003), Fransella and Dalton (1993), Leitner (1995, 1999), Leitner, Faidley, Dominici, et al. (2005), Neimeyer (1987), Neimeyer and Mahoney (1995), Neimeyer and Raskin (2000), Walker and Winter (2005), Winter (1992), and Winter and Viney (2005).

Case Examples

Mika

Mika was in her mid 20 s and was referred by her older sister, Ruth who told me that their mother had died from cancer two years before. I saw Mika for 10 sessions spread over a period of seven months.

In response to one of my standard early questions, "Tell me about what has triggered your decision to make an appointment to come and see me right now, at this point in your life," Mika answered that a year ago she "had her heart broken" in a relationship. For a short time, and for the first time, she said, she had felt really special: "He made me feel like an angel." Mika had recently come to the realization that she was as devastated now as she had been a year earlier, and that she was "obsessed by this relationship," unable to move on, still waiting for him to reappear and take her with him. In her Cinderella story, her prince came and went.

Mika's family background was particularly grueling. Her father had been an alcoholic and physically abusive to her mother when drunk, "but he adored me." Her mother left her father when Mika was 10 years old, triggering highly ambivalent feelings in Mika, who missed him. He died when she was 12 years old. Her mother was diagnosed with breast cancer when Mika was 19 years old, refused all medical treatment, left the girls with two female caregivers (whom she loathed), and pursued alternative treatment overseas. Mika did not see her for two years and described feeling utterly abandoned, longing for her father "to come back and make my mother have treatment." Mika's unfinished business concerning her parents' deaths was vividly evident to us both in the fact that she had not visited either grave.

Ruth remained one of the few positive caregiver figures in her life. Fortunately, at the time Mika came for therapy she had a very supportive (older) best friend in her life, who she described in a structured exercise as "strong, motherly, always there for me,

and trustworthy." I mentally noted that this augured well for our relationship.

Five key issues formed the basis of our work together:

1. Mika's deep sense of grief and abandonment following her recent unrequited love experience: A general sense that she was "doomed" pervaded.
2. Her overwhelmingly negative feelings about her parents, who she felt had dominated and crippled her own life energy: After exploring this at one point, she exclaimed in exasperation, "Everything in my life is about mum and dad." Her unresolved grief following their deaths was an aspect of this.
3. Her weight: Mika would have been considered anorexic, with a very low body weight, minimal food intake, no menstrual periods, and little energy.
4. Interpersonal problems: She admitted that she tended to push people away with a pattern of being both cool and impulsive in her relations with them.
5. Countertransference issues: I became aware early on of my own tendency to want to protect Mika and make everything okay for her. I used various cues in order to be alert to this inner response. At that point, I would mentally place Mika and what we were doing together at arm's length, and instead locate within myself a cool compassion. The upshot of this was usually greater independence on Mika's part.

In addition to general clinical discussion and exploration, I used a variety of verbal structured exercises throughout the early and middle phases of therapy, including Personal Description Method (Prisgrove, 1990),[1] Tschudi's (1977) ABC model, laddering (Hinkle, 1965), and pyramiding (Landfield, 1971). Our work on key male and female role models was also important in providing another avenue with which to integrate the positive and negative forces Mika experienced in her life. The former were included particularly because of the dearth of positive role models in her life.

[1]Clients name 10 important people (including self) and are asked to list three defining qualities about each person. Recurring themes are considered, contrast poles are elicited, and the constructs are laddered to explore core constructs. This is usually done over several sessions.

The combination of these tools in the context of what had become an honest and safe therapy relationship appeared to result in Mika seeing the complex and paradoxical aspects of her life choices in new and constructive ways and acting accordingly. Nonetheless, periodically Mika would experience anguish, panic sensations, and self-doubt when she thought about her past lover and her current life. It was as if her new and more optimistic life story slipped away from her grasp at these times. It was only after we made use of a nonverbal method that everything we had done appeared to hold together in a more compelling and long-lasting way.

THE INTERSECTION

This method is based on narrative therapies' (White & Epstein, 1990) emphasis on life choices. Using a drawing of the universal metaphor of an intersection, or of a T junction, in combination with guided visual imagery is an especially powerful way of gathering together the threads of the therapy process up to this point and providing a vehicle for broad changes. It can also be used during the early stages of therapy. In this instance there were three phases to the technique. These are the instructions I use:

1. (Drawing as I speak) "I am struck by your movement through your life, beginning as a *child*—whom you described as physically small, vulnerable, abandoned, and fun—through to your *teenage years* and on to your present life as an *adult*. You say that you have been suspended, waiting for someone to come to make something happen. Along came Al and, as swiftly, he vanished. *It's as if you find yourself standing right now at an important crossroad.* Now really is the beginning of your *own adult life*. (Drawing) You could continue along much the same, you could choose to go right, or you could choose to turn left. It is up to you. You seem poised at this interesting opportunity in your life. Would you like to explore these choices further?"
2. (After agreement to proceed with exploration, this is spoken at a slow pace, allowing adequate time in between suggestions.) "I'd like you to close your eyes for a moment and visualize where, ideally, you would like to be in your life. What images or scenes come to mind? What feelings and thoughts do you have?

What are you doing? Picture in your mind all the elements of this scene.... Allow a word or phrase to come to mind, one that seems to embody all the aspects of your ideal adult life. And now.... I'd like you to imagine what for you is the *opposite* of all this. Holding the image slightly at arm's length, note all the aspects of this scene—where you are, what you are engaged in, who else is present, your feelings and thoughts. Again, allow a phrase or word to come to mind that embodies this way of living."

3. I then wrote Mika's descriptions of the contrast poles on each of the roads (Figure 1). She gave very clear labels to the essential quality of these opposite paths. Her strongly preferred, ideal life she labeled "Big Things," and its opposite she labeled "Game Over."

DISCUSSION OF INTERSECTION EXERCISE AND GENERAL OUTCOME

As for many clients, the negative, least preferred road (pole of the construct) is commonly seen as having been embodied by one or both parents. In Mika's case, she had viewed up until now her mother's life choices with a mixture of repugnance and fear. The end point of such an isolated and lonely life she graphically described as "game over." Her fear was that she too was doomed to follow such a path. This pole is clarified in the exercise, and then its opposite is called forth in a spontaneous and creative fashion. In this way, a real flesh-on-the-bones, positive option can be experientially tried on for size during the imagery exercise. In turn, this serves as a powerful galvanizing force for desired change. The contrast pole can then be used as a yardstick whereby all prospective choices, having been noted, can be measured up against it by asking oneself, for example, "Does doing/thinking x help me move closer to 'Big Things' or closer to 'Game Over'?' We continued to use the notion of her intersection with its contrasting poles in this way in our sessions, as did Mika in her daily life, in order to gauge whether she was on track. In this manner, she continued more successfully to carve out her own adult life journey instead of feeling a victim of her biography.

At our last session after a break of one to two months, Mika announced that she was ready to end therapy. She looked considerably healthier, had put on weight, and was menstruating

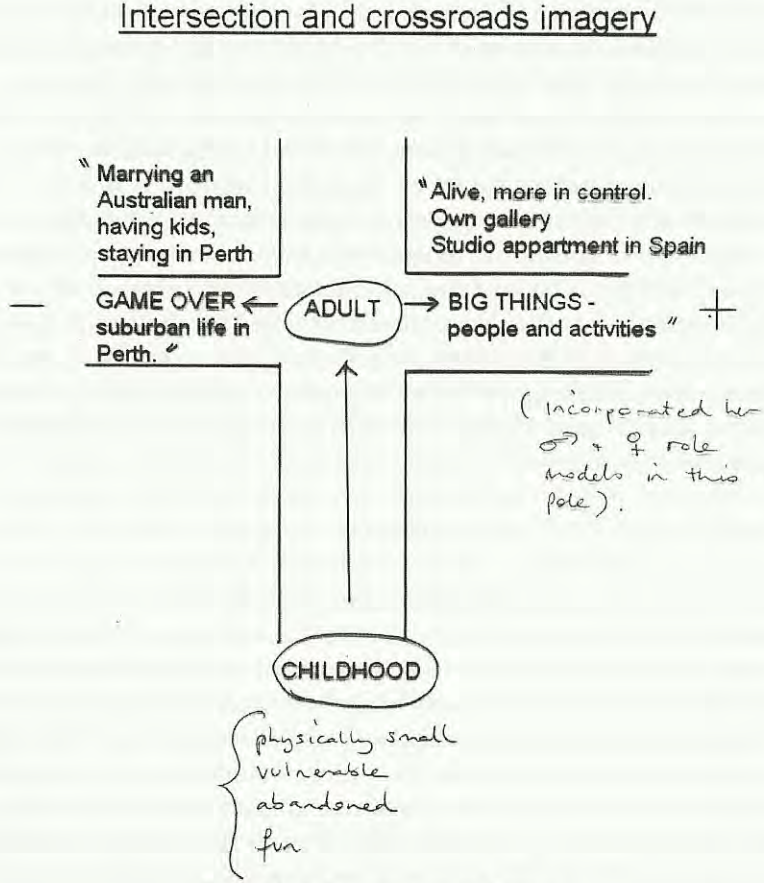

FIGURE 1 Intersection technique.

again. In her words she felt, "My life's come back to me." She no longer felt "doomed," or that the episode with Al signaled the downward spiral of her life. She stated that what we had done together had helped her accept the negative realities of her past and her parents. As she said, "It all happened, but people responded to it differently" (referring to the way in which all four family members were connected and yet so different from one another).

For the first time Mika had been getting some positive images of her mother. She went on to be able visit the graves of both parents for the first time. She said she no longer felt scared that she wouldn't get what she wanted in life, "I feel I will." Furthermore, the life-and-death, black-and-white thinking evident in the crossroads exercise concerning her adult life choices were modified somewhat. She commented that she no longer felt an impulsive desperation to quit her job, "run away," and head overseas. Instead, she said she felt confident that she would travel and do interesting things as they fit in with her financial means and her career choices. On this note, we spoke briefly about six months later, during which she reported that all of her positive changes had been maintained and that she was about to leave for Europe to live and work.

Diana

Diana was a 31-year-old health worker who self-referred. Our work consisted of 45 sessions over one and a half years. The trigger to seek therapy, she stated, was her recent breakup with her 50-year-old boyfriend after discovering him with a younger woman. This occurred as she was making preparations to convert to his religion in the shared plan that they would soon be married. She said she felt anger over the betrayal and "absolutely sucked dry, exhausted by the relationship." This was partly because she had suspected infidelity for a long time, which he had repeatedly denied. She described Jack as a complex character, flamboyant, impulsive, and domineering, but also depressed. He had continued to pursue her with frequent emotive letters and phone calls. Jack liked to stay in touch with all of his ex-girlfriends and wives.

Diana described her role in her family of origin as that of the peacemaker, with a responsibility to make everything right. This core construct was to come under threat during her history of a debilitating disease, from the ages of about 21 to 28 years. During this time she lived with her parents, as she was incapacitated and dependent on their care. Furthermore, the illness resulted in social isolation as well as ongoing physical sensitivities. It is also worth noting that developmentally this age is important for consolidating body image and sexuality and their contribution to

overall identity (Erikson, 1970). Toward the end of this period, she met Jack (who was a patient) and was struck by the concern he showed for a young male patient who was dying. She and Jack began a relationship when he was discharged, whereupon he embarked on the process of getting her fit and strong again. This achieved, however, their roles began to reverse; it was as if once again she became the caregiver, gearing her life completely around his practical needs and whims.

The initial assessment process involved hearing Diana's story and undertaking several structured verbal tasks. One of these, the Personal Description Method (Prisgrove, 1990) gave a detailed sense of the way she understood the key people in her world, and the way she experienced herself before getting sick, during the illness, and now. Prior to being sick she said she was a completely different person: "effervescent, happy, attentive to others." At the waning of her relationship with Jack, however, she strongly resembled herself when sick: "vulnerable, very tough on myself, quiet and sharp, panicky. I'd stopped all activities which were important to me." It was apparent that life had previously held more positive meanings for her, but it was as if she had lost the skills involved in living it in a balanced, fulfilling manner. Together, we needed to find some pathways to a happier existence.

Another early assessment task, developed by Janet Bayliss (1999), facilitates the exploration of a key construct as it has manifested in specific incidents over the client's life. One listens especially for times when the person describes herself as being stuck or thwarted in some way. For example, Diana used the highly charged phrase "feeling sucked dry" more than once in our initial encounters. The client is invited to recall and then write on small numbered cards other events and times in their life when he has felt like this. Issues arising from this procedure can be more deeply explored in various ways. I usually use triadic elicitation to elicit bipolar constructs from the cards and then ladder these constructs. The process and outcome provide a kind of subjective developmental history of the client that can be usefully incorporated into the psychotherapeutic endeavor. As with most PCP assessment tools, however, the asking of questions provokes a new awareness, a more open stance on old ground, enabling new steps to be taken.

We explored the following bipolar constructs elicited in this exercise by laddering Diana's associations to each pole and by looking at the relationships between the three constructs in various contexts. They included:

1. "sucked dry vs. nourished,"
2. "wearing a mask vs. being hard and tough," and
3. "getting things right vs. being humiliated."

Diana's current take on the meaning of several early, distressing life experiences suggested the presence of nonverbal (probably preverbal) core constructs, such as shame, guiding some of her current actions.[2] This provided important information about the care needed on my behalf to convey my respect for Diana and my trustworthiness in regard to her confidences.

After the initial assessment process, because Diana was physically and emotionally exhausted ("sucked dry"), we began with some basic stress management tools: progressive relaxation and cognitive–behavioral recording of thoughts, feelings, and triggering events. I also included visual and kinesthetic imagery techniques, such as Gendlin's (1982) focusing[3] and a hypnosis exercise similar to one devised by Spiegel (1993). I regularly employ variations on these two powerful techniques when working with people who experience debilitating anxiety symptoms or who want to find better ways of dealing with overwhelming stress in life. To ensure their responsible and appropriate use, however, I only do so after having heard my client's initial story and after we have established a working relationship. These two exercises offer new information about the client's construing and are also effective interventions. They work directly with the bipolar nature of a troubling experience and usually result in an awareness of new meanings and a creative synthesis.

The hypnosis exercise, for example, gave us both a glimpse of where we were headed. It makes use of two imagined windows portraying opposite experiences. In the left window, Diana saw

[2]Kelly (1955, p. 503) described a person's core role structure as "a part one plays as if one's life depended upon it."

[3]Following a hypnotic induction, the client is invited to experience a "felt sense" within her body. A back-and-forth process ensues in order to obtain a verbal label, which exactly "fits" this sensation.

and felt "confusion, big murky puddles," with the palpable sense of overwhelming expectations from everywhere, including herself. Seen in the right-hand window was "a new thing, an enticing lightness, a clear area in the distance." It came, as often happens in nonverbal experiences, as a beautiful surprise, leaving her in no doubt as to its reality. This general quality—of being surprised when in the midst of delving into previously painful, predictable territory—can be a special benefit of working with visual and kinesthetic construing. As such, it is an important first step toward living an alternate reality. Nonetheless, the visual distance in the imagery indicated that we would need to allow some time for the unfolding of this inner exploration, an important message to the therapist.

"Murkiness" was a salient construct to which we returned many times. Diana noted her attraction to this quality as it initially represented unknown adventures, eroticism, and sensuality. But laddering revealed a more sinister aspect of the construct: She ended up being "irritated, stuck with the negativity," and undertaking self-abusive behaviors such as not eating, taking laxatives, and doing excessive exercise. The process of laddering enables us to examine the usefulness or otherwise of certain links we have previously held without question between peripheral constructs, such as "wearing a mask," and core constructs such as emptiness and loneliness.

We discussed the value of wearing a mask in some contexts—for example, when she was not too tired and wanted to be diplomatic or to avoid conflict. We looked at possible alternatives to both poles ("wearing a mask vs. being rude"), such as using humor. Diana had taken some practical steps toward improving her social life and had in fact begun a new relationship with a man. She also made the brave decision to travel overseas on her own for a few weeks. When she returned, she announced that she had met a very special man and was excited by their future prospects. She had been thrilled with her ability while away to let go of her negative obsessions in relation to food, weight, and her appearance.

In terms of the flow of the therapy process, upon her return, we went on to employ a number of highly structured verbal methods in order to map out the patterns and inconsistencies within her construct system (Personal Description Method, Tschudi's ABC, laddering, and pyramiding). Diana continued

with the structured behavioral homework that we had begun prior to her trip (e.g., recording food eaten, cognitive–behavioral records, and body awareness exercises in the mirror). These had brought good results. There were however, some remaining frustrations; it was as if, nearing the end of our work together, something else was needed to fire her imagination and enable her to shake off the remaining restraints. A technique involving art postcards developed by Elaine Atkinson (2000) was undertaken.

ART CARDS

This technique makes use of 10 to 15 art postcards to elicit and explore constructs. It is particularly valuable when working on deep-seated issues of identity and their manifestation in daily concerns and choices, and is a flexible method that can be varied according to the needs of clients and their current concerns. It can be used in a structured way with the same set of instructions for each card comparison, or it can be used (as I did with this client) in such a way that she sometimes selected a few cards to illustrate certain attributes and sometimes just one card. As we were interested in her female identity, I selected diverse portraits of women across many artistic genres and cultural and historical contexts. The images ranged, for example, from a black-and-white contemporary photograph to a 1928 Japanese scroll through to a traditional oil painting from the 1890s.

Instructions.

1. "To continue on with our explorations of different ways of experiencing and seeing life, different ways of being a woman, I've brought along these images of women as portrayed by artists. (Lay out art cards in a semicircle.) I'd like you to take a careful look over them . . . notice your feelings and reactions to them. . . . Which two cards strike you as similar in one important way? (These are then set aside and viewed again). Tell me what strikes you about these two women that is the same."
2. "And now have a look at the remainder of the cards and select one that represents *for you* the opposite of . . . " (Use the client's words for the qualities described.)
3. Write down the words or phrases used to describe the bipolar construct, and come back at an appropriate point to ladder the construct.

4. Repeat the three previous steps as often as deemed clinically useful.

Results. Figure 2 presents several of the images selected by Diana from the 14 art cards used to elicit the following five bipolar constructs.

(a) Art Card 10

FIGURE 2 (a–c) *Continued*

(b) Art Card 7

FIGURE 2 Continued

(c) Art Card 3

FIGURE 2 Continued

1. "Sucked dry" (cards 7 and 10) vs. "being replenished by people" (card 14, an opulent, late-nineteenth-century oil painting of one women attending to the beauty needs of another).
2. "Sexually neutral–not feminine" (card 1, a Rossetti pastel image from the late nineteenth century of Pandora) vs. "voluptuous and sensual" (card 5, a semiclad image of "The Almeh" by Gerome, late nineteenth century).
3. "Moody and murky" (cards 7 and 13) vs. "light, relaxed with herself, comfortable" (cards 3 and 11, a late-nineteenth-century Waterhouse oil painting of Ophelia).
4. "Lonely" (card 6, a contemporary Australian portrait of Germaine Greer) vs. "soft and serene" (cards 8 and 11).

5. "Nurturing" (card 4, a Gerome oil painting depicting an attendant bathing her mistress, and card 14) vs. "hard" (card 7).

DISCUSSION OF ART CARD EXERCISE AND GENERAL OUTCOME

This series of explorations dovetailed harmoniously with regard to what was revealed in the previous clinical discussions and structured exercises. What was apparent from the onset, however, was a crystallizing of new, more positive contrast poles to the previously elicited negative poles. For example, the contrast pole "light, comfortable and relaxed with herself" was given a tangible form through the art card (with subsequent laddering and pyramiding). This first appeared as a rather vague and abstract concept in our initial guided imagery exercise. Now it was taking shape in tentative behaviors and being internalized emotionally as a strongly preferred pole.

In a similar fashion, the bipolar construct "sexually neutral–not feminine" (card 1) vs. "voluptuous and sensual" (card 5) was a transformation of the previously compelling construct "being skinny and bony vs. fat." Diana's associations to card 1 revealed the link with illness and ended up with "not being attractive to either sex, an isolated, empty life." The associations to card 5, by contrast, ended up with "warm feelings, respected, confident, knowing that you are okay." She had made peace with her body and developed an acceptance of being a slim but healthy weight (as opposed to an unhealthy low weight). This tracking of changes in one or both poles of salient constructs over the course of psychotherapy, I generally find to be a good indicator of positive change.

What had previously been an overwhelming negative pattern in her life, seemingly with a life of its own, was now unraveled and open for inspection. Specifically, Diana used to hide behind a mask (for the sake of approval, peace, or control), but invariably this resulted in a sense of falseness and isolation—"big murky puddles." The upshot of which was "feeling sucked dry, emptiness, and exhaustion."

Diana commented how strongly she felt about particular cards, whereas others seemed irrelevant. She liked the way they seemed to lead her indirectly to feelings and thoughts about being a woman, rather than "meeting it all head on." In this sense, problems of "resistance" were circumvented. This has been a common experience among clients with whom I have used methods such as the art cards.

Coming toward the end of our work together, this evocative visual method seemed to consolidate all our previous interactions. It was as if Diana was finally in the role of director in the staging of her own life drama. By putting these inner female figures "out there," she was able to enunciate their personal and specific role and to examine their usefulness in her life now. Jung (1988, p. 1265) noted that by giving these inner qualities/figures a visual form, we become more conscious of their nature and their influence, thereby reducing the possibility of being driven by them into impulsive or destructive actions. Personal choice becomes a viable option.

The behavioral outcomes for Diana were quite dramatic and reflected her perseverance and courage over our time together. Her boyfriend did, in fact, come to Australia, and the following year she moved to Europe and they married. She was delighted to report one year later that all the major changes had been maintained.

Conclusion

I have hoped to demonstrate through these two case studies the benefits of incorporating visual and nonverbal approaches into the client–therapist dialogue. People come to therapy with entrenched notions about themselves, others, their problems, and life. Introducing images and visual metaphors or symbols into the experiential process that are rich in potential meanings can be a powerful loosening tool, opening the way to an alternate reality. For this reason, one usually would only do so having undertaken a preliminary assessment and having established a solid therapeutic relationship. The very power of working directly with images and less conscious, nonverbal experiences, however, necessitates that it be done appropriately and with care.

Experiencing the richness of visual images appears to enable people to transcend the stifling effects of literalism in their personal drama. The move from experiencing the world in black and white to one with all gradations of the color spectrum is greatly facilitated by the incorporation of visual methods. In addition to

eliciting new possibilities, an image often provides the necessary *synthesis* of emotion, thought, and action, thereby injecting a new energy and passion into the venture. This engaging, creative energy often seems to take on a life of its own. Having created and undertaken new options, the tightening process of evaluating them and testing them out over time takes place, and thus the creativity cycle continues.

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Illustrations

1. Kainoshô, T. (1928). *Beauty Looking Back.* Hanging scroll: ink, color and gilt on paper, 60.3 × 39.5 cm image; 145 × 42 × 47 cm scroll. Purchased 1991. Collection: Art Gallery of New South Wales, Australia. Copyright © Kainoshô Tadaoto. (Figure 2a; Art Card 10)
2. Jerrems C. (1976) *Lyn Gailey.* Gelatin silver photograph, 30.3 × 20.1 cm image; 38 × 30.2 cm sheet. Purchased 1979. Collection: Art Gallery of New South Wales, Australia. Copyright © C. Jerrems. (Figure 2b; Art Card 7)
3. Margetson, W. (1897). *The Sea Hath Its Pearls.* Oil on canvas, 132.3 cm diam. stretcher; 163.2 × 162.5 × 9 cm frame. Purchased 1897. Collection: Art Gallery of New South Wales, Australia. (Figure 2c; Art Card 3)

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USING DRAWINGS TO ELICIT NONVERBAL CONSTRUCTS IN EXPERIENTIAL PERSONAL CONSTRUCT PSYCHOTHERAPY

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Clients who have experienced psychological wounds prior to the use of language frequently struggle to articulate and make sense of their core constructs around self and others. These early wounds can have a significant influence on future relational interactions, even though they may be experienced at a nonverbal level. While eliciting these preverbal constructs may be essential to the healing process, without verbal representation the therapeutic task can be difficult. In this article, we will discuss the use of symbolism within personal construct psychology as well as the use of drawings as representations of nonverbal constructs. We will then discuss experiential personal construct psychotherapy and its focus on the ways we both connect and disconnect from others. Finally, we will present Kristen, a therapy client who experienced early relational wounds and increasingly dissociated in response to relational stress as she matured. Kristen's work in therapy around her fragmented sense of self included drawing her internal self-parts. Only then was she able to wrap words around that which she previously experienced nonverbally. In this case study, Kristen's drawings and her core constructs as elicited during four years of therapy will be presented and discussed.

Many clients with severe disturbances have been injured prior to the use of language. Although some of these injuries, over the course of time and experiences, have had words wrapped around them, others remain at a nonverbal level. Despite their lack of verbal representation, these early psychological wounds often serve as templates for future experiences of the self in relation to others. While eliciting these nonverbal constructs may be essential to the healing process, the constructs that are created around childhood injuries can be difficult to work with in traditional

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