



Experiencing Difference: Game of Change, the Use of Novelty, and Expanding Boundaries of Therapeutic Space

Lynette Toms

To cite this article: Lynette Toms (2020): Experiencing Difference: Game of Change, the Use of Novelty, and Expanding Boundaries of Therapeutic Space, Journal of Constructivist Psychology, DOI: [10.1080/10720537.2020.1805070](https://doi.org/10.1080/10720537.2020.1805070)

To link to this article: <https://doi.org/10.1080/10720537.2020.1805070>



© 2020 The Author(s). Published with license by Taylor & Francis Group, LLC



Published online: 17 Aug 2020.



Submit your article to this journal [↗](#)



Article views: 260



View related articles [↗](#)



View Crossmark data [↗](#)

Experiencing Difference: Game of Change, the Use of Novelty, and Expanding Boundaries of Therapeutic Space

Lynette Toms

Psychologist in Private Practice Connection Emotion Reflection Pty Ltd, Bargo, Australia

ABSTRACT

A model of intervention for the improvement of social and emotional wellbeing is outlined. The model is derived from George Kelly's theory of personal constructs, focusing on "constructs of transition" and the use of groundwork games with horses to assist clients make changes in their lives. Common language for the experience of emotion is used to provide clients with a sense of containment while they develop skills to expand their sense of personal agency and interconnectedness. The games played with the horses provide experimental space and relationships, giving the client psychological boundaries of safety until such time that the skills or lessons learned in the game can be used to overcome some adversity in their life.

ARTICLE HISTORY



Received 8 December 2019
Accepted 8 July 2020

This paper considers that ancient wisdom could assist people to anticipate the future by offering them hope. Psychologists could be seen as the guardians of hope for the people they assist. This concept can be useful when assisting people who have suffered the long-term effects of transgenerational trauma.

Equine assisted psychotherapy is a modality that can offer people hope. Many Aboriginal people have been drawn to equine assisted psychotherapy sessions as they have found the natural outdoor setting a perfect fit with their innate sense of connection to the earth. The location, the inclusion of animals, and the personal construct psychology (Kelly, 1991a, 1991b) approach has provided a safe space for healing and growth (or strength/strengthening).

A successful relationship with Australia's First Nations peoples was the catalyst for the development of the proposed model of intervention for the improvement of social and emotional wellbeing. Australia's First Nations peoples use the term "social and emotional wellbeing" instead of "mental health" as a reminder of the devastating effects of transgenerational trauma (at the hand of government) on the health of whole Indigenous communities. This model was endorsed by the Board of Governance of the Tharawal Aboriginal Corporation in July 2016.

The model was developed from George Kelly's (1991a, 1991b) theory of personal constructs and the writings of more recent others such as Faidley and Leitner (1993), Viney

CONTACT Lynette Toms  lyntoms@gmail.com  Psychologist in Private Practice Connection Emotion Reflection Pty Ltd, 560 Arina Road, Bargo, NSW, Australia.

© 2020 The Author(s). Published with license by Taylor & Francis Group, LLC
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.

(1996), and Walker (1993)—together with twenty years of careful listening to clients' stories.

Interventions have been drawn from narrative therapy (White, 2007), emotion focused therapy (Webster, 2017), cognitive behavior therapy (Harvey et al., 2003), cognitive processing therapy (Resick et al., 2016), and interpersonal therapy (Stuart & Robertson, 2012). The personal construct psychology approach has been supported by more recent findings in neuroplasticity and the sequential development of the human brain (Cozolino, 2002; Perry, 2009; Schore, 2012; Siegel, 1999; Van der Kolk, 2014).

By being trauma-informed and recovery oriented, this model aims to give people hope. It attempts to be flexible, client-centred, strength-based and solution-focused. It hopes to assist clients improve their self-mastery and their reflective self-awareness.

The model's ultimate goal is to guide the person toward their optimal self.

In personal construct psychology (Kelly, 1991a, 1991b) the optimal self is viewed as:

- Able to construe and reconstrue, i.e., make sense of and then re-order, redefine, reflect on and make changes to personal meanings in view of insights gained;
- Able to reflect on one's own construing of events, reflecting and revisiting them with new insights;
- Able to withstand some invalidation;
- Able to take initiative in change;
- Able to have differentiated and dispersed dependency;
- Able to be pro-active in broadening their worlds. Kelly called the active elaboration of one's perceptual field "aggressiveness" (Kelly, 1991b, p. 7);
- Able to experience a wide range of emotions while developing new meanings when the individual finds him/herself stretched beyond their normal range of convenience. Kelly defined a construct's range of convenience as "all those things to which the user would find its application useful" (Kelly, 1991b, p. 5);
- Open to change, free from inertia and able to be flexible in their views (free of Kellyan "threat"). Kelly used the word "threat" as "the awareness of imminent comprehensive change in one's core structures" (Kelly, 1991a, p. 361);
- Able to construe both loosely (the creativity cycle) and tightly (the CPC cycle). Kelly stated that creativity is about loosening constructs to allow for new elements and the CPC cycle is about tightening the necessary constructs to provide enough specificity for action (Kelly, 1991b);
- Able to construe the construing of others and to keep their preemptive construing positive, especially in relationships (Epting & Amerikaner, 1980; Winter, 1992).

Winter (2003) proposed that an "optimal person" would be able to draw on contrasting strategies in a "cyclical and balanced interplay" (p. 202) of these strategies.

A model of intervention for the improvement of social and emotional wellbeing

The model includes five components:

1. Building trust and a therapeutic alliance (safety and relationship);
2. Validation of the client's emotional experience (containment and context);
3. Emotion regulation;
4. Reflective self-awareness;
5. Dispersion of dependency (community integration).

Building trust and a therapeutic alliance (safety and relationship)

The client is invited to tell their story. Kelly stated “if you don't know what's wrong with a client, ask him; he may tell you!” (Kelly, 1991a, p. 140). Many Aboriginal people have never been given the opportunity to tell their story. A client remarked that having access to psychological assistance (a safe place to tell his story) was very beneficial, and having a sense of being trusted, respected and safe assisted him in the improvement of his sense of well-being.

Validation of the client's emotional experience (containment and context)

In the current model, the therapist follows the client's story and takes on the role of the “interested learner” (Schultz & Stuart, 2015, p. 15). The therapist aims to provide a reflective, compassionate stance *with* the client and *toward* the client and to others in their lives. The therapist tries to understand the client as an evolving seeker of wholeness, who is working toward becoming “the optimal person,” but who can never truly be known except for what can be guessed about them from their stories and their body language.

The therapist offers the client language to assist them express their emotional experiences. The client's stories become stories of fear, anger, sadness and joy. Kelly argued that there is no division between cognition and emotion and that emotion signifies “constructs relating to transition” (Kelly, 1991a, p. 391). Bannister and Fransella (1986) stated that emotions are people's experience of, or resistance to change or transition. One of the tensions in therapy is that people require validation of their meaning-making process (their emotional experience), even when some of their individual meanings don't serve them well (Carter, 2004).

In Kelly's “dimensions of transition” (1991a, pp. 359–392) he defines “threat,” “fear,” “anxiety” and “guilt” as specific processes indicating imminent change within a person's construct system. This pre-awareness is often not able to be verbalized through language but rather it is a felt sense in the body. In the current model, these constructs are referred to as emotional experience. Kelly (1991b) states

If the psychology of personal constructs were primarily a psychopathological theory, it too might express its view of human motivation in terms of the avoidance of anxiety. In that case we would be concerned primarily with the alleviation of human suffering, and hence of anxiety. But the psychology of personal constructs turns its attention in the other direction and concerns itself primarily with the affirmative processes in man's ongoing quest. It is neither a theory of psychological sedation nor a theory of surgical extirpation. Some measure of anxiety is seen as a correlate of adventure. When anxiety stifles adventure, then it is time to do something about it. (p. 386)

Emotion regulation

Kelly (1991a) says

The clinician approaches his client with a rich background of experience and with broad conceptualizations and then, within the matrix of the individual client's life, he casts up new constructs which are especially designed to deal with his particular case. (p. 136)

The current model includes the emotions of fear, anger, sadness and joy. The therapist needs to feel at ease with sensing each of these emotions in the client. Kelly's words "a rich background of experience" is interpreted in the current model as the therapist's sensitivity to and acceptance of these emotional experiences as normal human responses to the individual's historical and current environment. Fear is addressed first, followed by anger and then sadness. Joy is used as the contrast to guide the client toward an improved sense of wellbeing.

Outlined hereunder are the current model's adaptations of Kelly's "broad conceptualizations" which are offered to the client by the therapist to integrate into "the matrix of the individual client's life":

- a. Fear is akin to anxiety. In Kelly's words "when anxiety stifles adventure, then it is time to do something about it" (1991b, p. 386). The therapist construes the client's constructions of current threat as experienced by the client counterbalanced by the perceived threat experienced by the client due to trans-generational trauma. The interventions are solution-focused (O'Connell, 2012) toward safety, self-protection and self-care (Fisher, 1999).
- b. Anger is energy that can be directed toward creating a preferred environment. Anger can highlight a stronger sense of self than that of the client racked by fear or anxiety. The therapist listens for the stories of injustice told by the client. The solution-focused interventions aim to improve communication and assertiveness skills. These skills provide the client with a greater sense of personal agency to improve wellbeing for self and others (Cummins, 2006).
- c. Sadness is understood in the current model as the body's response to loss, both physical and perceived losses. Grief is construed as the active expression of sadness. First Nations peoples understand the meaning of the word grief. When a client's grief is acknowledged and validated, healing can occur (Wanganeen, 2014). In this model, it is suggested that the client needs a sense of safety (comfort) and some sense of resolution of injustices for the reconstruction of the loss to occur (Neimeyer, 2003).
- d. Joy – The experience of play and laughter provides the contrast necessary to create a conduit for the reconstruction of aspects of a person's life (McCoy, 1977).

Reflective self-awareness

Through creating a story of events and the associated meanings of those events, people develop a greater sense of internal agency (purpose) (Butt, 2004; Metcalfe et al., 2007) and self-awareness. This process includes mindfulness (Gendlin, 1979), spirituality and dadirri. Dadirri is an Australian First Nations peoples' practice that involves inner, deep

listening and quiet, still awareness. Dadirri recognizes “the deep spring that is inside us which calls to us as we call on it. It is somewhat akin to contemplation” (Ungunmerr, 1988). Thus, therapy embraces individual differences of meaning and meaning-making, the use of symbols and words, spiritual elements and values, as well as concepts of “how healthy relationships are defined” (Schultz & Stuart, 2015, p. 15).

Dispersion of dependency (community integration)

The model assumes that humans need social connection and a sense of belonging. Following on from Kelly and other pragmatists, the current model construes the person as an open system that engages with, interacts with, and responds to its environment. Gallagher and Bower (2014) state “the brain is part of a system that attunes to and responds to its environment in a way that enacts a meaning relative to the particularities of its embodiment” (p. 243).

Kelly (1991b) described how the process of an infant’s construing of certain events is associated with the people who provide those events. This dependency is necessary for survival. As the infant engages with its environment, it learns to discriminate which of its needs are associated with particular people, and thus, it begins to disperse its dependencies. In therapy, the therapist assists the client to reconstrue where necessary, attaining not independence as the opposite of dependence, but interdependence (Walker, 1993). The therapeutic question becomes ‘Who are the people in the client’s life that are willing and available to provide one or more of the various needs of the client for a sense of wellbeing?’ The model aims, through the achievement of dispersion of dependency, to assist the client to build a sustainable support network to maintain their well-being. This assumption is the basis for community integration. To engage in one’s community and to play various roles in that community provides opportunities for the client, through an active process of interdependency, to find the supports they need to sustain their social and emotional wellbeing.

Enacting the model by using groundwork games with horses

Kelly stated “the use of enactment techniques sometimes reduces the threat which loosened constructs present... when [the client] believes he is ‘only playing a role’, [his efforts] do not have to be consistent with his core construction of himself” (Kelly, 1991b, p. 347).

While the model has demonstrated its usefulness in the counseling room, clients often report a sense of significant change when they have engaged in the modality of equine assisted psychotherapy. Groundwork activities with horses (or the games played with the horses) offer the client many opportunities for “embodied cognition” (Gallagher & Bower, 2014) and genuine change. When a person’s relational mind, their problem-solving mind, their emotional self and their physical self are engaged in the game, the psychology of possibilities and the transformative power of the human brain are evident (Barsalou, 2008; Langer, 2009; Niedenthal et al., 2005; Schore, 2012).

The physicality of the game between the person and the horse provides for the full embodiment of the person’s experiment. Kelly referred to “Fixed Role Therapy” as “the

game” (Kelly, 1991a, p. 363). It is no longer just language-based cognition, but learning from doing (Barsalou, 2008; Niedenthal et al., 2005; Powell et al., 2014). Likewise, the framework of radical enactivism (Rohricht et al., 2014) encourages the therapist to work holistically with their clients stating that the engagement of the whole person in an environment is not just physical but is also social and cultural. Kelly stated “A person is not necessarily articulate about the constructions he places upon his world. Some of his constructions are not symbolized by words; he can express them only in pantomime” (Kelly, 1991a, p. 12). Horses communicate through body language, which encourages the person to fully engage their body (and mind) in the game. This makes the experience more real, more visceral and more fully remembered: therefore, more accessible during times of distress (Fisher, 2003; Van der Kolk, 2014).

Kelly stated that a therapeutic intervention delivered through the playing of games is safer for the client, as, initially, the learning from the game is not “playing for keeps” but will be integrated into the person’s construct system when they are ready to internalize it (Kelly, 1991a, p. 114; Levine, 2010). The novel environment is one which they need not revisit if their experiments do not offer them anything of value; it can be put aside as “just a game” (Kelly, 1991a). This new awareness, or construct, may be held in abeyance until the client becomes aware that its utility offers them a greater sense of ease in their world. This can happen when the client finds some worth and adaptability, of the skills they learned in the game, to their life and relationships.

While the game between the person and a horse is taking place, the therapist remains curious about the client’s process, within a framework of respect for the client’s self-discovery. This attunement or resonance with the client in the game “transmits a feeling of safety” (Pearson & Wilson, 2014, p. 97) which provides the sort of space necessary to experiment or try alternative problem-solving strategies. Leitner (2010) described this quality of relationship as “reverence.” It has also been described as “the sacred space” (J.J. Lancia, Personal communication, July 8, 2009).

Equine assisted psychotherapy offers many games to engage the client in the experimental space. The games set up by the therapist arise from the current model and invite the client to tell their story through pantomime or visual representation, or to explore constructs of fear and safety, anger and respect or grief and comfort. Horses can create “a sacred space” for the client’s explorations of self. Through intentional interactions with the horses, the client learns reflective self-awareness and can practise respectful relationships. The client may observe other possible behaviors from the horses that they had not previously considered. They may also observe in real space and time (in contrast to imagining) a valid representation of something they have been grappling with in their own life. Such metaphors can be powerful in assisting the client to construe an alternative reality. The acting out of this alternative reality in a novel environment can strengthen a client’s sense of personal agency such that they then have the courage to try it out in their world.

Conclusion

Kelly (1991a) stated that the therapeutic technique of playing games is psychologically safe because it is foreign to the client’s life, it is novel, and the game and its metaphors

provide a canvas for re-imagining life, or an aspect of life, without the same fear of loss as anticipated in their “real” life. The metaphors that arise through the groundwork games played with the horses can provide the client with more useful constructs to employ in future life situations. These lessons are often remembered as larger than life visual pictures that bring clarity to an otherwise diffuse awareness. This developing awareness together with the possible alternative solutions to solve their problems or to create a totally new path toward their future, provides hope when previously, they felt hopeless and powerless toward their adversity.

References

- Bannister, D., & Fransella, F. (1986). *Inquiring man: The psychology of personal constructs* (3rd ed.). Routledge.
- Barsalou, L. W. (2008). Grounded cognition. *Annual Review of Psychology*, 59(1), 617–645. <https://doi.org/10.1146/annurev.psych.59.103006.093639>
- Butt, T. (2004). Understanding, explanation, and personal constructs. *Personal Construct Theory & Practice*, 1, 21–27.
- Carter, C. E. (2004). *Validation in the reconstruction, with counsellors, of beliefs that clients hold about their sexual assault experiences: A personal construct model* [PhD thesis]. Department of Psychology, University of Wollongong. <http://ro.uow.edu.au/theses/205>
- Cozolino, L. (2002). *The neuroscience of psychotherapy: Building and rebuilding the human brain*. W.W. Norton.
- Cummins, P. (2006). The construction of emotion. In P. Cummins (Ed.), *Working with anger: A constructivist approach* (pp. 1–12). Wiley.
- Epting, F. R., & Amerikaner, M. (1980). Optimal functioning: A personal construct approach. In A. W. Landfield & L. M. Leitner (Eds.), *Personal construct psychology: Psychotherapy and personality* (pp. 55–73). Wiley.
- Faidley, A. J., & Leitner, L. M. (1993). *Assessing experience in psychotherapy*. Praeger.
- Fisher, J. (1999). *The work of stabilization in trauma treatment*. Paper presented at the Trauma Center Lecture Series.
- Fisher, J. (2003, July). *Working with the neurobiological legacy of early trauma* [Paper presentation]. Paper presented at the Annual Conference, American Mental Health Counselors.
- Gallagher, S., & Bower, M. (2014). Making enactivism even more embodied. *Avant*, 5(2), 232–247. <http://avant.edu.pl/wp-content/uploads/S-Gallagher-M-Bower-Makingenactivism.pdf>
- Gendlin, E. T. (1979). *Focusing: How to gain direct access to your body's knowledge*. Rider.
- Harvey, A. G., Bryant, R. A., & Tarrier, N. (2003). Cognitive behaviour therapy for posttraumatic stress disorder. *Clinical Psychology Review*, 23(3), 501–522. [https://doi.org/10.1016/S0272-7358\(03\)00035-7](https://doi.org/10.1016/S0272-7358(03)00035-7)
- Kelly, G. A. (1991a). *The psychology of personal constructs*. Vol. 1: Theory and personality. Routledge. (Original work published, 1955).
- Kelly, G. A. (1991b). *The psychology of personal constructs*. Vol. 2: Clinical diagnosis and psychotherapy. Routledge. (Original work published, 1955).
- Langer, E. (2009). *Counterclockwise: Mindful health and the power of possibility*. Ballantine Books.
- Leitner, L. M. (2010). The integral universe, experiential personal construct psychology, transpersonal reverence, and transpersonal responsibility. In J. D. Raskin, S. K. Bridges, & R. A. Neimeyer (Eds.), *Studies in meaning 4: Constructivist perspectives on theory, practice, and social justice* (pp. 227–246). Pace University Press.
- Levine, P. A. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. North Atlantic Books.
- McCoy, M. M. (1977). A reconstruction of emotion. In D. Bannister (Ed.), *New perspectives in personal construct theory* (pp. 93–124). Academic Press.

- Metcalfe, C., Winter, D., & Viney, L. (2007). The effectiveness of personal construct psychotherapy in clinical practice: A systematic review and meta-analysis. *Psychotherapy Research, 17*(4), 431–442. <https://doi.org/10.1080/10503300600755115>
- Neimeyer, R. A. (2003). The language of loss: Grief therapy as a process of meaning reconstruction. In R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 261–292). APA.
- Niedenthal, P. M., Barsalou, L. W., Winkielman, P., Krauth-Gruber, S., & Ric, F. (2005). Embodiment in attitudes, social perception, and emotion. *Personality and Social Psychology Review, 9*(3), 184–211. https://doi.org/10.1207/s15327957pspr0903_1
- O’Connell, B. (2012). *Solution-focused therapy* (3rd ed.). Sage Publications.
- Pearson, M., & Wilson, H. (2014). The evolution of sandplay therapy applications. *Psychotherapy in Australia, 21*(1), 94–100.
- Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma, 14*(4), 240–255. <https://doi.org/10.1080/15325020903004350>
- Powell, B., Cooper, G., Hoffman, K., & Marvin, B. (2014). *The circle of security intervention: Enhancing attachment in early parent-child relationships*. Guilford Press.
- Resick, P. A., Monson, C. M., & Chard, K. M. (2016). *Cognitive processing therapy for PTSD: A comprehensive manual*. Guilford Press.
- Rohricht, F., Gallagher, S., Geuter, U., & Hutto, D. (2014). Embodied cognition and body psychotherapy: The construction of new therapeutic environments. *Sensoria: A Journal of Mind, Brain & Culture, 10*(1), 11–20.
- Schore, A. N. (2012). *The science of the art of psychotherapy*. W.W. Norton.
- Schultz, J., & Stuart, S. (2015). Interpersonal psychotherapy: A culturally adaptive treatment. *Psychotherapy in Australia, 21*(1), 5–15.
- Siegel, D. J. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. Guilford Press.
- Stuart, S., & Robertson, M. (2012). *Interpersonal therapy: A clinician’s guide* (2nd ed.). CRC Press.
- Ungunmerr, M. R. (1988). *Dadirri: Inner deep listening and quiet still awareness, A reflection*. <http://www.miriamrosefoundation.org.au/about-dadirri/dadirri-text>
- Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin.
- Viney, L. (1996). *Personal construct therapy: A handbook*. Ablex Publishing.
- Walker, B. M. (1993). Looking for a whole “mama”: Personal construct psychotherapy and dependency. In L. M. Leitner & N. G. M. Dunnnett (Eds.), *Critical issues in personal construct psychotherapy* (pp. 61–81). Krieger Publishing.
- Wanganeen, R. (2014). Seven phases to integrating loss and grief. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 475–491). Commonwealth of Australia.
- Webster, M. A. (2017). *Emotion-focused counselling: A practitioner’s guide*. Annandale.
- White, M. (2007). *Maps of narrative practice*. Norton Professional Books.
- Winter, D. A. (1992). *Personal construct psychology in clinical practice: Theory, practice and application*. Routledge.
- Winter, D. A. (2003). Psychological disorder as imbalance. In F. Fransella (Ed.), *International handbook of personal construct psychology* (pp. 201–209). John Wiley.