Confessions of an Early Adopter: Practicing Therapy in Constructed Reality

By Stephen Bacon

I'm an early adopter—not of new and untested technology—but rather of psychotherapeutic theories. While I certainly hope that the field will eventually endorse the position I've taken, at the moment, as an early adopter, I'm experiencing a range of feelings from isolation to excitement and from hopefulness to frustration. The purpose of this article is to share those feelings. Some other early adopters may feel supported, some curious therapists may become provoked, and certain therapists will be concerned or disturbed.

As many know, psychotherapy is involved in a major debate, a debate that questions the foundational assumptions of psychotherapy. Perhaps best embodied by two seminal works, *The Heart And Soul Of Change*: *Delivering What Works In Therapy* (Duncan, Miller, Wampold & Hubble, 2010) and *The Great Psychotherapy Debate* (Wampold & Imel, 2015), this movement is best defined as a debate between the "common factors" group and the medical model adherents. Put more directly, the medical model group argues that the best way forward is to seek evidence-based treatments which will provide the most effective intervention for each specific diagnosis; this is a technique-centered strategy. In contrast, the common factors group believes in the primacy of the relationship, and goes as far as arguing that techniques have no inherent power.

This question of inherent power is no minor matter.   Given that the vast majority of trainings, books and workshops focus on one aspect or another of psychotherapeutic techniques, if the common factors arguments prove to be true, the field will be completely disrupted. How would psychotherapy change if all therapists believed that what happens in the room is actually a series of rituals—all of which work and work equivalently? What if most diagnostic categories and client typologies are constructed and bear no stronger relationship to health and healing than the astrological signs?

Certainly these statements would provoke or dismay most therapists, yet these conclusions are the exact implications of the therapy outcome research. The essence of the common factors argument is summarized briefly below; those desiring a more detailed analysis are referred to the two texts above and to my book, *Practicing Psychotherapy in Constructed Reality* (2018). The argument is primarily based on three research findings: the lack of correlation between therapist training and outcomes, between therapist experience and outcomes, and the "dodo bird" effect—the robust conclusion that all therapies have equal, positive effect sizes. The first factor to examine is the relationship between experience and outcome. One would expect the results to be in line with other professions; in psychotherapy practice should enhance effectiveness. Unfortunately, however, the research finds that there is no correlation between experience and improved outcomes. Next we have the training effect. Once again we would expect psychotherapy to be similar to other fields; training should be necessary to

accomplish the basic functions of the profession. However, the research finds no correlation between training and enhanced outcomes. Putting these two findings together, it becomes possible to offer a simplified, summary statement: *hard as it may be to believe, a life coach with two weekend workshops worth of training achieves the same results as a licensed therapist with decades of experience.*

The dodo bird finding is also provocative. Essentially it reports that all of our 400 plus different schools of psychotherapy work and they work equivalently; it is not possible to find one approach that is consistently better or worse than another. This, of course, suggests that all of these equivalent methods achieve the same result because of common factors—essentially the relationship with a wise and caring therapist and the therapeutic alliance; specific factors unique to each school—the rationales and the techniques—essentially have no effect.

Put these three findings together and you get the conclusion that psychotherapeutic techniques have no inherent power. If they did, there would be something for new therapists to learn that would let them generate results superior to the untrained. And, if they had power then experienced therapists would beat the inexperienced because they know more techniques and have practiced them more.

As thought leaders like Kenneth Gergen (2009) and the Narrative Therapy school (Madigan, 2012) have argued, these surprising findings occur because psychotherapy and most of psychopathology operate in socially constructed reality. Taken literally that suggests that much of clinical psychology is "made up"— a culturally-driven set of arbitrary definitions that define the relationship between doctor and patient and the accepted ways of thinking about prognosis, ways of improvement, and the therapeutic experience itself.

Jerome Frank (Frank & Frank, 1993) proposed that modern psychotherapy is a ritual process akin to shamanic healing; the constructionists would certainly agree. However, what makes this moment in history special is that the general constructionist arguments have now been supported by the research findings that techniques have no inherent power. It was one thing for a therapist to go into a session thinking that gender is a construct or that a set of cognitive assumptions arise from certain historical programmings, it is quite another to realize that anything goes in the room. Eye movements (EMDR)— even without any neurological research support—change people as well as CBT, and Reality Therapy— where a therapist simply tells a client to face reality and make better choices—works as well as the most sophisticated and elaborate Jungian therapy.

As a research consumer and a devotee of social constructionism I believe all these findings. It's radically changed the way I practice with clients and, just as importantly, it's also changed the way I try to improve as a therapist. Many therapists attempt to encounter each client as unique and try to resist seeing them through the eyes of preconceptions, diagnostic categories and expectations. As a constructionist/no inherent power in techniques (CNT) adaptor I am required to go significantly beyond these principles. CNT implies that psychological reality is fluid and amorphous; more specifically, one of the core challenges facing individuals in any culture is to maintain a stable identity—a secondary challenge is to actively endorse/believe in the culturally-mandated view of reality. The concept of resistance to change is an old one in psychotherapy, however, as a CNT adopter, I see this resistance as

a desperate clinging to an identity that is constantly buffeted by forces that wish to toss the client into the existential abyss. It is not hard to change; rather, the problem is to stay the same. Change is so easy that virtually everything works; most clients will change simply if they are asked to do by a caring and credible person. I don't need to seek powerful techniques to accomplish change; instead I need to be seen as someone who grants permission to change.

This means that I focus on what the client is doing to cling to their undesirable state. In place of that clinging, I suggest that "the latest research" has shown that people like them can change much more easily than we previously thought or that "their particular personality" needs to take care not to change too quickly. Because I essentially believe what I am saying, I am credible to the client and they are able to accept my optimistic predictions.

Just as importantly, as a CNT adapter I am forced to become more client-centered. Constructionism's greatest weakness is relativity; it's easy to go adrift and lose the sense of a place to stand—a foundation needed for healing. Addressing this weakness requires listening to the client's ultimate concern and practicing discernment. At the end of the day, I need to ensure that this ultimate concern is central in whatever healing ritual is co-created by the two of us.

Many of my clients benefit from having constructionist concepts shared directly; it can be enormously reassuring to think of our major problems and challenges as constructs that are only sustained by ongoing effort. Clients are quick to dissociate into two selves: a healthy part that is co-designing a ritual for healing and the confused/programmed/traumatized part of the Self that benefits from passage through the ritual.

The research of course shows that some therapists are more effective than others. I remind myself that my attempts to enhance outcomes rest on my ability to avoid falling into the same trance that afflicts all cultural members: the tendency to see what is fluid, amorphous, and constructed as real, unchangeable and solid. My credibility rests on my capacity monitor my own feelings and beliefs. I need to remember who I am, who the client is, and the nature of this moment.

My personal training program is oriented around the concept of the *key individual*. Because social reality is constructed, every cultural member is programmed into experiencing a shared reality that is arbitrarily defined. This programming originates with parents and is reinforced by every interaction with a cultural member. In addition, there are key individuals—teachers, mentors, authority figures—who are given the power to define my identity and my shared reality with a word, a gesture, or a decision. I strive to be such a key individual, at least in the mental health aspect of my client's life. The capacity to be recognized as such an individual rests on my charisma, with charisma defined as my credibility, my wisdom, my capacity for empathy, and my ability to discern my client's ultimate concern.

This suggests that my charisma can be developed as much outside the room as inside it; I need to cultivate charisma in a manner similar to a general, a politician, or a spiritual leader. It's likely that I will enhance my charisma more effectively climbing Mount Everest or working for a year in an African orphanage as opposed to taking a workshop on the latest CBT technique.

That doesn't imply that I don't go to workshops on techniques. I find that most workshop leaders are good to excellent therapists; however, instead of listening to the descriptions of their techniques, I watch the demonstrations to discover what makes them credible or discerning—how they instill hope and how they help their client feel that change is possible. I consciously note what part of the workshop is oriented towards keeping me in a trance—a trance designed to support the stability of cultural beliefs and individual identity. Discerning between what is real and what is constructed enhances my charisma.

That said, I do feel there is a place for me to study, learn, and practice new techniques. Mastery of certain techniques is going to require me to stretch myself, to become a bigger person, and to work through my own fears. Moreover, I see every psychological school as focusing on a certain aspect of constructed reality. Cognitive techniques focus on the superiority of the ego over affect; "soul-making" work—such as the approaches pioneered by James Hillman—require me to experience and work with the existential dilemmas innate to being human; hypnosis and other altered state therapies force me to operate at the edge of the existential Abyss; and transpersonal approaches urge me to immerse myself in that same Abyss. Depending on my needs, interests, and weak points, I can focus on one or another of these approaches and essentially use this immersion as a way of moving through fear, facilitating healthy risk taking, and enhancing my own charisma.

Of course, many therapists try to see the client as the "thing in itself," many therapists focus on instilling hopefulness and supporting change, and many therapists attempt to discern the client's ultimate concern. The difference for me, however, is the combination of constructionism and no inherent power in techniques. Truly letting go of techniques, and accepting that the field has been heading the wrong direction, is severely disorienting; embracing the essence of constructionism adds to the disorientation. Finding a place to stand after that disorientation creates a foundation—a foundation that essentially supports the client, a foundation that becomes a source of charisma.

Walking into every session embracing the idea that the client's problem is a construct—albeit a construct often related to his ultimate concern—is profoundly freeing. Knowing that the ritual that is co-created every session—with its implicit explanation and resolutions—is capable of transforming the client's issues in this very moment is profoundly empowering. There is an old spiritual concept of living "in" the world but not being "of" the world. Trying to experience that in each clinical moment becomes a type of mindfulness practice. Rumi discusses such a practice in the following stanza.

> Out beyond ideas of wrongdoing
> and rightdoing there is a field.
> I'll meet you there.
> When the soul lies down in that grass
> the world is too full to talk about.

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