Presence, Process and Procedure:

Principles of Practice for Constructivist Therapy

Robert A. Neimeyer

The University of Memphis

For correspondence regarding this paper, contact Robert A. Neimeyer, Ph.D., Department of Psychology, The University of Memphis, Memphis, TN 38152 USA; email: neimeyer@memphis.edu

The considerable emphasis that constructivist psychotherapy places on reflexivity and self-awareness applies equally to client and therapist. In keeping with this central tenet, I outline three general principles that pervade my practice, beginning with the cultivation of full therapeutic *presence* in the session, progressing to a nuanced attunement to the therapeutic *process* as implied in the client's words, meanings, actions and emotions and how these are registered by the therapist, which in turn gives direction to occasional specific *procedures* during sessions or between them. I illustrate these "3 P's of practice" with vignettes from my own work with several clients, and suggest that these are coherent with the contributions of Michael Mahoney to the living tradition of constructivist psychotherapy that he helped pioneer.

> The skilled therapist attempts to remain attuned to his or her client's "intellectual (systemic) respirations" and to offer appropriately timed encouragements and challenges toward elaboration. Although it is more easily described than achieved, this level of attunement and modulation is essential to constructive psychotherapy. (Mahoney, 2000, p. 58)

In his writing, his teaching and his workshops for practicing professionals, Michael Mahoney consistently emphasized the demands upon psychotherapists arising from their own subjectivity as human beings, undertaking the audacious task of entering and helping to transform the life worlds of others. By intoning the message of reflexivity—the need to know ourselves at least as deeply as we strive to know our clients—he drew attention to our need to understand our own "core organizing processes," to use the self as a delicately attuned register of a relationship unfolding between ourselves as therapists and our clients, and to engage in a level of self-care that can sustain our sometimes anguishing engagement with the hard (inter)personal realities of those with whom we consult.[1]

In this article I hope to make a modest contribution to the pursuit of this ambitious goal. Specifically, by exploring some of the increasingly explicit themes that underpin my own practice of constructivist psychotherapy, I will attempt to extend Michael's own focus on the self-awareness of the therapist, and suggest that it is a necessity in order to extend full presence to our clients, informed rather than distracted by our personal

[1] It is an irony that Michael's long struggle to enact a self-nurturing response ultimately seemed insufficient to prevent his dying by his own hand during a dark and private period. In contributing this article to this *Festschrift* issue of the journal he founded, I hope to affirm the central meanings of my friend's life, and not permit these to be nullified by the sad eventuality of his death.

responses to exploration of their life narratives. Although I will concentrate especially on themes that arise in my own work, I in no way mean to imply that these are unique to my practice or that of fellow constructivists; indeed, the need for unstinting and courageous self-awareness has been argued persuasively by major theorists dating at least to Freud's early work.[2] Rather, I believe that deeper attention to such matters is equally relevant to all traditions of therapy, whatever their theoretical pedigree. Thus, although I will speak in a personal way and illustrate my argument with vignettes from my own recent collaborations with clients, I hope that much of what I say would prove pertinent to practitioners of approaches as diverse as psychoanalysis and behavior therapy, for reasons that will become transparent as we proceed.

The Principles of Practice: Presence, Process and Procedure

My colleagues and I elsewhere have drawn on a major position paper by legal theorist John Braithwaite to differentiate between two fundamentally different approaches to the regulation of human conduct: the imposition of *rules* as specific prescriptions, versus the formulation of *principles* as intentionally non-specific or vague prescriptions (Levitt, Neimeyer, & Williams, 2005). Braithwaite (2002) makes a strong case that when the behavior to be regulated is simple and stable, like the flow of traffic, rules such as posting a "No Turn on Red" sign will, with appropriate enforcement, tend to regulate more efficiently than principles such as postings to "Drive Safely." However, when the behaviors in question are more complex and changing, as in the injunction to

[2] In his *Recommendations to Physicians Practicing Psychoanalysis*, Freud argued "if the doctor is to be in a position to use his unconscious… as an instrument in the analysis… he should have become aware of those complexes of his own which would be apt to interfere with his grasp of what the patient tells him" (Freud, 1912, p. 116). Not surprisingly, Freud recommended personal analysis as the preferred means of attaining this level of self-awareness.

nursing homes to create "a home-like atmosphere," principles actually operate more effectively than rules that quantify, for example, the number of photographs or pictures that must hang in each patient's room.

I believe that the necessarily ambiguous encounter organized around evolving personal goals that we call psychotherapy is precisely the sort of enterprise that is better understood and regulated by abstract principles as opposed to concrete rules. Principles, in this sense, refer to general regulative strategies that intentionally under-specify the behaviors or circumstances to which they may be applied, thereby preserving a certain level of openness in how they might be implemented in a given context. Mahoney's orienting suggestion to the therapist to "center in the intention to help" is one such principle to guide our engagement in therapy. In contrast, rules attempt to regulate actions at a highly specific level, detailing behaviors to be performed or outcomes to be achieved in a given situation. The requirement to develop an explicit agenda for the session in the first 5 minutes or to evaluate progress each week through the administration of a symptom-relevant scale would represent common rules for conducting therapy within many contemporary approaches. While not wishing to gainsay the relevance of rules for some aspects of psychotherapists' behavior,[3] I believe that clinicians and clients are best served when these are nested within more abstract principles that facilitate intelligent judgments about their relevance in a specific setting. For this reason I will focus on a trio of principles—the "3 P's of practice"—that frame my view of therapy and the nesting of specific interventions in broader relational and

[3] For example, the rule to assess for suicide ideation or behavior in the presence of indirect threats or to report instances of child abuse are defensible rules for clinical practice.

personal contexts.[4]

Presence

Therapy begins with who we are, and extends to what we do. That is, bringing *ourselves* to the encounter, as fully as needed, is the essential precondition for all that follows, that distinctive blend of processes and procedures that broadly defines a given therapeutic tradition, and more specifically defines our own therapeutic style. But by this I mean more than the simple acknowledgement of the obvious—that someone needs to be present in the role of therapist—or the slightly less patent point that therapy ineluctably carries the stamp of our individuality.[5] Instead, I want to emphasize the foundational quality of therapeutic presence, the way in which the offer of full availability to the client's concerns, undistracted by other agendas, grounds the work by offering a reflective audience to the telling and performance of the client's self-narrative, allowing both (or in the case of family or group therapy, all) participants to take perspective on current conundrums in fresh ways.[6]

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[4] Perhaps I should mention here that my 3 P's of practice differ from Michael's 3 P's that described somewhat different dimensions of therapeutic work—problem, pattern, proecess; see Mahoney (2003, p. 44, for details).

[5] I describe this second point as slightly less obvious because, in a day characterized by increasing enthusiasm for manual-guided interventions, some are tempted to imagine a reliable and replicable therapy bleached of the idiosyncrasy of individual variation, capable of being delivered by essentially interchangeable "providers" of a standardized service. Indeed, this basic logic lies behind randomized controlled trials of most therapeutic procedures, such that the variance in outcome attributable to the therapist is considered a nuisance factor that is at best tolerated and controlled. Although I have conducted my share of such studies (Alexander, Neimeyer, Follette, Moore, & Harter, 1989; Bright, Baker, & Neimeyer, 1999), I trust it is clear that I regard the self of the therapist as an essential, rather than incidental ingredient of therapy.

[6] In keeping with the very concept of principle as opposed to rule, I do not regard this as an ironclad and literal requirement for all activities that might be considered therapeutic. For example, bibliotherapy can sometimes be a useful adjunct to or even substitute for traditional face-to-face therapy, just as client journaling can provide opportunities for

In this conception the presence of the therapist is not pre-emptive; it does not "crowd out" attention to the client, or even compete with it in a direct sense, as in implying that therapists should be particularly self-disclosing in their work, or offer clients object lessons from their own lives.[7] Instead, it more typically implies a kind of *from-to* attention, as the therapist attends from his or her sense of self to the person of the client. It is precisely this form of "personal knowledge" that is described by the philosopher of science Michael Polanyi (1958), in which the knower holds him- or herself in subsidiary awareness while retaining a focal attention on the other. For example, in a recent session I found myself conducting a (minimally) guided imagery exercise with a client who was grieving the loss of her mother. Inviting her to close her eyes with me, I asked her to scan her body for a felt sense (Gendlin, 1996) of how she was holding the loss, slowing the pace of my instructions to encourage a "loosening" of her meaning-making from the more clipped, "tightened" discourse of our previous therapeutic conversation (Kelly, 1955/1991). What emerged was remarkable: with a beatific smile she quickly gestured toward the space around her head, and described a radiant, warm light that seemed to be coming to her from above, beginning to shroud her head and shoulders. Noticing tingles of warmth rippling down my own spine and into my

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emotional expression and exploration, pursuit of meaning in experiences of loss or trauma, development of personal vision statements and action plans, and so on. Even in these cases, however, the sensed presence of the author in the text—sometimes in the form of personal examples or in the use of the first or third person form of address—can magnify the impact of something read, just as the therapist's personal tailoring of writing assignments to a given client, even in the "impersonal" medium of online consultation, can boost the power of journaling.

[7] Indeed, I find that I am reticent to do this with much frequency in therapy, only occasionally sharing the *content* of my life or experience with clients, though I more frequently share the *process* of my experiencing them or their disclosures. This too could be considered a kind of self-disclosure, one I will explore more in the following section.

body, I then invited her to allow the light to enter her and envelop her body more completely. As she did so, she brightened still more, nearly laughing, and described a delightful tickling in her abdomen, a sensation strongly reminiscent of how her mother would tickle her when she was a little girl. As we closed this period of inward attention she described the remarkable sense of peace and connection to her mother that she felt, and voiced a clear conviction that her mother was with her still, but in an oddly spiritual/corporeal way. I would argue that my own sympathetic "channeling" of the client's experience—something that occurs for me in the great majority of sessions at cognitive, emotional, and often palpably physical levels—represents precisely the sort of *from-to* knowing that usefully orients me to the client's position and to potentially therapeutic "next steps" in our work together.

Although this sort of receptive presence might seem to have mystical overtones, it is surely amenable to being accurately rendered in other terms as well. Among the most adequate is Buber's evocation of an *I-Thou* relationship with the other (Buber, 1970), which presumes an essentially sacred attribution of full personhood to the other, in contrast to an *I-It* relationship which casts the other as simply an object to be acted on, or available for our own use or purposes. In more secular terms it also resonates with the cardinal role of therapeutic *empathy, genuineness* and *unconditional positive regard* given particular emphasis by the honored tradition of humanistic psychology, and most especially by the cardinal contributions of Carl Rogers (1951). But I find Polanyi's description to add usefully to such formulations because it highlights the necessary presence of the self in the relational knowing that is therapy, as the implicit *ground* from which our awareness is directed to the explicit *figure* of the client's words or actions.

Interestingly, I think that the self of the therapist functions in a similar way for the client as well, as he or she attends from the therapist's questions or instructions to his or her own material. Thus, for both, the therapist's presence serves as a clarifying lens that brings into greater focus (inter)personal patterns and processes that are more difficult to observe in the client's private reflections.[8]

Process

If therapist presence sets the stage for psychotherapeutic work, *process* is the medium in which the drama of therapy unfolds. Elaborating this dramaturgical metaphor, an effective therapist attends to unfolding action in the consulting room much as a director might attend to a theatrical performance, with the crucial exceptions that the director him- or herself is also an actor on the stage, and there is no script for the performance! Instead, in the improvisational theatre that is therapy, the therapist subtly directs the process by attending to often minute signals of possible extension, elaboration or intensification of the action or emotion in promising directions, sometimes through explicit instructions or suggestions, but more commonly through her or his own responsiveness to the client's "lines" or performance.

This basic orientation to process carries several entailments for the practice of therapy as a moment-to-moment transaction between two (or more) people. The first can

[8] I believe that this alert presence, with its focal dynamic of attending outward from the therapist's self to the life world of the client, further implies a disciplined pursuit of personal clarity on the therapist's part. Such a goal might be refined through the adoption of a Buddhist sensibility and its associated practice of cultivating mindfulness as a basic therapeutic stance, albeit one that is more active than passive in its penchant for intervention. Indeed, I am struck by the frequency with which talented therapists acknowledge a similar meditative orientation to their work, more often in private conversation than in publication. However, my point here is a more general one, and does not require the adoption of any particular spiritual orientation or practice to pursue a principle of presence in the clinical context.

also be stated as a guiding sub-principle for therapy: *Follow the affect trail*. That is, significant emotion, even (or especially) when subtly present, typically defines the growing edge of the client's experiencing—the shadow of sadness that portends looming loss, the static of anxiety that announces a half-perceived threat, the spark of irritation that hints at an angry reassertion of a cherished position or boundary attendant on its sensed violation.[9] In each instance the germinal feeling tone underpinning the client's experience in the moment is palpably present in his or her language of gesture, proxemics, verbal, nonverbal and co-verbal expression. Simply articulating this implicit emotion and inviting elaboration ("I notice that your jaw is trembling as you say that. What's happening for you right now?" or "If those tears could speak, what would they tell us?") is often enough to deepen the client's self-awareness of what is important, prompting symbolization of new meaning as a precondition to its further negotiation (Neimeyer, 1995).

At other points, however, emotion and other modalities (such as imagery or narrative) can be so closely inter-braided that drawing forth one automatically brings with it the other(s). An illustration of this arose for me in a recent session of therapy with a lonely client grieving the death of her father after a long lapsed relationship that recently

[9] There is more than one theory of emotion that can inform such work. Personally, I have found value in (1) a personal construct conception of emotions as clues to difficult-to-perceive and incipient shifts in our core constructs for maintaining a sense of self and relationships (Kelly, 1955/1991), (2) an emotion-focused understanding of the relation between primary and secondary emotions and the implications the former carry for a client's needs in a given moment of therapy (Greenberg, Watson, & Lietaer, 1998) and (3) an evolutionary appreciation of the adaptive function of emotion in serving our quest for survival through the way in which it prompts the reorganization of goals and signals our need to others of our kind (Nesse, 2006). I also take inspiration from Mahoney's (1991) concept of emotion as a form of intuitive knowing, rather than as an irrational force to be brought into line with rational evaluations of a situation.

had been rekindled. Altered by her statement that she felt like there was "a sheet of Plexiglas" between herself and others, I asked her to close her eyes and visualize that Plexiglas and her relation to it. As she did so, she described it as an "octagonal enclosure" in which she found herself alone, with others as shadowy figures passing by on the outside. When I enquired whether the enclosure had a ceiling of some sort, she replied that it did not, that it was open at the top. Visualizing the scene myself, and getting more details of her positioning in relation the to the walls ("sometimes touching them, but never able to get through"), I inquired as to their height. She responded without hesitation: "Eight feet." "Hmm…" I wondered, "Eight feet, and eight walls in the enclosure…. Does the number *eight* have a special significance for you?" Immediately my client burst into tears with a slight gasp, "Yes—my father died on the 8th!" The seemingly unbreakable, unbridgeable walls in which she felt encased were the walls of her grief, cutting her off from other human contact. Elaborating the image a bit more, she described the enclosure as an aquarium, and herself as the fish observing, and being observed by a world beyond her reach. She eagerly accepted my suggestion as the session ended that she might write a short metaphoric story with the title *Life in the Fishbowl* as a means of extending the image, its associated feelings and meanings into our conversation the following week.

A corollary to the principle of following the affect trail is that *all therapeutic change is initiated in moments of experiential intensity*; all the rest is merely commentary. That is, potent interventions need not be heavy handed, but they entail ushering a client into new awareness, clarity and possibility by engagement in an emotionally significant *experience* of something, not merely a cognitive discussion of it.

My imagery work with the woman bathing in radiant connection with her mother was a case in point: once she had had this experience, consolidating it descriptively by (her) framing it as connection with her mother was relevant and useful, helping to hold the moment through "word-binding" the preverbal bodily feeling, as Kelly (1955/1991) would have said. But absent the experience, mere discussion of changed connection with her mother would have been simply abstract discourse, divested of concrete referents or novelty, and ephemeral in its effect.

A further sub-principle governing the therapeutic use of process is *timing*. Descriptively the principle is easy enough to grasp: seek the right intervention at the right moment. Pursuing something too soon, before the client's growing edge is receptive to it, will produce resistance at worst or intellectual or behavioral compliance at best, and pursuing it too late will halt the client's forward momentum, and redundantly reaffirm what is already clearly enough grasped or accomplished.[10] The latter represent the cardinal constructivist "sin" of therapeutic *tracking errors* (Neimeyer & Bridges, 2003), in which the therapist loses the leading edge of the client's meaning making, like a surfer who leans too far forward on a wave's crest and is dashed beneath it, or who falls too far back, loses momentum, and ends up in a lull. An example of this occurred in my otherwise effective work with a bereaved mother, who 10 minutes earlier in the session had described how other members of her family retreated in silence from the pain of their shared grief, leaving her alone in wanting to introduce her son back into the family conversation, sharing his memory and the feelings it evoked. At the later therapeutic

[10] My colleague Bruce Ecker refers to the use of appropriately timed direction of the process of therapy as "leading from one step behind" (Ecker & Hulley, 1996), an apt metaphor for the subtle direction that nudges the client in one direction or another, taking a cue from where he or she is already heading.

point she had moved beyond this topic to the issue of finding some new way to relate to her suffering, to "not treat it as the enemy." Still preoccupied at some level with the family's lack of openness to sharing the loss, I paused and then said, "It seems important to have people who respect your suffering, the way [your son] might have respected it." Even if the statement was true in some sense, it was poorly timed, and she rightly looked at me blankly, added a "Huh…" with diverted eyes that suggested she was continuing to pursue her own line of thought. When I then joined her in fuller presence to her process and inquired, "What's the '*huh*'?" she readily accepted my prompting to extend the implications of her earlier comment in strikingly fruitful directions.[11] Only with appropriate timing, derived from a close attunement to the client's process, can an intervention find the fertile soil it requires to germinate into fresh possibilities.

Cultivating a sense of timing, as opposed to simply *describing* it, is harder, however. I find that establishing presence, as discussed earlier, goes some distance in this direction, allowing me to notice clearly the gaps, leads, implications and prospects inherent in the client's presentation in each and every speaking turn, at levels that are enacted as much as narrated. But in addition to this basic noticing I find it useful to orient to the implicit question, "What does my client need, now, in this moment, to take a further step?" Sometimes, of course, the answer is *nothing*— merely permitting a productive silence to ensue, giving the client space for further processing.[12] But even this

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[11] A video of this session is available through the American Psychological Association as part of its *Systems of Psychotherapy* series (Neimeyer, 2004). The directions in which we carried the inquiry involved a spontaneous two-chair dialogue between the client and her externalized suffering, during which its function in her life become lucidly clear.

[12] Systematic process research is illuminating in this respect, developing a useful typology of different types of therapeutic silence, both facilitative and obstructive, and

form of patient waiting is a response, as is the raised eyebrow, the knowing smile, the forward lean, the wrinkled brow that in their various ways represent an invitation to continue or say more. Like the more obvious interventions of questions, prompts or instructions, all of these require an intuitive read of their appropriateness in the present moment with and for the client. I find Jung's definition apt here: "the intuitive process is neither one of sense-perception nor of thinking, nor yet of feeling… [but rather] is one of the basic functions of the psyche, namely *perception of the possibilities inherent in a situation*" (Jung, 1927/1971, p. 26; italics in original). Therapy is most effective when it intuitively seeks, finds and grafts onto this emergent sense of possibility.

A further sub-principle of process might be phrased as: *Speak poetically, rather than prosaically, for maximum impact.*[13] Of course, much of therapeutic discourse is necessarily practical, descriptive and representational - staying close to the language of everyday life (and of the client) in order to intelligibly engage the mundane realities of the client's life world. But a therapy that does not at least occasionally lift above this to highlight or offer a more abstract, but imagistically rich depiction of the client's problem, position or possibilities fails in Kelly's (1977) basic charge to *transcend the obvious*, that is, not merely to map current realities, but rather to foster their transformation by casting them in fresh and figurative terms. Listening to Kelly's tapes of therapy with a formal and isolated client during my graduate school years, I was struck by his frequent use of highly poetic and evocative language, as when he would confront the client with a

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the audible markers that differentiate each (Frankel, Levitt, Murray, Greenberg, & Angus, 2006).

[13] In recent years I have been taking myself more literally in this respect, out of the therapy room as well as in it. One result is *Rainbow in the Stone* (Neimeyer, 2006), a collection of poems that often arise from my clinical contact with clients, as well as with the broader world.

comment like, "And so here is the man, the man in the hollow sphere…," as a prompt for deepening beyond the litany of weekly complaints that kept the client fixed in his present unsatisfying relational patterns.

Although the therapist's use of poetically vivid formulations can often be powerful in this sense, they can also fail if they do not meet the twin tests of following the client's affect trail and being well timed, as elaborated earlier. An antidote for this over-eagerness on the part of the therapist is to attend to the *quality terms* resident in the client's speech,[14] those turns of phrase that reveal his or her position with special clarity and precision. Such terms are typically signaled in any or all of three modalities: the client's use of metaphor, coverbal inflection (as through variations in prosody or intensity of speech), or nonverbal underscoring by facial expression or gesture. An example arose in my therapy with a woman who was speaking of the unfamiliar sense of confidence she mustered as she served as family caregiver to her dying mother. In response to my question of how her mother responded to this self-presentation, she acknowledged that her "mom had a hard time accepting, umm… this new *façade* of me." Allowing her to finish her elaboration of her new strength, I then returned to the quality term in her statement, signaled by both vocal emphasis and by its highly figurative quality. I began, "A moment ago, you said your mother had a difficult time accepting this new *façade* of you…," when she interrupted, "Did I use that word, *façade*?" I assured her she did, and suggested that the word implied a kind of mask, something that was only surface deep. She replied, "That's true, that's true…. It was like a new… *garment*. But now it's becoming more comfortable" (moving her shoulders and arms, as if breaking in a new

[14] I owe this term to my colleague, Sandy Woolum, a practicing therapist and trainer in Duluth, Minnesota.

jacket). We went on to acknowledge explicitly how the mantle of confidence was now feeling more like *her,* and to explore the validation she had subsequently received for this enduring strength from her strongly independent sister and daughters. Striking support for the power of metaphor in therapy has been provided by Martin (1994), who documents the much higher degree to which clients recall their therapists' interventions a few months later when these are phrased in figuratively rich terms, often arising from or contributing to the co-construction of metaphors first implicitly introduced by a client. As he further notes, these are the very quality terms the client ultimately uses to challenge and change his or her theory of the problem and the self that sustains it. Thus, if therapy is understood as a form of *rhetoric*, that is, an artful use of language to achieve practical ends, it is clear that an attention to and use of poetic and figurative speech plays an important part in the process.

Procedure

Finally, of the triad of therapeutic practices outlined here, procedure is the most concrete. Whereas *presence* places the alert and responsive therapist fully in an intersubjective field shared with the client, and attention to *process* characterizes their subtly shifting ongoing communication, occasional therapeutic *procedures* address specific goals in somewhat more predictable ways. For example, in the course of my current therapy with a bereaved client I have found myself drawing on specific techniques of *chair work* to engage imagined family members in necessary conversations, *enactment* of her mother in an interview with me about her daughter's strengths, *focusing* on a felt sense of the void she feels following her mother's death, *letter writing* and related forms of documentation to sort out her mother's legacy, validate it, and

differentiate it from her own, and *journaling* her therapeutic gains to consolidate her progress. Each of these procedures could be identified by other constructivist, humanistic and narrative therapists as recognizable techniques in their own work, although they likely undergo a subtle transformation as they are assimilated into mine.

To say that specific procedures are recognizable, however, is not to say that they are invariant. Indeed, the opposite is the case for me, occasionally to an extreme degree. For example, in the focusing alluded to above, my client almost immediately shifted her attention from the interior of her body to something much more compelling above and around it—a clearly sensed warmth or radiance showering her head and shoulders like a beacon. This shift, the results of which I described above under the heading of "Presence," smoothly "jumped tracks" from one procedure to the next—from focusing to visualization—and then back again when I invited her gradually to permit the light to envelop her and enter her, producing the distinctive "tickling" in her belly that strongly signaled her mother's touch. Far from being a regrettable drift from a manualized and standardized intervention, I would regard this "morphing" of one procedure into something rather different *in response to a client's tacit lead* to be characteristic of mature psychotherapy integration.[15]

Of course, specific procedures can be especially appropriate when assigned as

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[15] Elsewhere I have noted that the juxtaposition or conjoining of different techniques in a session, although indefinitely variable, is not infinite. For example, had I shifted from eliciting an embodied felt sense of the presence of my client's mother to a rational disputation of the reality base of this belief, I would have been attempting to build a "bridge too far" between therapeutic approaches that are epistemologically incommensurate. On the other hand, blending and shifting among procedures sharing a family resemblance by dint of a shared constructivist or humanistic pedigree typically encounters far fewer obstacles. For a more thorough discussion of this point, see Neimeyer (1993).

homework, provided that they emerge organically from the client's process, rather than being authoritatively imposed upon it. An illustration of such arose in the context of work with a young woman undergoing a period of exploration of self and career who expressed intrigue at the prospect of using Mahoney's (1991) mirror time as a means of quite literally reflecting upon herself at an important life juncture. The procedure involves spending a specified period of time before a mirror in a private setting, perhaps accompanied by reflective instrumental music. Depending on the technique's intended focus, the client can be encouraged to allow her attention to range freely, or be given a set of guiding instructions (e.g., to allow parts of the self to pose relevant questions and other parts to provide answers, or to shift awareness to different parts of the face or body). Likewise, the feelings and reflections that arise during and after the exercise can be recorded in a free-form journal entry immediately afterward, or simply noted for later therapeutic discussion. In the present case, the young woman accepted the invitation to spend 30 minutes in front of a mirror guided by the following taped instructions. Ellipses indicate pauses of approximately one minute between questions.

> Gently observe what your attention is first drawn to as you look in the mirror….Witness what you are thinking, imagining, feeling….Look deeply into your own eyes….What do you see? What do you like and dislike as you view this person? ...Are there any differences between the person in the mirror and the person you sense yourself to be? …What do you see in this face, this person, that others do not?
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> Now open your eyes, and pause the tape recorder if you have chosen to use one. Try to capture the flow of feelings, observations, and answers to the above questions while they remain fresh, noting them briefly on paper. Then return to the further instructions below:
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> Close your eyes for several seconds and take a few slow, relaxing breaths…. Set your intentions to be self-aware and self caring…. Then slowly open your eyes, inviting yourself to open to the possibility of seeing yourself in a different way…. Speaking aloud, quietly ask yourself the question, "Who are

> you?" …Allow this dialogue to continue in whatever way it does, letting the questioning part of you wait patiently for an answer, as another part formulates a response…. What do you most need to ask yourself in this moment of honesty, and what do you most need to hear?
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> After spending several minutes in such reflections, again note them on paper. Finish by summarizing these in a piece of reflective writing that touches on these themes, beginning with what your attention was drawn toward, and then progressing to the sorts of feelings, thoughts, and possible recognitions or insights stimulated by the exercise.

In response to these instructions, the woman penned a poignant set of reflections, portions of which follow:

> Birthmark below my left eye; no, my right eye. Strange how I am seeing myself opposite from how the world sees me. The freckle on my nose that everyone mistakes for a nose ring. Lots of freckles. Dark circles. Lopsided eyebrows. Wrinkles on my forehead, a new addition. Huge pupils.
>
> I blink and feel the dryness of my contact lenses. I move my jaw to feel its repetitive popping, reminding me of the doctor's words, "mandible worn straight on one side," "permanent damage," and the x-ray on which my cartilage, instead of looking like a thin rainbow stretching in-between this delicate joint, looked like a little misplaced bean. I rub my eye out of habit and press my chapped lips. I try to imagine perfect vision and a perfect temporal mandibular joint. But I find it easier to experience the dull throb and dry eyes. To feel the familiar.
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> I am in fifth grade. I am 25. I see the fifth grader. I see the young adult. I am beautiful. I am plain. I see both. This is how the world sees me. This is how no one sees me. Not smiling. Not laughing or talking. I open my eyes wide and let air pass under my contact lenses, then, blink and my image blurs.
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> I like who I see because she knows me. I feel right in her skin. I dislike her because she doesn't have the answers I want. She stares back at me with too many emotions and not enough wisdom. I like her because she's not falling apart and because she sometimes makes people happy. I don't like her because she's unsure.
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> I see fear behind her look of resolve. This person is scared and still. Quiet and sad. I'm none of those things.

> I let myself exist with a number of different possibilities for who I am. Worker, child, daughter, sister, friend, roommate, lover—none of them is how I define myself. I participate in life experiences like. . .a traveler. I am a traveler.
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> Which makes it strange, then, that when I asked myself, "What do you want from life?" the answer was, "Purpose." This apparent contradiction between who I am and what I want from life was resolved through realizing that I have been traveling through my life experiences in search of my purpose. Even as a child the question, "What am I here to do?" has been the one driving me. And so I traveled, literally and figuratively, through life. I found my answer working with emotionally troubled girls. I finally felt right in life. I knew why I was here when I worked with those girls…. Because I don't want to travel forever.
>
> I ended my time making funny faces in the mirror. This is a favorite pastime of mine, and good therapy for anyone in need of a laugh.

As her journal illustrates, this deceptively simple method, if offered and accepted in the right spirit, can facilitate deep-going self-reflection that can be productive in itself, or easily be integrated into an ongoing therapeutic conversation. Systematic research on nearly 100 users of this technique confirms that mirror time can be "strong medicine," producing significant increases in both physiological arousal as assessed by galvanic skin response and in subjective tension during the period of actual mirror use (Williams, Diehl, & Mahoney, 2002). It is noteworthy that "scripting" the mirror time with instructions—rather than leaving the encounter with self unguided—dampened women's self-criticism, and also produced more favorable responses to the exercise as a therapeutic assignment. Mirror time is only one of a great variety of procedures to enhance client self-awareness and the facilitation of change that has been devised by constructivists, ranging from innovations on classic personal construct techniques (Neimeyer & Winter, 2007) to methods to help people integrate and transform initially

non-conscious positions for maintaining a symptom or problem (Ecker & Hulley, 1996).

Finally, it bears emphasizing that the primacy of presence and process represents the best hedge against what Mahoney (1991) appropriately has termed the "tyranny of technique." In my work specific procedures are occasional embellishments of a more basic therapy process that privileges the relational and linguistic nuances of helping clients symbolize, articulate and renegotiate those constructions on which they rely to organize their experience and action (Neimeyer, 1995). Thus, although "process interventions" such as analogizing, weaving between related material, highlighting a feature of a client's self presentation for further elaboration and so on (Neimeyer, 1996) might be used with some frequency, the predictable patterns of questions or instructions that most therapists think of as therapeutic procedures might not occur at all in a given session of therapy. This accords with a view of therapy as a process that, although highly skilled in its execution, is at root more a human than a technical interaction.

Conclusion

Over the course of a professional career that spanned some 35 years, Michael Mahoney helped pioneer a path that began in the then-radical intellectual outpost of cognitive therapy with its early emphasis on self-control, and reached its terminus in the terrain of constructivist psychotherapy with its focus on self-exploration. Of course, the living legacy that he left to practicing psychotherapists is only one of many that continue to inform and transform contemporary constructivism. But it is one that gave special emphasis to the person of the therapist as well as that of the client, and the privileged position we occupy as secular healers and facilitators of human change processes. I hope that my attempt to explicate some of the principles of such practice honors his

contribution, and reaches forward humbly toward what our profession might yet become.

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