

PERSONAL AND RELATIONAL CONSTRUCT PSYCHOTHERAPY: THE PRIMACY OF INTERSUBJECTIVITY

Interview with Harry Procter and David Winter

By

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Harry Procter is Visiting Professor at the University of Hertfordshire, and was formerly a Consultant Clinical Psychologist in the UK National Health Service, specialising for many years in working with families in both adult and child mental health and disability settings. He is currently writing *Making Sense of Making Sense: The Origins of Dialectical Constructivism in Hegel, Peirce and Kelly* for Palgrave Macmillan. This book will explore the philosophical background to his model of therapeutic intervention, *Personal and Relational Construct Psychotherapy*. This was the subject of his first book, written with David Winter (2020), to be published by Palgrave in 2026.

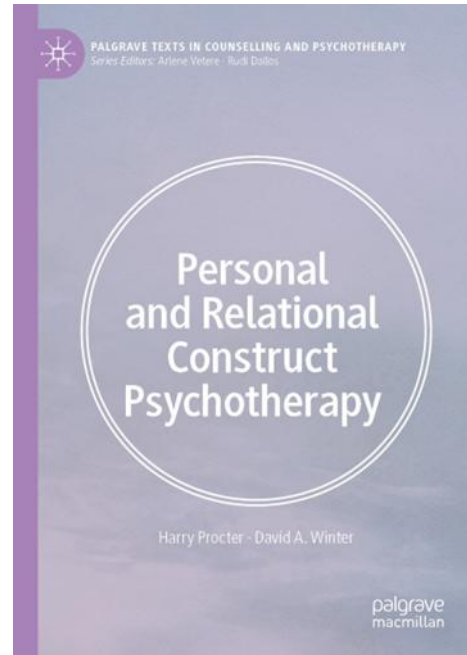
David Winter is Professor Emeritus of Clinical Psychology at the University of Hertfordshire, where he was previously Programme Director of the Doctorate in Clinical Psychology as well as being Head of Clinical Psychology Services for Barnet in the English National Health Service. He has around 200 publications, and his books, as well as *Personal and Relational Construct Psychotherapy* with Harry Procter, include *Personal Construct Psychology in Clinical Practice: Theory, Research, and Applications* (1992, Routledge) and *Trauma, Survival and Resilience in War Zones: The Psychological Impact of War in Sierra Leone and Beyond* (with Rachel Brown, Stephanie Goins, and Clare Mason; 2016, Routledge). Together with Nick Reed, he has just finished editing George Kelly's collected papers, and he is currently trying to get his first novel published.

Keywords: *Personal and Relational Construct Psychotherapy, Relational corollary, Group corollary, family constructs, "virtualized" psychotherapies.*

Welcome, Harry and David, thank you for participating in this interview. We'd like to propose some questions about your book "Personal and Relational Construct Psychotherapy". It contains many key historical contributions of PCP along with the most recent developments within the PCP framework of research. How did the idea for this volume come about? What type of reader is it addressed to?

We have always believed that Kelly not only originated an innovative approach to psychology and psychotherapy, but that this was subsumed within a radical new philosophy and that indeed Kelly should be recognised as an important philosopher in his own right, as well as a brilliant psychologist and clinician. Kelly's metaphor that people can usefully be seen as scientists can be broadened to seeing persons-in-relation and groups of people as also jointly involved in processes of inquiry and trying to make sense of things. This will typically involve collaboration as well as conflict, debate or vying for positions just as we see in actual teams of scientists. The patterns of interaction and relating can be understood as a *system* which subsumes and constrains the actions and positions on issues that the individual members posit and enact. Indeed, we propose that an account of individuals struggling to make sense of their worlds, needs to be put into the context of 'the primacy of intersubjectivity' in order to give an adequate understanding of how individuals' construing functions and develops.

The idea of elaborating Personal Construct Psychology in order to more fully describe and account for the processes occurring in human relationships, particularly the relationships between members of families, has its origin in Harry Procter's (1978) PhD thesis. Over the years since the completion of this research, which combined PCP with Family Systems Theory and other writings on relational processes, Procter continued to develop his approach and to publish many articles on applying it in the clinical context of working with families in adult and child mental health and disability services. The intention to write a more comprehensive overview of the



approach in book form had been around for a long time. Then a collaboration with David Winter, in which the relational and family therapeutic work could be set in the context of an up-to-date review of developments in Personal Construct Psychotherapy in general, seemed to be a good idea.

The core of our readership is clearly people already practicing Personal Construct Psychotherapy. We would hope that the relational extension of PCP will help practitioners and counselors involved in individual therapy become more aware of their clients' relational context and this will help them to empower clients to understand and deal with issues in their families in an effective way. We would also urge therapists to consider using family and couples therapy more routinely. In Procter's own practice in the context of mental health services, he nearly always tried to engage family members from the beginning of the work, if possible, whilst obviously respecting the client's preferences.

We also believe that therapists from other traditions will find the book helpful and enlightening as well as people involved in other health-based disciplines, in social work, education, coaching and organisations generally, together

with students, teachers and researchers in psychology and the human sciences. As far as people involved in theoretical developments in psychology, we would expect that the book will address the concerns of critics who have accused Kelly and Personal Construct Theory of being too individualistic. The model should help to mediate the standoff between Construct Theory and social constructionism, discourse analysis and the sociology of knowledge (Procter, 2016).

In the book, you introduce the reader to Kelly's general outlook on personal construct theory and some new elements, like the relational corollary. Where did the idea to define a new corollary come from? What prospects does it open for those who work in the clinical field through PCP, in your opinion?

Our emotional life is extremely dependent on the state of our relations with important others around us. Think of the situation where a difference of opinion affects us so much, for example, if it has involved an argument with someone we love, and what a relief it is when we resolve the issue and become close again. Procter (1978) formulated the Relationality Corollary as an extension to Kelly's powerful Sociality Corollary in order to capture this central phenomenon in human life in his PhD research, where it was titled the 'Group Corollary'. In line with Kellian theory, the effect on us of relationships depends on how we construe them. This gives us a new avenue of movement in therapy – modifying and elaborating how we construe the key relationships surrounding the difficulties.

This was more recently developed in terms of the 'Levels of Interpersonal Construction' (Chapter 4 in Procter, 2014), where monadic, dyadic and triadic construing were distinguished and recognized as involving different types of construing which people use to make sense of patterns of relationship. Understanding these levels alerts clinicians to these issues and can deepen their insight into people's predicaments. It leads to a rich new set of clinical questions that can be asked in interviewing and formulation. It

should also lead to an added understanding of the therapist's own role in relating to client/s, alerting them, for example, to the dangers of being drawn unwittingly into coalition with a client against other family members. The awareness of the different 'levels' therefore enhances the therapist's understanding and broadens their repertory of therapeutic approaches.

In the volume, the "family construct" has been presented as a professional construct, for understanding how people construe their anticipations of relational events referring to their experience as members of an important small group, such as a family. How can adopting this construct within clinical practice with the patient change the point of view of the therapist?

Flowing from the above, we can begin to understand how, not just individuals have construct systems, but that groups, families and organisations can be usefully seen as having, and being governed by, shared construct systems. These can be seen as comprising 'family constructs', or more generally 'social constructs', which define and govern the positions that members take up with and against each other. This is nicely exemplified in the conflict between family members in the Garden of Eden story (see pp. 27 and 149) where Cain defiantly criticizes the religious faith of his parents and brother, where the family construct, good versus sinful, defines and governs their interactions and arguments. The two poles of the construct define the reciprocal positions which the members take up in opposition to each other.

What we find is that families, especially those struggling with difficulties, are typically functioning in ways in which often only one family construct seems to be governing and dominating their discourse and interactions, inducing members into polarisation and having to 'take sides', much as we see in societies and countries in the politics of international affairs. This is where conjoint work with the family members concerned becomes so relevant and powerful, in which therapists can offer multilateral support with the

possibility of de-escalation and returning to an atmosphere where each individual's or group's contribution can be (re)established with therapeutic progress facilitated. Indeed, the book should be useful for those understanding and dealing with international relations and arbitration generally.

What are the main differences, in your experience, between using a constructivist approach and a relational systemic one in working with families?

We argue that the model that we advance, Personal and Relational Construct Psychotherapy (PRCP), can successfully meld and bring together these two apparently polarized approaches which we have striven to unite into a coherent framework. This effectively doubles the repertoire of approaches and understandings that we can apply to problematic situations, allowing therapists to draw on the wide range of techniques that each tradition offers. The perspectives that we have offered in answer to Questions 2 and 3 above can help the Personal Construct practitioner add to the enormously rich set of methods that Kelly and other construct theorists have bequeathed to us. In turn, people working with families utilizing a relational-systemic framework can draw on personal construct methods in their work with individual members of the family. The therapist can help individuals to spell out and justify their personal construing, whilst the other members observe and deepen their understanding of their fellow-member, thus facilitating renewed collaboration and problem-solving.

The Bow-Tie interview and Qualitative Grids such as the Perceiver-Element Grid (PEG) are methods that derive from a combination of the two traditions and are powerful aids to enhance therapeutic sessions as well as in the business of formulation.

Personal Construct Psychology (PCP) represents an example of a structured and articulated clinical psychological model within an epistemological framework, that offers many ideas to the clinician

interested in this theory. What aspects of Kelly's theory have been more valuable in your clinical experience?

In the clinical field, we often meet, and have the privilege of working with, people whom we may struggle to understand, perhaps because their behaviour displays what Mowrer, back in 1948, termed the 'neurotic paradox' of being 'at one and the same time self-perpetuating and self-defeating' or because their actions seem to show a barely comprehensible callousness towards others. Traditionally, clinicians have reduced the discomfort caused by such individuals by pigeonholing them within psychiatric diagnostic categories, thus removing any need to attempt to understand their experiences as anything other than the symptoms of illnesses.

By contrast, Kelly's theory provides a means for the clinician to adopt a 'credulous approach', entering and taking seriously the client's inner world rather than dismissing this world as diseased or irrational. Many aspects of the theory are crucial in this regard, but we shall focus on a few that seem to us to be particularly valuable, beginning with some of Kelly's corollaries. Of fundamental importance is the *Individuality Corollary*, with its assertion that everyone's construing is different and its consequent reminder to clinicians that they should never assume that clients view the world in the same way as they do. Consider, for example, the client who complains of depression but fails to complete the homework assignments that the therapist has designed to lead the client on a path towards happiness. Rather than blaming the client and labelling them as 'resistant', the therapist might usefully consider ways in which the client's construing of depression and happiness might differ from their own. Such an exploration might reveal, for example, that the client associates happiness with selfishness and insensitivity to the suffering of others. If so, it is small wonder that they stubbornly resist the therapist's valiant efforts to shift them to a state of happiness, with all of its attendant negative implications. This is an example of an 'implicative dilemma', the

identification of which can lead to a therapeutic focus on dilemma resolution (Feixas & Compañ, 2016). It also indicates the importance, highlighted by Kelly's *Organization Corollary*, of considering the hierarchical structure of the client's construct system. The complaint that the client presents may often be expressed in terms of constructs that are relatively subordinate in this system, but change may be impeded by constructs that are superordinate to these. In the book, we present an example of a couple that constantly argued about seemingly trivial issues, like whether they squeezed the toothpaste tube from the end or the middle, but for whom these arguments, which appeared pointless and destructive both to them and to those who witnessed them, actually concerned fundamental differences in much more fundamental constructions of the world. Another of Kelly's corollaries of major importance in understanding a client's apparently self-defeating behaviour is the *Choice Corollary*, indicating that people's choices, rather than having a hedonistic basis, are directed towards the better anticipation of the world. For example, the actions of a person who habitually seems to sabotage their own progress might become perfectly comprehensible if it is recognized that for them being a failure carries more implications and possibilities for anticipating the world than does being a success. A final corollary that is, of course, central to the credulous attitude is the *Sociality Corollary*, asserting that seeing the world through the other person's eyes is fundamental to any significant relationship, such as the clinician's with the client.

Another aspect of Kelly's theory that is of great value in facilitating sociality with the client is the set of diagnostic constructs that he provided to allow the construing of the client's construction processes while the clinician suspends their own personal constructs. Some of these that we have found particularly useful are those that involve strategies of construing (e.g., tightening and loosening; constriction and dilation), which everyone engages in to some degree to avoid or deal with invalidation of construing but which our clients may use in a more extreme or imbalanced

way. Also of particular value in making sense of our clients are Kelly's constructs of transition. Going back to the example of the client who might appear to be resistant to therapy, their apparent avoidance of change may be understandable if this change is seen to be in a direction which the client is unable to construe, thus provoking anxiety; appears to involve comprehensive changes in core structures, and hence threat; or seems to require the client taking on a new core role, and so inducing guilt. Another construct of transition that may be especially useful in understanding a client's apparently self-defeating behaviour is hostility, in Kelly's sense of, rather than reconstruing in response to invalidation, trying to make the world fit into one's construction of it. For example, the client who views him/herself as a failure, and who unaccountably, when on the verge of success, does something which will ensure a further failure (e.g., by not meeting the deadline for the submission of an assignment) can be seen to be hostilely extorting evidence for the validity of his/her original self-construction. Such validation is more important for the individual than success.

Perhaps the greatest value of Kelly's diagnostic constructs in the clinical setting lies in the fact that they are just as applicable to anyone else, including ourselves and other clinicians, as to our clients. They therefore provide the basis not for a fixed classification of the client's psychopathology but for a psychological formulation of their problems in terms of the very same processes and structures that all of us employ at some times or in some situations. A formulation of an individual client's problems in these terms will have clear implications for therapeutic interventions. Incidentally, it is instructive to note that Kelly was advocating an approach of formulation well before he published his magnum opus (e.g., in the handbook that he wrote for his clinical students) and decades before it was championed by cognitive-behavioural therapists, who are often credited with having originated such an approach.

PCP is known for having proposed innovative tools and methods consistent with the epistemological foundations on which the theory is based. How do you see the role of these tools in the future of the PCP?

Its innovative tools were probably the major reason for the growth of interest in PCP in the early decades following the publication of Kelly's two volumes, a time when repertory grid technique was used in over 90 per cent of papers in the field. Subsequently there has been considerable refinement of the original tools, as well as the introduction of new tools, and we have both been involved in these developments. In our view, its various tools and methods have allowed PCP to offer an approach of 'rigorous humanism', to use one of Rychlak's (1977) expressions or, as Kelly (1969, p. 135) said, 'a technology through which to express its humane intention.' Their adaptability has been shown by their application in numerous different fields and a range of cultural settings. In recent years, there has perhaps been a tendency amongst some personal construct psychologists to de-emphasize the use of these tools, and particularly those of a more quantitative nature, as if they were not really compatible with a constructivist approach. However, in our view, as a very distinctive aspect of PCP, and one which combines the riches of both quantitative and qualitative methods, they are central to its future.

Looking at the contemporary social situation, some questions arise about the ways young people socialize, which are becoming more and more "virtualized". Although much has already been written on that in the field of online individual psychotherapies, still little has emerged about the "virtualization" of group psychotherapy. Figuring out a group psychotherapy that takes place entirely through a screen: what would be the main implications, in your opinion?

One of the legacies of the COVID pandemic has been a greater acceptance and acceleration of the virtualization of our activities, including psychotherapy. While virtual individual

psychotherapy is now fairly commonplace, virtual group psychotherapy, although not unknown, might be thought to pose more problems, quite apart from the usual ones concerning internet connectivity, members' deficiencies in technological expertise, and so forth. First, there is the much more limited ability to perceive, and respond to, non-verbal cues, except perhaps those involving facial expression. There are also more potential issues regarding possible breaches of confidentiality. On the other hand, new opportunities are provided, such as the use of chat and of break-out rooms. These should be embraced by an approach, such as personal and relational construct psychotherapy, which favours experimentation and the adaptation of modes of psychotherapy provision to the preferences of its clients. Break-out rooms could, for example, provide an efficient means of organizing the rotating dyadic interactions in interpersonal transaction groups.

In terms of family and systemic therapy, there is good evidence that video-conferencing offers distinct advantages for working with people and their families with the medium shaping the therapy to be more collaborative and open and in allowing access to family members who otherwise would not attend and who live in other parts of the country or the world (Burbach & Helps, 2022; Burbach & Pote, 2021).

To conclude this interview, one last question: what are your thoughts about the future of PCP?

Although there have been only few elaborations of PCP at the theoretical level (including the relational extension that we have proposed) in the nearly 70 years since Kelly published his magnum opus, the range of applications of the approach has extended greatly, both within and beyond its original focus of convenience, the clinical setting (Walker & Winter, 2007). This includes work in the educational, organizational, and forensic settings, as well as in the areas of social psychology, the arts, politics, coaching, sport, and environmental issues. Since the mid-1970s, there have been regular international PCP

congresses, and there continue to be extensive publications, some in journals, such as this, that are devoted to PCP or more broadly to constructivism. This would seem to bode well for the future of PCP. On the other hand, few current psychology students have even heard of PCP, which, with one or two exceptions, is no longer covered in their undergraduate courses. Postgraduate and/or professional training courses that either wholly or partially focus on PCP and/or its therapeutic applications are only provided in a few countries that have islands of PCP interest, notably Italy, Spain, Serbia, and to some extent the UK, although some of these (e.g., the postgraduate programme on personal construct psychology and counselling offered by the University of Padova) are primarily delivered online and therefore have a wide reach. Of particular concern is that there currently seems to be little interest, and no training, in PCP in its country of origin.

The reasons for this state of affairs are probably multifold. Firstly, there has been a burgeoning of broadly constructivist approaches in many fields, interest in which has rather overtaken that specifically in PCP. When PCP is viewed as just another 'meaning-making' approach, its unique features, such as its elaborate theory and its distinctive assessment techniques, are easily ignored. Secondly, in the clinical field, the market has been cornered by those approaches, such as cognitive-behavioural therapy, that have championed their evidence bases and generally been more concerned with self-promotion. While, as reviewed in Chapter 13 of the book, personal construct psychotherapy is not without an evidence base, personal construct psychologists have often resisted making the apparent compromise of carrying out the type of research on their interventions which is likely, for example, to find its way into the treatment guidelines that increasingly determine what therapies can be practised in health service settings. Thirdly, personal construct psychologists could have done more to publicise the potential application of their approach in areas of contemporary concern. For example, as in the

work in which one of us has been involved on radicalization, deradicalization, and violence (e.g., Mason et al., 2024; Winter & Feixas, 2019; Winter, 2024), personal construct psychology should have much to say about the problems posed by an increasingly polarized world, an area to which the work of Michael Mascolo (2022) and his colleagues on 'creating common ground' is of great relevance. PCP also showed its value in its application to the challenges of the COVID pandemic (e.g., Cipolletta et al., 2022; Winter & Reed, 2022). Another area in which there has been some work, but in which its potential application could be further promoted, is analysis and facilitation of choices that might impact on climate change.

In our view, as one of us has written, PCP is 'still radical after all these years' (Winter, 2012). Let's endeavour to make sure that more people are aware of this, both within and beyond the psychology community! Hopefully something that may go some way towards facilitating this awareness will be the publication next year of a long-awaited biography of George Kelly (Epting & Raskin, 2025), as well as volumes of his collected papers, including many that were previously unpublished (Winter & Reed, 2025).

Thank you very much!

REFERENCES

- Burbach, F., & Helps, S. (2022). Delivering family therapy and systemic interventions using digital platforms. In H. Wilson, (Ed) *Digital Delivery of Mental Health Therapies: A guide to the benefits and challenges, and making it work* (pp. 240-255). Jessica Kingsley.
- Burbach, F., & Pote, H. (2021). Digital approaches—a paradigm shift? *Journal of Family Therapy*, 43(2), 169-184.
- Cipolletta, S., Tomaino, S.C.M., Rivest-Beauregard, M., Sapkota, R.P., Brunet, A., & Winter, D.A. (2022). Narratives of the worst experiences associated with peritraumatic distress during the COVID-19 pandemic: a mixed method study in the USA and Italy. *European Journal of Psychotraumatology*, 13, 219359.
- Epting, F.R. & Raskin, J.D. (2025). *Audacious adventurer: The life and times of George Kelly and his psychology of personal constructs*. Cambridge University Press.
- Feixas, G. & Compañ, V. (2016). Dilemma-focused intervention for unipolar depression: a treatment manual. *BMC Psychiatry*, 16(1), 235-235.
- Kelly, G.A. (1969). Humanistic methodology in psychological research. In B. Maher (Ed.), *Clinical Psychology and Personality: The selected papers of George Kelly* (pp. 133-146). Wiley.
- Mascolo, M.F. (2022). Bridging partisan divides: Dialectical engagement and deep sociality. *Journal of Constructivist Psychology*, 35(3), 877-903.
- Mason, C.B., Winter, D.A., Schmeer, S., & Bell, R.C. (2024). Radicalized Trump supporters: Construing, identity fusion, and hypothetical and actual extremism. *Journal of Constructivist Psychology*, in press.
- Mowrer, O.H. (1948). Learning theory and the neurotic paradox. *American Journal of Orthopsychiatry*, 18(4), 571-610.
- Procter, H.G. (1978). Personal Construct Theory and the Family: A Theoretical and Methodological Study. PhD thesis, University of Bristol. Retrievable (August, 2024) from: https://www.academia.edu/91015204/H_G_Procter_PhD_Thesis_PCT_and_the_Family_A_Theoretical_and_Methodological_Study_1978_
- Procter, H. G. (2014). Qualitative grids, the relationality corollary and the levels of interpersonal construing. *Journal of Constructivist Psychology*, 27(4), 243–262.
- Procter, H. G. (2016). PCP, culture and society. In D. A. Winter & N. Reed (Eds.), *The Wiley Handbook of Personal Construct Psychology* (pp. 139–153). Wiley-Blackwell.
- Rychlak, J. F. (1977). *The Psychology of Rigorous Humanism*. Wiley-Interscience.
- Walker, B. M., & Winter, D. A. (2007). The elaboration of personal construct psychology. *Annual Review of Psychology*, 58, 453–477.
- Winter, D. (2012). Still radical after all these years: George Kelly's 'The psychology of personal constructs'. *Clinical Child Psychology and Psychiatry*, 18, 276–283.
- Winter, D.A. (2024). Responses to killing in state-sanctioned and unsanctioned killers: Pathways of construing. *Journal of Constructivist Psychology*, in press.
- Winter, D.A. & Reed, N. (2021). Unprecedented times for many but not for all: Personal construct perspectives on the COVID-19 pandemic. *Journal of Constructivist Psychology*, 34, 254-263.
- Winter, D.A. & Reed, N. (Eds.) (2025). *George Alexander Kelly: Collected papers of the pioneer of constructivist psychology*. Wiley.

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REFERENCE

Bandiera, M., Farinelli, C., & Masciadri, L. (2024). Personal and Relational Construct Psychotherapy: The Primacy of Intersubjectivity. Interview with Harry Procter and David Winter. *Personal Construct Theory and Practice*, 21, 7-15.