

Constructivism in Psychotherapy
50 minutes conversation with Robert Neimeyer
On the empirically supported treatments and manuals

A.H.: You mentioned the mainstream, the cognitive-behavioural therapy. I will change the topic now to the empirically supported treatments. What's your position about the empirically supported treatments movement? How should the constructivist movement position itself regarding this trend? Shall it play the game of the EST or shall reject it? And either way what is the possible impact of empirically supported treatment in the constructivist paradigm?

R.N.: I'd say the answer to your question is largely YES. That is we should do all of the above! That we should position ourselves as the loyal opposition to approaches that seek a kind of hegemonic control over therapy, that seek to have just a certain list of approved methods or ways of working and others are disallowed. Because we know from the work of Wampold and many others that the evidence based strongly supports psychotherapy, probably more efficacious for psychological and psychiatric conditions than psychotropic medication for example. And yet there are very few distinctions that can be drawn empirically and defended among different approaches to psychotherapy, even for quite specific problems. And when differences are observed they're typically trivially small and they vanish completely when you take into account investigator allegiance. That is when you look at the researchers commitment to proving their theory right and constructing some kind of a non-credible alternative with which to compare in order to demonstrate their superiority. When one takes into account statistically these allegiance effects, these biases then any differences among the therapies are mitigated to the point of vanishing completely. So I do think there it is the healthy thing for us to ask - *in what way are our therapies helpful?* But I don't think that it is a constructive thing - to play the game of *my therapy is better than your therapy*. And so I think as constructivists we will do well to demonstrate that our work works. That it can not simply be justified on the basis of theory alone. But by the same token we should be ware the smug assumption that we now are superior to other approaches as we construct treatments that do demonstrate efficacy. And in this way I would much prefer that we position ourselves in humility and curiosity, right? Rather than in a stance of superiority or knowingness. Harlene Anderson and Harold Goolishian years ago spoke about the importance of adopting a stance in therapy of not knowing and I would argue the same stance as a healthy one to adopt with respect to psychotherapy research. To adopt a humble stance of saying we're no sure of all of the factors that are involved in this mystery that is human being and is human change. And we want to participate in that and facilitate it with the greatest degree of compassion and understanding we can but we should never reach a place of assuming that we have all the relevant answers.

A.H.: We have seen and we continue seeing a lot of efforts to create manualized treatments, above all empirically supported. Did manuals change or should change in some way?

R.N.: Well I think manuals have moved in clinical contexts toward greater ambiguity that is toward a greater allowing of the clinician to modify the circumstances under which the manual manualized interventions are applied. So, more room is typically being made in contemporary manuals for therapy for the clinicians own wisdom and judgment. However I think it is possible to manualized some aspects of therapy but ultimately I am not an enthusiast for that. I believe that we're far better served by cultivating our responsiveness to this unique moment of possibility with this client or clients who sit here with us now and who always in every

conversational turn - both in verbal, non verbal and co-verbal ways co-verbal being the way the manner of speaking, the rhythm of speech or the emphasis or de-emphasis that a person uses) - people will always tell us exactly what they need in this moment if we only have antennas that are long enough to pick up the signals. And I think that by focusing on manualized interventions we minimize the presence of the therapist. The therapist can barely see the client through the pages of the manual and I think the client also tends to disappear beneath the label of the diagnosis. So I largely would support - as we speak latter of psychotherapy training – the importance on functioning in a much more intersubjectively responsive way with the client, really helping therapists become comfortable with themselves and their language as instruments of change with specific techniques being secondary in their importance.