The Lack of Inherent Power in Techniques and Kahneman's Model of Denial: Supporting the Evolution of the Psychotherapy Paradigm

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Abstract: The debate between the common factor theorists and the medical model adherents over the inherent power of psychotherapy techniques appears to have been resolved in favor of common factors. These results, however, have failed to filter into psychotherapy practice; books and workshops continue to teach techniques and the credibility of psychotherapy's privileged knowledge goes unchallenged. This article focuses on the obstacles to the adoption of the outcome findings. Using Kahneman's *Thinking, Fast and Slow* theory of denial, the inability to influence standard assumptions is explained and elucidated. In addition, certain forms of social constructionism are interwoven with Kahneman's approach to better articulate a replacement paradigm. Finally, Kahneman's recommendations for facilitating paradigm shifts are adapted to the no inherent power of techniques finding. More specifically, his model of old paradigm, disconfirming data, new paradigm, and narratives are explained with detailed examples. The final section operationalizes the new paradigm; that is, it offers concrete examples of how therapy might change using the new paradigm. The material in this article is adapted from my recent book, *Practicing Therapy in Constructed Reality: Ritual, Charisma, and Enhanced Client Outcomes* (Bacon, 2018).

Key Words: Psychotherapy, Theories of Psychotherapy, Therapeutic Rituals, Therapist Training, Constructionism

There is a new movement afoot in the psychotherapy universe, a movement which questions the fundamental assumptions that underlie all the schools 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 the development of the therapist; moreover, it specifically argues that techniques have no inherent power.

As will be demonstrated below, this debate is essentially over and the common factors group has prevailed. The purpose of this article is not to rehash that debate. Rather, the purpose is to examine why the results of the debate have failed to directly influence the psychotherapy field. More specifically, we will use Kahneman's *Thinking Fast and Slow* (2013) model to explain the lack of recognition by the field. In addition, we will show what other factors need to be added to the common factors analysis in order facilitate a more rapid adoption of the new paradigm.

Because many psychotherapists are not familiar with the debate, we are going to begin by summarizing the major points. What follows is not intended to be a miniature literature review; readers interested in that are referred to the two titles above. Rather the salient points of the debate are briefly presented—and illustrated with representative quotes from leading review articles—so that readers can grasp the flavor of the debate. In addition to summarizing the debate, the material will be enhanced by presenting it in the context of a cross-profession analysis.

In order to understand the concept of a cross-profession analysis an example will be offered. In 1979 a study was performed by Strupp and Hadley that compared the effectiveness of college professors with licensed, experienced clinicians when doing therapy with normal neurotics. Surprisingly, the professors and the clinicians were equally effective. The results of this study, while suggestive and provocative, were not considered definitive primarily because of the small sample size.

In order to understand cross-profession analysis, let's imagine we are rerunning the study but this time we are comparing professors with cardiologists and the task is to install a pacemaker.

Without literally running the experiment, we already know the result. If this were a sporting event, it would be scored cardiologists--100 and professors – 0.

The reason we know the outcome without running the experiment is because we recognize that cardiology is a profession that has privileged knowledge. Privileged knowledge is a body of information, techniques, and practice that must be mastered in order to accomplish the basic tasks of the profession. Lots of professions have privileged knowledge—engineering, auto mechanics, chemistry. And certain professions lack privileged knowledge—psychotherapy, sales, leadership and education. In fields without privileged knowledge, any competent and motivated cultural member can succeed without special training. Conversely, in fields with privileged knowledge, training and experience are absolutely required to accomplish professional tasks.

Reexamining the Strupp results from this cross-profession perspective shows that even with the small sample size the study demonstrates convincingly that psychotherapy is significantly different from the fields that have privileged knowledge. As we will see below, there can be a debate in psychotherapy about whether its training effects are small or zero. However, it is only when we compare our training effects to fields like chemistry and engineering—where training effects are so large and apparent that we need not do any studies to substantiate their existence--that we fully recognize the provocative nature of the absence of training effects in psychotherapy.

Since we are already discussing training effects, let's begin in that area, especially because the lack of training effects is one of the major findings that supports the "common factors" side of the debate. We have already discussed in some detail how common robust training effects are in many professions and, of course, we hope to find the same in psychotherapy. In psychotherapy, however, we fail to find these results. Hill and Knox (2013), in a review article on training, find a variety of outcomes; some showed small effects for the benefits of training, a couple showed a negative effect from training, and most showed no significant effects. This pattern of results is found when researching a factor that has small, negligible, or no effects; this is a far cry from the robust training effects seen in professions with privileged knowledge. Here is their summary statement about the effects of training.

> The results of these studies certainly do not provide direct evidence for the effectiveness of training; in fact, they call into question the very necessity of this training. … No differences were found, however, between trained experienced therapists and friendly college professors or lay helpers, nor between clinical psychology graduate students and graduate students in nonhelping professions who were equally matched in terms of facilitative levels. (p. 799)

From a cross-profession analysis perspective we immediately wonder what is different about psychotherapy that has caused this failure to establish privileged knowledge. It is certainly not

from a dearth of trying; we have literally thousands of books and articles designed to contribute to our privileged knowledge and we have a myriad of trained, motivated, and competent professionals and academics who work unceasingly in the area. If they have failed to establish privileged knowledge, there must be something different about the field of psychology—something that precludes establishing the robust knowledge base belonging to chemistry or engineering.

The second major area with provocative negative findings is the question of whether experience enhances effectiveness in psychotherapy. This is also an area where we should find robust effect sizes; experienced surgeons get better outcomes than beginners, tennis player with years of experience beat players with weeks of experience; in virtually every field the experienced best the inexperienced. However, in psychotherapy, this experience factor is notably absent.

It is rather easy to test this assumption; psychology has performed hundreds upon hundreds of treatment outcome studies which have also included measurements of therapist experience. The data, whether bundled together in large meta-analyses or taken individually, have consistently failed to find a relationship between experience and outcome. For example, Lambert & Ogles state (2004):

> …overall, the meta-analytic reviews of psychotherapy that have provided correlational data find little evidence for a relationship between experience and outcome (p. 169).

And in a 2013 review article Hill and Knox summarize the same material by citing two seminal studies.

> Two recent analyses of very large numbers of therapists perhaps provide the most definitive evidence about therapist experience. Wampold and Brown (2005) found no effects for therapist experience level (years of practice) when they analyzed the outcomes of 6,146 clients seen by 581 therapists in a managed care setting (all therapists were postdegree). Similarly, Okiishi et al. (2006) found no effects of therapist experience level (pre-internship, internship, post internship) on the speed of client improvement in their study of more than 5,000 clients seen by 71 therapists at a university counseling center" (p. 797).

How can we explain this lack of experience effect from a cross-profession point of view? Building contractors get better with every house they build simply because each house has its own unique challenges that require expanding one's skill set. The same should occur when one sees one client after another. Something must be blocking psychotherapists' ability to learn from each client. A concrete example of this type of blockage can be seen by reviewing the story of mesmerism. Like psychotherapy, the mesmerists reliably generated positive results with their patients. Mesmerists explained these results by positing the existence of "animal magnetism"—a force operating between all living things. This focus on the force blocked the ability of the

practitioners to look at how the improvement actually occurred—the power of hypnosis, suggestion, and expectancies. If the mesmerists had focused on the later, it's possible that they might have learned more about these active factors by observing how these factors manifested with each client and case. Instead, their focus on perceiving everything in terms of "animal magnetism" blocked their ability to learn from their experiences.

The third and final research finding is the so-called "dodo bird" effect, the finding that different schools of therapy achieve equivalent positive results.

> The conclusion of most, but not all, of these reviews is similar to that drawn by Luborsky, Singer, and Luborsky (1975) who suggested a verdict similar to that of the Dodo bird in Alice in Wonderland: "Everyone has won and all must have prizes."…. However, meta-analytic methods have now been extensively applied to large groups of comparative studies, and these reviews generally offer similar conclusions, that is, little or no difference between therapies (Lambert & Ogles, 2004, p. 161).

This finding is robust and frequently replicated. It has stood up against a variety of critiques. However, of the three arguments marshalled by the common factors group, the dodo bird effect is the most debatable. This is due, of course, to the fact that there are literally hundreds of studies that have found one technique superior to another, at least in certain circumstances. In response, the dodo bird defenders cite metanalyses and research design flaws to account for the seeming superiority. Those wishing to review this subject in detail are referred to the texts above.

Even without a careful view of the literature, this debate can be logically resolved from the cross-profession perspective and the lack of training and experience effects. First, let's imagine that the dodo bird adherents are correct and all therapies get equivalent, positive results. There are over 400 systems of psychotherapy (Arkowitz & Lilienfeld, 2012). It stretches credulity to believe that there are 400 different techniques that coincidentally achieve the same healing outcomes. Isn't it clear, simply from the numbers of systems, the absence of failures, and the equivalency of outcomes that something unusual is going on in psychotherapy? The simple explanation is that our vaunted therapeutic procedures are actually rituals—rituals powered by client and therapist beliefs. The concepts of psychotherapists as "placebologists" has been repeatedly advanced (c.f., Lambert & Ogles, 2004); isn't that a better explanation than the torturous theories required to understand procedures as techniques with independent power?

Now let's look at the debate from another angle. As mentioned above, the technique adherents are primarily supported by the numerous studies that find one technique or approach to be superior to another. The dodo bird adherents cite meta-analyses and research design issues: some studies will show one technique is better than another due to chance or poor experimental design; some will show superiority due to allegiance factors; and some will find isolated, specific

effects that are too small to be clinically significant. It should be clear that this debate will never be fully resolved using these arguments. Every time there is another study that shows superiority in some manner, the technical adherents get renewed hope…. To resolve the debate in a meaningful manner the lack of training and experience effects must be included.

The lack of training and experience effects—two enormously robust findings—in themselves prove that psychotherapy lacks significant privileged knowledge. Techniques are part of privileged knowledge; saying we have no privileged knowledge is equivalent to saying techniques have no inherent power. The technique adherents need to not only dispute the dodo bird finding, they need to simultaneously dispute the no training or experience findings. Unfortunately for them, those two findings are much stronger and clearer than the dodo bird finding; disputing them is virtually impossible, especially when we compare our training effects to the training effects of a profession like metallurgy.

Notice how well the three research findings support each other. The lack of a training effect is due to the absence of privileged knowledge. We have no privileged knowledge because our techniques have no inherent power. We have no experience effects because our practitioners believe that techniques have inherent power. Hence, they attempt to get better by learning new techniques and practicing them assiduously. However, since everything works as long as clients and therapists believe that it will work, the focus on techniques is a dead end. Instead, to profit from experience, therapists should focus on what enhances beliefs and expectations.

Conversely this interdependence would all fall apart if techniques had inherent power. If they did, then there would be a training effect equivalent to auto mechanics or engineers. Moreover, the experienced would best the relatively inexperienced since they know more techniques and have practiced them more assiduously. Obviously this is not true.

This is worth repeating. The lack of training and experience effects alone prove that techniques have no inherent power; the dodo bird finding is simply confirmation. Clients are not improving because of the effectiveness of the techniques; rather, they are improving because passing through any "credible" procedure results in improvements and healing. While psychotherapists can easily invent more techniques—after all if the first 400 systems work it's likely that the 401st will also be effective—what's the point in developing new approaches when we are simply recreating what we already have?

In sum, even without performing a complete literature review as Wampold and Imam do above, a common-sense, cross-profession analysis reveals that the concept that techniques have inherent power is a kind of "dead man walking" sort of theory. It is only kept alive by momentum; psychotherapists are accustomed to thinking the techniques have inherent power because that is one of the core assumptions of the field. Each psychotherapist validates the other's belief. The assumptions about the inherent power of techniques are simply not questioned.

A number of psychotherapists might comment that they are not that surprised at these findings. Therapists often say something like, "I always knew it was really about the relationship." This feeling is widespread in the therapeutic community. However, few therapists who adhere to this belief fully embrace the concept that techniques have no power. At present, most books, workshops, talks and trainings are about techniques. Therapists who say, "It's all the relationship," continue to attend these workshops and buy the books. If they truly accept the research, these choices make little sense. Fully understanding that techniques lack inherent power requires a radical reframing of the way we think about psychotherapy. Imagine how different therapy might appear if therapists really believed, "it matters little what I do as long as the client finds it credible and we have a strong relationship."

As promised, the preceding section is not a traditional literature review. However, the cross-profession analysis proves beyond a doubt that psychotherapy is functioning in a different domain than the comparison professions. Moreover, the interlocking support from the training, experience and dodo bird effects demonstrates that it is not adequate to refute one finding at a time; supporting the inherent power of techniques requires simultaneously disputing all three. In sum, the common factors group has "won" the debate. The field needs to accept that techniques have no inherent power and that psychotherapy is essentially a ritual process driven by beliefs, expectancies, and suggestions.

Finally, recall that the purpose of this paper is not to rehash the debate; rather it is to examine how the field is sustaining its misconstruals about the nature of psychotherapy given the results of the outcome literature. The next two sections will examine why and how the standard theory manages to sustain itself in the face of overwhelming disconfirming evidence.

Constructionism

Most professions are successful at establishing privileged knowledge. Without substantial training, no one can install a pacemaker or design a circuit board for a video card. We have already mentioned, however, there are certain other important fields-- leadership, sales, and education— where any bright, motivated cultural member can accomplish basic tasks without special training; they can lead, sell or educate. And, according to the outcome research, they can also do psychotherapy.

Look at the fields with privileged knowledge; isn't it clear that they all operate in the material world? Conversely, the fields without privileged knowledge all operate in the social, psychological, and interactional world. Postmodernism has a term for these differences. The ones without privileged knowledge function in constructed reality; the ones that have privileged knowledge function in the material world, or what could be termed, fundamental reality.

The concept of constructed reality and social constructionism have become increasingly popular in psychology over the past forty years. At this point it is safe to say that there are numerous psychological systems that are either largely constructionist or exhibit constructionist influences. In that sense, constructionism and constructionist explanations are hardly new. However, stating that psychotherapy operates completely in constructed reality, that constructionism is the leading explanation for the lack of privileged knowledge and the lack of inherent power in techniques—that is new.

Of course, the first issue is defining what is meant by constructionism; as one might expect, simple definitions do not do justice to this complex concept. For example, constructionists vary in how radically they define their particular version of constructionism. Extreme constructionists argue that no one encounters reality directly; every external experience results in an internal mapping and this mapping can vary significantly from person to person and from moment to moment. In this sense, everything is constructed and there is no difference between the material world and beliefs and attitudes.

Moreover, one of the most oft discussed aspects of constructionism is the way in which "truth" can be manipulated by powerful interests. Given that constructionists see truth and morality as relative, there will always be competition between social subgroups to determine who has the right to define what is deemed truthful and real. Foucault and some of his followers—e.g., the narrative therapy school and feminist psychotherapy--pay particular attention to the way elite groups construct "truths" to increase their power over liminal groups.

Conservative constructionists acknowledge the existence of an objective world and focus more on the way that attitudes, beliefs, self-images and feelings are constructed. These conservative constructionists are more interested in how factors like cultural and social programming combine with learning and trauma to create the sense of Self, basic values and meaningful goals.

Even a simplified differentiation between the material or objective world and the constructed world almost immediately runs into problems and exceptions. Critics point out that the apparent solidity of material reality can be challenged from many angles including ideas ranging from relativity, to quantum physics to chaos theory. While this is certainly true, it fails to change the common human experience of an external, objective world and an internal, relative world.

Those interested in exploring all these arguments in more detail are referred to Burr (2003) and Gergen (2009) for excellent overviews of the area. For this article, however, we are going to adopt a simple definition of constructionism that recognizes the material world and distinguishes between that and the invented/made-up nature of the social and psychological world; the constructed nature of this world is particularly embodied by the variability between cultures and between individuals in those cultures.

Even more specifically, we are going to define our constructionism pragmatically and in relationship to the research findings about the lack of inherent power in techniques and the

inability to create a privileged knowledge for psychotherapy. As an example, we can argue that our modern explanations for psychopathology are as constructed as older explanations. If they are "truer," then they would contribute to enhanced therapeutic outcomes and, of course, they don't. This is rather easy to say theoretically; it becomes more challenging when we hear someone say that spirit possession or astrology explain pathology as effectively as CBT or psychodynamic theory. The difference between the older and newer definitions of psychopathology is the degree to which the two are accepted by modern psychotherapy clients; since psychodynamic theory is generally accepted in our culture, it can be more "useful" than spirit possession. However, remembering that it is not "truer" allows the practitioner to employ psychodynamic theory in practice without becoming beholden to its limiting factors. In other words, it can be used as a basis for a therapeutic ritual and the therapist is not required to, for example, accept some theoretical restrictions like, "borderline patients will be enormously resistant to change."

In the same vein, saying techniques have no inherent power, or techniques are actually co-created rituals also defines our pragmatic constructionism. In one sense, such ideas are not new; in fact, they are previewed in Jerome Frank's (Frank & Frank, 1993) theory of psychotherapy as ritual. In this theory, Frank argues that all healing procedures, from Shamanism to modern psychotherapy, are actually rituals which consist of an explanation for the client's dilemma and a passage through a proscribed procedure—a procedure that is envisioned as a powerful healing experience by both client and therapist. Before the outcome literature review, Frank's theory was simply an attractive philosophical hypothesis; practitioners could consider it and keep it or discard it as they might any interesting philosophical stance. After the outcome literature analysis, it becomes the leading successor to the medical model—something that must be taken seriously until and unless a more useful theory can be advanced.

As noted above, constructed reality is altered by rituals not by techniques. This leads to new definitions for both terms: a technique is something that creates a change in material reality; a ritual is something that changes the set of beliefs and assumptions that support constructed reality. We already know a great deal about rituals and how they differ from techniques. For example, a wedding is a powerful ritual that changes the couples' beliefs/identity from "single" to "married." Notice that you can change many details about a wedding ritual—e.g., a different song, the presence or absence of a flower girl—and not change the overall effect of the wedding. With a technique, if you leave out an important step, the outcome degrades or fails.

Adopting a pragmatic constructionist stance does not require arguing that everything in psychotherapy's privileged knowledge is without merit. For example, the line between what is constructed and what is fundamental in psychotherapy is not always clear. Brain tumors and dementia clearly impact mental health and—by our pragmatic definition--they are not constructed. Conversely, depression following rejection during dating is typically seen as constructed. Neuroscientists and biopsychiatrists will always argue that psychopathology is better explained fundamentally and constructionists and psychotherapists generally advocate for

the power of beliefs, constructs, and personal mythology. The purpose of this paper is not to resolve this debate; each side has valuable insights and many experiences are a combination of constructed and fundamental. However, since the privileged knowledge as it currently exists cannot demonstrate a measurable training effect, we must conclude pragmatically that the fundamentalists are going to have to do more work. Moreover, since psychotherapy consists of rituals, and rituals typically affect psychological constructions, it's logical to argue that the field of psychotherapy will always have a strong bias towards working inside constructed reality.

This leads directly to a discussion of why our privileged knowledge has no effective power. While there are likely to be many reasons for this lack of power—we are operating in constructed reality after all—we are going to propose three primary factors that contribute to the weakness of psychotherapy's privileged knowledge.

Much of our privileged knowledge replicates general knowledge: Competent cultural members can already recognize deviancy, understand the degree of severity, and make meaningful interventions. Moreover, the three most important, fundamental mental health interventions—the ability to cognitively regulate affect, understandings that feelings should be shared and explored instead of repressed, and the important influences and secondary gains that occur in social systems—are understood and utilized by most thoughtful lay people. Theorist's ability to expand these basic principles, call them by different names, reflect on nuances, and so on has been shown to add nothing significant to these core skills and understandings.

Typologies add nothing to outcomes: One of the defining principles of constructed reality is that constructions can be organized by an almost infinite variety of typologies all of which seem cohesive and credible within their own systems. The research shows us that although these organizational structures may be attractive in themselves, they have little or no utility in terms of enhancing outcomes. Saying that trauma creates deviancy is useful and, of course, that principle is included in the "general knowledge" category above. Dividing the types of trauma into a series of finer and finer categories and predicting that each category will result in certain outcomes is an exercise in futility. These problems are exacerbated by the assumption that individuals have a solid sense of self characterized by continuity and consistency. In fact, since psychological reality is constructed, and the self is also constructed, the entire field is pervaded by an underlying sense of chaos, fluidity, and instability. No wonder the elaborate systems fail to generate useful predictions. Moreover, it can be argued that this attempt to create stability and predictability where is doesn't exist is not only an epistemological flaw, it also points towards a cultural attempt to create worldviews that minimize anxiety by offering a false sense of mastery (c.f., Kahneman's System 1 below).

Parts of Privileged Knowledge are useful for other purposes: Some of our privileged knowledge, while not directly useful in terms of enhancing outcomes, can be useful for other purposes. For example, our privileged knowledge might be used to design a better program to impact poverty or to increase participation in a vaccination effort. There is an example in the

final section of this paper where privileged knowledge—specifically, the realms of human experience defined by each major clinical system—can be used to challenge a therapist and contribute to life-long learning.

The biggest problem with psychotherapy's privileged knowledge, however, is not the endless elaborations that essentially point nowhere; rather, it is the implicit assumptions about the difficulty of change that pervades the entire system. We have hundreds of anecdotal examples of clients with serious pathology being able to change quickly, gracefully, and permanently when they are approached properly by an effective practitioner. While no practitioner, regardless of their gifts, has been able to achieve such results with all clients all of the time, case studies often demonstrate that practitioners who let go of assumptions about limitations are able to generate impressive results. Understanding that limitations on change are constructed, not innate, is one of the primary gifts of constructionism.

In sum, a pragmatic constructionism is based on the outcome research findings and the cross-profession analysis. Stating that psychotherapy operates in constructed reality implies that techniques are seen as rituals and that privileged knowledge is as constructed as the explanations provided by spirit possession and astrology. Psychotherapy has spent endless years, and books, and experiments trying to determine how many angels can dance on the head of a pin. Now that the research analysis has documented our flawed strategies, it becomes possible to release our misconstruals and focus on areas that should enhance the effectiveness of training and experience and eventually result in improved client outcomes.

Kahneman's System 1 and Denial

The lack of training effects shows that psychotherapy has failed to develop privileged knowledge. The lack of experience effects shows that therapists are not focused on the right elements to profit from their time in the room. And the dodo bird effect shows that therapeutic procedures are rituals not techniques. The combination of these three findings and the cross-profession analysis suggests that the explanation for these peculiar findings is that psychotherapy operates in constructed reality. The combination of these interwoven factors refutes the prevailing medical model.

This may be true from a logical point of view but it must be acknowledged that these ideas have essentially failed to penetrate the psychotherapeutic community. While some of the arguments presented in this paper are new; most of the main arguments have been around for quite some time in one form or another. The idea of constructionism and the results of the outcome literature date back fifty years and have been fully present for at least fifteen. Regardless of the logic of the arguments, practice continues as before. The average therapist believes in the

inherent power of techniques; training and continuing education are still dominated by techniques; and psychotherapists believe that their profession has privileged knowledge. Denial rules the field.

Fortunately, Nobel Prize winning psychologist, Daniel Kahneman, has written a book which precisely addresses this denial. The title of his book is *Thinking, Fast and Slow;* one of its primary themes is an exploration of how and why humans hold on to certain beliefs in spite of contradictory evidence and in spite of lost opportunities.

He offers a number of examples of this tendency; we will present only two—two that are selected because they resemble the dilemma that our field is having in terms of adopting constructionism. The first concerns the employee bonus system used at a Wall Street wealth management firm. Kahneman had been hired to review the performances of the wealth managers. When he finished his statistical analysis, he discovered that the managers' performances varied by chance and there was no evidence that their results were due to skill. In short, he rediscovered the old finding that while many wealth advisors claim to be able to "beat the market" in fact their success is only due to chance and the market's tendency to rise. In spite of literally believing Kahneman and his negative results, the principles of the firm disregarded his conclusions and continued to operate as if the managers have significant investment skills.

Kahneman reports a second example based on his job in the Israeli Army as a psychology officer where he was responsible for evaluating candidates for officer training. He and others in his group would watch the candidates run through obstacle course exercises designed to show leadership, being a team player, perseverance, feedback skills and so on. After observing these exercises, Kahneman and his colleagues would meet, discuss their results, and make their recommendations about the suitability of each candidate for officer training. He reported that they had great confidence in their recommendations.

They received feedback later about how the candidates were doing and were surprised to find that their rankings were almost completely incorrect; the officers' subsequent performances essentially had a negligible correlation with Kahneman's predictions. He reports that they were initially depressed about these results but quickly recovered. The army still required them to use the obstacle field and rank the new candidates. And again, the quality of leadership seemed apparent to Kahneman. In spite of the information that their estimates had low correlations with actual performance, he had the same confidence that his results could be trusted.

In both instances, the facts demonstrated that the models employed were inadequate and incorrect. In both cases, in spite of the presentation of the facts, intelligent and ethical individuals were unable to integrate the truth and continued to use the flawed but seductive models. The key word here is "seductive." Kahneman goes to some pains in a different part of his book to describe the human tendency to confidently generalize from one small piece of information to large conclusions. It's as if the mind has a tendency to build worlds that are

coherent and make sense. If we don't have enough information to accurately predict or describe a world, we will still act as if we have enough. Apparently we have a compulsion to build a complete world view regardless of how little we know and ultimately, in spite how of accurate our world turns out to be. And after this world is built—regardless of how shaky its foundations might be—we have great confidence in it. Not only are we sure of its implications, but the longer we work with it, the more it dominates our perspective. Over time we lose the ability to see the data from any other point of view.

In order to explain the denial implicit in system building, Kahneman presents a two-part model of the mind which he calls System 1 and System 2. System 1 corresponds to "thinking fast" and System 2 corresponds to "thinking slow." System 2 is easier to describe and understand. It specializes in effortful, analytical, mathematical, logical and rational reasoning---hence, thinking "slow." Kahneman states:

> System 2 allocates attention to the effortful mental activities that demand it, including complex computations. The operations of System 2 are often associated with the subjective experience of agency, choice, and concentration. (Kahneman, 2013, p. 21)

The first thing Kahneman says about System 1 is that it "operates automatically and quickly, with little or no effort and no sense of voluntary control" (p. 20). System 1 is responsible for quick assessments of danger versus safety, friend versus enemy, desirable versus undesirable. It stores stereotypes, assumptions, associations, and snap judgments and effortlessly overlays them on the world.

Kahneman believes that System 1 was designed to fulfill the evolutionary purpose of keeping us safe both physically and emotionally. The physical safety is straightforward: System 1 is biased towards determining threatening versus unthreatening situations quickly and effortlessly. Kahneman presents a great deal of research showing that this threat assessment isn't rational and reasonable; rather, System 1 is designed to overweight the threat of every situation and irrationally prioritizes the sure thing and the avoidance of pain over healthy risk taking.

Not only does System 1 keep us safe from physical dangers, it also keeps us emotionally safe and relatively free from anxiety by developing a worldview that is cohesive and predictable. Kahneman describes the worldview creation aspect of System 1 as follows.

> The main function of System 1 is to maintain and update a model of your personal world, which represents what is normal in it. The model is constructed by associations that link ideas of circumstances, events, actions and outcomes that co-occur with some regularity, either at the same time or within a relatively short interval. As these links are formed and strengthen, the pattern of associated ideas comes to represent the structure of events in your life, and it determines your

> interpretation of the present as well as your expectations of the future.
> (Kahneman, 2013, p.71)

This worldview function is every bit as important as the risk avoiding function; human beings become paralyzed and terrified when directly exposed to chaos and unpredictability. The sense that "anything can happen" creates profound anxiety in most people. The belief that the world is unordered and unpredictable can even create paralysis and a fugue state. It is something to be avoided at all costs. Kahneman comments:

> The sense-making machinery of System 1 makes us see the world as more tidy, simple, predictable, and coherent than it really is. The illusion that one has understood the past feeds the further illusion that one can predict and control the future. These illusions are comforting. They reduce the anxiety that we would experience if we allowed ourselves to fully acknowledge the uncertainties of existence. We all have a need for the reassuring message that actions have appropriate consequences, and that success will reward wisdom and courage.
> (Kahneman, 2013, p. 204-205)

The beneficial functioning of System 2 is obvious; that kind of effortful thinking allows humans to plan, to calculate and estimate the future more rationally and carefully, and to figure out connections and patterns which are not apparent to the "jump to conclusions-oriented" System 1. Regardless of these strengths, Kahneman calls System 1 the "hero" of his book. He believes that in spite of System 1's weaknesses and flaws, it dominates human judgment and decision making. Furthermore, while humans pride themselves on identifying with System 2 functioning, and consider themselves rational and reasonable, in truth, the vast majority of our judgments and decisions about the world are determined by System 1. And, while System 2 occasionally overrules System 1, far more often System 2 simply lets the judgments of System 1 slide by.

Even more significantly, System 2 functions as a justifier of the System 1 assessments. Kahneman literally believes that: "(i)n the context of attitudes, however, System 2 is more of an apologist for the emotions of System 1 than a critic of those emotions—an endorser rather than an enforcer" (Kahneman, 2013, p. 103). In sum, the worldview formation process stands rationality on its head. Instead of starting with a rational and logical weighing of the alternatives and then forming a conclusion, people make the judgment based on System 1's feelings and then use System 2's logic and left-brain rationality to justify the decision. This is sufficiently important to be reemphasized. Kahneman believes that people form cohesive yet irrational worldviews based on System 1 "gut feelings" and then, afterwards, use their rational and articulate System 2 to justify them. We paper over our irrational assumptions with rational justifications.

Returning to our concerns about the failure of the field to accept the outcome findings and the basic arguments of constructionism, we can lean on the powerful explanations provided by

Kahneman's analyses and his examples. The System 1 of virtually every psychotherapist expects psychotherapeutic reality to work like material reality; techniques have power; the best way forward is to develop new techniques; descriptions of pathology and neuroses are real and useful. Regardless of disconfirming evidence, I am going to stand by these assumptions; moreover, when they are under attack, I will defend them fervently and articulately.

Kahneman, anticipating a similar defense to his arguments, adopts a particular strategy to circumvent it. His entire book attacks various System 1 assumptions—about risk/reward, politics, physical danger, predictions of the future; he shows how often System 1 generates inadequate analyses and solutions to these problems and then confronts these misconstruals by marshalling various research studies that show disconfirmatory results. He believes that if the reader receives this message over and again from various angles and perspectives, she can be motivated to use System 2 to undercut the false assumptions of System 1 and replace them with more rational and nuanced systems and beliefs.

Until recently, this strategy has been unavailable in psychotherapy. Constructionism existed and more recently, the outcome research analysis and the cross-profession analysis have become available. But, unlike Kahneman, only a few psychotherapists have put the two together. It is rare to hear something like: *given that techniques have no inherent power, and psychotherapy has no effective privileged knowledge, and psychotherapy is different than other professions that operate primarily in the material world, it stands to reason that psychotherapy operates in constructed reality and the vast majority of psychotherapeutic assumptions are constructed.*

Why is it important to link the research with the concept of constructionism? Because the System 1 of most psychotherapists is so strong that without powerful and convincing disconfirmatory evidence—the outcome analysis and the cross-profession analysis—it will be difficult or impossible to shift the ruling paradigm of the field. And to complete this shift we need a new explanation—constructionism—to replace the standard model. The Wall Street investment managers, because of the research results, were required to discard all their beliefs in technical analysis, charting, and fundamental analysis and accept that they were trying to predict an essentially chaotic market. They failed to reject the status quo beliefs, partly because the research was only presented briefly and partly because accepting the chaotic nature of markets would threaten their livelihood. Similarly, it's not easy for psychotherapy to discard all of what makes up our privileged knowledge: systems, diagnoses, complexes, neuroses and techniques. In contrast with Wall Street, we can at least be confident that we are helpful, that our clients need our services, and that what we offer makes a difference; regardless, it is still incredibly painful and disorienting to attempt such a paradigm shift.

In addition to linking disconfirmatory data with new paradigms, Kahneman emphasizes the use of appropriate stories and anecdotes. System 1 creates its world view from limited data; it's not surprising that often this limited data is often packaged as a story. What better way to affect System 1 than to offer a narrative that confronts its complacency.

In the psychotherapy world a story is typically a case study. The one below, from Milton Erickson, was chosen to showcase the research results and the new paradigm of constructionism. It was also chosen because Erickson's work, while widely regarded as brilliant and powerful, has been notoriously difficult to model. Constructionism has an edge here because most previous modelers were attempting to distill techniques from observing Erickson's work. Instead of looking at what he did, constructionism suggests that we need to look at who he is. Most of Erickson's modelers failed to understand that Erickson had such control in the area of beliefs and expectancies that he could do almost anything and it would work. The case below certainly illustrates this "anything is possible when there is consensual belief" aspect of Erickson's approach. It also illustrates the futility of attempting to distill techniques from his case studies.

A school teacher with psychotic delusions presented for treatment. Erickson convinced her that if she "gave" him her delusions, he could lock them in his office closet where they couldn't bother her. Because of this "closet intervention," the client felt that her delusions were under control and she was able to continue to work. Later, she needed to move to another city and was concerned that her psychotic processes might overcome her again. Erickson told her that it was going to be no problem; all she had to do was to put the delusions in a manila envelope and mail them to him and he would put them in the same closet. (Haley, 1993, p. 51)

This case illustrates a number of points. First, it's clear that Erickson saw this intervention as a ritual, not a technique; he certainly didn't believe that the delusions were actually locked in his closet and it is also unlikely that the client had a literal belief. To explore this further, examine the following quote from Erickson about designing techniques/rituals.

> I think we should all know that every individual is unique.... There are no duplicates. In the 3 1/2 million years that man has lived on earth, I think I'm quite safe in saying there are no duplicate fingerprints, no duplicate individuals. Fraternal twins are very, very different in their fingerprints, their resistance to disease, their psychological structure and personality.
>
> And I do wish that Rogerian therapists, Gestalt therapists, transactional analysts, group analysts, and all the other offspring of various theories would recognize that not one of them really recognizes that psychotherapy for person #1 is not psychotherapy for person #2. I treated many conditions, and I always invent a new treatment in accord with the individual personality. I know that when I take us out to dinner, I let the guests choose what to eat, because I don't know what they like. I think people should dress the way they want to. I am very certain that all of you know that I dress the way I want to. (Erickson laughs.) I think that psychotherapy is an individual procedure. (Zeig, 1980, p.104)

In this quote, Erickson suggests that all of his interventions—not just the one with the school teacher--are rituals. He explicitly takes the field of psychotherapy to task for attempting to

develop and apply general techniques to specific individuals. Moreover, his recommendation that one should invent a unique treatment for each person implies his interventions were not techniques. Erickson literally saw thousands of clients; are we really supposed to believe that he invented thousands of separate techniques each one with its own inherent power—each one different than the one before? Rituals vary endlessly and are uniquely adaptable to each client. In fact, it is appropriate to argue that no ritual is ever the same. They are like custom designed suits. To make them believable and endorsable by the specific client, they have to fit that particular person.

Moreover, if one uses a ritual to treat a delusion, there is an implication that the delusion is constructed. If it the problem is secondary to something in the material world, like a brain tumor, then it needs to be treated with a concrete intervention like surgery. What allowed Erickson to conceptualize the psychotic delusions as socially-constructed and amenable to ritualistic treatments?

It is a common idea among Ericksonians that the more one is involved in hypnosis, the more one sees trance experiences pervading every part of life (c.f., Gilligan, 2012). Erickson and other experts in hypnosis live in a fluid world where the boundaries between formal trance experiences and naturalistic and trauma-related trances overlap and intermingle. In that sense, the kinds of phenomena experienced in trance--such as amnesia, age regression, and dissociation—have correlates in the experience of "normal" life.

Constructionists live in a similarly fluid world in that they see the majority of human psychological and social experiences as created and sustained by endlessly evolving assumptions, programming, and beliefs. Conversely, the average individual in the culture experiences life events and her own psychosocial responses to them as solid, straight forward and real. Hypnotists and constructionists regard this confidence in the solidity of the world as a series of misconstruals and use the space between the assumptions about stability and the actual fluidity of the world for therapeutic change. In this sense, when a hypnotist says that "all people are in a trance most of the time" and the constructionist says, "individuals from different cultures create and live in different realities," they are essentially making the same point. When Erickson decided to use a ritual to contain a psychotic process, he was essentially arguing that the psychosis was a malevolent trance experience (the psychosis was constructed) that was amenable to change by altering a belief system through a ritualistic process.

Was the school teacher in a trance when she agreed to control her delusions by giving them to Erickson? Absolutely, no one can control a delusion consciously; they must be in an altered state. Was it a formal trance with a formal induction? Erickson spent his career proving that people can slip in and out of altered states without formal inductions. Regardless of the presence of formal trance or not, most hypnotists would agree that her ability to control delusions over time was remarkable. It wasn't the formal or informal use of hypnosis that allowed this outcome; rather, it was her reliance on Erickson's charisma and personal power embodied in the

ritual of putting the delusions in the closet. He told her he could hold her delusions safely and she believed him on some level. The intervention may have begun with a formal trance but in the end, the teacher accepted Erickson's redefinition of reality: delusions can be given to another person who can lock them in a closet.

This leads directly to the third major implication of the case. Scott Miller (Duncan, Miller, Wampold, & Hubble, 2010) argues that the lack of inherent power of techniques forces psychotherapy to switch focus from technique development to therapist development.

> For one thing, this volume brings the psychotherapist back into focus as a key determinant of ultimate treatment outcome—far more important than what the therapist is doing is who the therapist is. (Kindle Locations 385-386)

In constructionism, this can be referred to as the concept of the key individual (Bacon, 2018). Constructed reality implies that the primary cultural task is to program individuals into a certain set of sanctioned beliefs that define shared social reality. This process requires guidance from family members and reinforcement from general social encounters. In addition, however, there are certain key individuals—seen as charismatic and powerful—who are granted special authority to define constructed reality and our role in it. Given the malleability of reality, such individuals--mentors, teachers, leaders--have strong powers; they can alter our realities, identities or prospects with a word or a gesture. Striving to be recognized as a key individual is one of the primary goals of a constructionist psychotherapist.

The idea of changing reality with a word or a gesture is one of the defining characteristics of hypnotic reality and altered states. Clients demonstrate an implicit respect for their hypnotist when they go into a trance and exhibit trance phenomena. When a psychotherapist is trying to learn hypnosis, one of the most common struggles is in the area of personal authority; do I have enough charisma that when I make a suggestion like hand levitation, the client will act as requested? Cultivating charisma is central to practicing hypnosis—it is required if the hypnotist wishes to create and utilize altered states. Erickson particularly emphasized the necessity of cultivating this kind of charisma and of helping the client recognize its presence.

> And he didn't think it was at all necessary to tell me that he had passed the law examination. Because my attitude towards patients is: You are going to accomplish your purpose, your goal. And I am very confident. I look confident. I act confident. I speak in a confident way, and my patient tends to believe me.
>
> And too many therapists say, "I hope I can help you," and express a doubt. I had no doubt when I told her to go into a trance. I had no doubts about her. (Erickson points to Carol.) I had no doubt about those two either. (Erickson points to two women on the couch.) I was utterly confident. A good therapist should be utterly confident. (Zeig, 1980, p.61)

Clearly his success with the school teacher implies that his confidence, believability and charisma were central in terms of creating and sustaining the "closet intervention." It's not hard to imagine what might occur if a therapist with average confidence suggested to a client with psychotic delusions that it would be helpful to give them to the therapist so that she might lock them in the closet.

In sum, in his successful employment of the "closet intervention," Erickson illustrated many of the major principles that embody constructionist psychotherapy.

- Understand that the identity of the client, the problem, and the intervention all exist in constructed reality.
- Know that the intervention is a ritual not a technique.
- Recognize that the problem is constructed and amenable to a ritualistic intervention.
- Cultivate charisma and confidence so that the client feels that the explanations, rituals and interventions advanced by the therapist are believable and credible.

Returning to Kahneman and the ability to shift psychotherapy's System 1 misconstruals: we now have a definition of the standard theory (the medical model), disconfirmatory data, the new paradigm of constructionism, and multiple stories (case studies) that support the new paradigm from a narrative perspective. And we will require all of these factors, working together and in concert with each other, to have a chance to shift the System 1 position.

Kahneman's suggestion of getting all of these factors to work together is, unfortunately, only rare practiced in the current psychotherapy milieu. It is true that constructionism is present in a variety of systems of psychotherapy; however, it is also true that not one of these schools simultaneously teaches that techniques have no inherent power. For example, if one reviews two of the most constructionist schools of psychotherapy, Narrative Therapy and Buddhist Psychology, it is clear from representative texts and workshop offerings (c.f., Germer & Siegel, 2012 and Madigan, 2012) that both schools develop, teach, and believe in techniques. There is no marriage of the research with the philosophy of constructionism. This results in an incongruency; how can a school of therapy call itself constructionist and continue to believe in techniques?

Similarly, the Common Factors school has responded to its own research analyses with a variety of initiatives some of which are strong constructionist. For example, they have written about interventions as rituals not techniques (Duncan, Miller, Wampold & Hubble, 2010), have critiqued the inherent power of diagnoses, and have focused on developing the therapist, not on developing techniques. Clearly the school is moving in a constructionist direction; however, the leading writers have not formally endorsed constructionism. As a result, there is a sense that psychotherapy's privileged knowledge continues to be at least partially endorsed, limiting the full freedom and flexibility that is implicit when there is a full alignment with constructionism. In sum, the formal constructionists, such as the Buddhists, are still committed to the power of

techniques and the common factors school is progressing towards constructionism but has failed to fully recognize the limits of psychotherapy's privileged knowledge.

While constructionism and the research results have been present in the field for some time, it is only when they are united—and buttressed by narratives and case examples—that they have the power required to overthrown the programmed confidence of System 1 in the medical model. Neither constructionism nor the research analyses are new in themselves; however, the ability to see them as inevitably intertwined and mutually reinforcing—that is new and it is necessary for change.

Implications for Psychotherapist Development

The final piece required for paradigm shift is operationalization: how will the new paradigm concretely affect the interactions between therapist and client. The ability to visualize what will be different and what will stay the same facilitates the adoption of the new paradigm.

The new approach must be workable and practical. In addition it must pass several tests. First, since the outcome research shows that reading books and attending workshops generally fail to enhance therapeutic outcomes, each recommendation below must implicitly address that finding and overcome it. The key to passing this test is understanding why existing books and articles fail: virtually all of the books and articles are implicitly founded on the assumption that techniques have inherent power. Simply basing every recommendation below on the fact that techniques are rituals essentially overcomes this first test. Moreover, most of the recommendations focus on enhancing the therapist. While one recommendation is particularly client-centered, there are no recommendations that are technique-centered.

A second test that the recommendations below must pass comes from Scott Miller (2004) who has argued that any approach that focuses on developing common factors has to deal with what might be termed the "exhortation problem." Scott Miller and his working group spent a significant amount of time talking about whether it is possible to improve therapist outcomes by enhancing common factors such as the therapeutic alliance, wisdom and caring. After much discussion and attempts to implement common factors training models, he concluded that a direct approach to common factors is neither useful nor fruitful. He points out that a common factor is only "common" because it already exists in every school and everyone is already attempting to master and maximize it. All therapists are already trying as hard as possible to be wise, caring, and cultivate an effective therapeutic alliance. Telling them to try harder is unlikely to result in improved outcomes.

Miller's objections are best resolved by focusing on therapist factors versus common factors. Each recommendation below requires the therapist to do something or understand something that

is typically ignored or neglected by the standard therapist. While certain therapists may have included some of the recommendations below in their own personal development, in general these inclusions have been intuitive, experimental and limited. In contrast, basing all the recommendations on the research results and constructionism allows them to be cohesive and mutually reinforcing.

A Constructionist Stance Will Result in Better Outcomes: From the examples already offered, this point should be evident. It's better if a therapist can visualize multiple ways to work with anxiety and not simply be limited to a favorite technique. It's better to have the ability to imagine that the client could get better quickly than to tell yourself and the client that change is long, hard, and requires extensive perseverance every time. It's better to be experimental and wonder how powerful a ritual can actually be—as Erickson modelled with the school teacher—than to limit hope because I believe that the pathology is relatively immovable.

If you're in a profession dedicated to change, it's better to see the milieu as fluid and mobile than as fixed and resistant. Constructionists have a natural optimism about change and a sense that there are many possibilities. They have a natural distrust of typologies—especially typologies that pathologize clients and minimize choice and options. For example, when constructionists hear that a client believes they have a personality disorder diagnosis they might respond, "Yes, one part of you is definitely like that. Now tell me about your other parts." Such statements create new possibilities—literally new realities—without directs confronting client beliefs unnecessarily.

When therapists talk about wisdom, we often refer to being expert on our culture, or the developmental stages, or the typical responses to certain kinds of dilemmas. Constructionists seek that kind of wisdom as well. However, they attempt to supplement it by discernment about what is constructed and what is not. Because a constructionist by definition is focused on deconstruction—deprogramming—she necessarily has a more than passing acquaintance with the existential Abyss. While encounters with the Abyss can be unsettling and terrifying, many philosophers and spiritual teachers point towards this same Abyss as a source of integration, connection, and meaning.

Cultivate Charisma: The concept of the key individual has already been discussed above. Just as attachment theory develops the basic idea that infant development should be characterized by the right ratio of safety and love to adventure and stimulation, constructionism focuses on the complex factors required to program each individual into the shared cultural reality. The moment we realize that how to make one person into a 21st century westerner differs from creating a medieval serf, we begin to feel the fluidity of our identities and beliefs. The moment we experience that fluidity, we simultaneously realize how easily it can change when we are perceived as a charismatic individual.

The analogy between constructed reality and life as an altered state/trance experience is central. Imagining myself as a key individual who aspires to work directly with the structure of reality changes what I focus on as a therapist. If I am attempting to recreate the level of influence modelled by an Erickson or some of the other therapeutic wizards, I realize that my personal development is key.

Therapists who believe in techniques can lean on the apparent power of the technique to achieve good results. Therapists who believe interventions are rituals have nothing to lean on but their own believability. If I want to be a military general, or a major business leader, or an important politician I am aware that I need to be special and feel special to accomplish my goals. This concept of cultivating charisma is an old one in the field of leadership; reviewing the leadership literature reveals many titles like *Creating Personal Presence: Look, Talk, Think, and Act Like a Leader* or *Executive Presence: The Art of Commanding Respect Like a CEO.* Such titles are rare or nonexistent in the therapist training genre. The concept of the key individual suggests they are as important in therapy as they are in leadership. "No inherent power in techniques" forces me to cultivate personal charisma.

There is an interesting Erickson quote about this pressure to be special.

> "I don't know. I don't know what I'm going to do, I don't know what I'm going to say. All I know is that I trust my unconscious to shelve into my conscious that which is appropriate. And I don't know how they're going to respond. All I know is that they will respond. I don't know why. I don't know when. All I know is that they'll respond in an appropriate fashion, in a way which best suits them as an individual. And so I've become intrigued with wondering exactly how their unconscious will choose to respond. And so I comfortably await their response, knowing that when it occurs, I can accept and utilize it."
>
> He paused, his eyes twinkling. "Now I know that sounds ridiculous. But it works!" (Zeig, 1982, p.92)

With this quote, Erickson confesses that his own sense of specialness is not dependent on simple self-esteem. Rather, he has developed an inner sense that he is serving or perhaps channeling a higher self when working with clients. This quote shows that the cultivation of charisma often leads to a sense that our own power is inadequate. Paradoxically, the effort to become special can lead to a sense of humbleness or even an orientation of service or surrender. However, it is still necessary to feel the pressure and the obligation to be convincing and believable; the humbleness documented in the Erickson quote is unlikely to arise without an attempt to be highly effective.

Finally, cultivating charisma is not simply cultivating the authoritarian ability to order the reality of another. Yes, transmitting the sense of confidence and wisdom is helpful, but, of course, we all remember that the therapeutic relationship is equally characterized by compassion, caring,

and the ability to listen—particularly the ability to discern the client's ultimate concern. Each therapist has their own way to cultivate charisma and it is just as impactful on a client to feel that the therapist is humble, caring and connected as it is to feel that they are confident and know some of life's secrets.

Charisma Can and Should Be Developed Outside the Room: Most of us will fail to achieve the level of confidence that Erickson recommends if we have not dedicated some part of our lives to accumulating extraordinary experiences. Therapists need to cultivate the kinds of adventures that would get them invited to be a speaker at the local Rotary. This literally implies that therapists, more than most professions, need to seek personal experiences that push their limits, bestow a sense of accomplishment, learning or understanding, or expand their hearts in a meaningful way.

Of course, there is an enormous variability built into the selection of such experiences. The central factor is whether the experiences impressed you, not the Rotary organization. But if you are prone to saying, "my life has not been that special," it's likely you will have problems with your charisma. Similarly, while young adulthood is often the most convenient stage of life to cultivate such adventures, it is also necessary to create an ongoing sense of the numinosity of my daily life.

This recommendation comes close to failing the Miller exhortation test in that it can be argued that many therapists prioritize extraordinary adventures and choose to make their current lives meaningful and numinous. What saves this recommendation, however, is that it is a significant shift from the standard assumptions. Very few standard training programs require the aspiring therapist to have climbed Mt. Everest or spent a year meditating in Southeast Asia or dedicated a year to an orphanage in South America. Recognizing that each therapist must create a life outside the room that "impresses" himself/herself is a necessary step in the cultivation of charisma.

Charisma Can and Should Be Developed Inside the Room: We all hope that our charisma can be developed simply by the privilege of participating in our client's lives in meaningful ways. One of the great disappointments of the outcome literature is the absence of experience effects that reflect the positive impact of that participation. This absence is rather a mystery; certainly, none of us believe that we are blocking the expected positive effect that occurs secondary to the intensity, intimacy, and vulnerability of doing therapy.

Constructionism postulates that the blockage occurs secondary to our focus on the (imaginary) power of techniques in place of a more productive focus on expectancies, altered states, the client's ultimate concern, and charisma. When we release our fixation on techniques, we open the possibility of profiting from our time in the room.

After making this basic shift, there are a number of specific ways that time in the room can enhance charisma. Scott Miller (Miller, Duncan & Hubble, 2007)) recommends something called deliberate practice. Derived from the work of K. Anders Ericcsson, deliberate practice involves identifying our weak points and then focusing our practice on those weak points. For example, if you are a basketball player whose weakness is your left-hand dribble, you need to focus your attention on improving that aspect of your play; if you simply play games without this focus, you are likely to avoid the dribble and never improve your outcomes in spite of hundreds of hours on the court. Deliberate practice reverses this unproductive strategy.

In constructed reality, deliberate practice takes on a different form. When everything is constructed, from the therapeutic rituals, to the pathologies that are the focus of change, to the client goals, it can be difficult to identify weak points. Fortunately there is a common sense way of analyzing constructed reality that makes it much easier to discover and work with our limitations.

Each major school of therapy has certain implicit assumptions about the structure of reality. Examine the following list of schools of therapy and core assumptions.

- Psychodynamic Psychotherapy: Past experiences determine present feelings and thought patterns. Resolve any unproductive results by working through the feelings.
- Cognitive Behavioral: Irrational thoughts create problematic feelings. The capacity of the mind to regulate affect is key to life success.
- Systems: Individuals are strongly influenced by their communities. Many thoughts and feelings are social transactions.
- Humanistic: There is an individual path that leads to personal fulfillment and authenticity is key to recognizing and walking that path.
- Depth Psychology/Soul making/Existential: Being human exposes us to nonpersonal forces for evil—such as old age, sickness, death, and human cruelty—and for good—such as motherhood, altruism, and justice. These forces constantly impact the psyche. Create a dialog with these forces—using tools such as intuition, dreams, and reflection—and our sense of meaning, purpose, and direction will be facilitated.
- Altered States: Altered states such as hypnosis, high impact retreats, and some group therapies allow for rapid change because the rules that normally limit transformation are suspended in such experiences.
- Transpersonal Psychologies: Religious experiences allow for connection to a Higher Power and for cultivating a kind of spiritual wisdom that embodies peace and love.

From a constructionist perspective this table embodies the ways in which western culture conceptualizes psychological functioning and healing. Most psychotherapists, regardless of orientation, would agree with the first four schools and their core beliefs; the past does affect the present, it is important to be able to cognitively regulate affect, others have a strong influence on us, and there is an individual path forward for each person. Constructionism accepts that other

cultures might define their psychologies differently; in fact, the knowledge that this map is created to fit western cultural assumptions allows constructionism to understand and honor the map without being limited by it.

From the point of creating therapeutic rituals, the first four schools provide shared building blocks used by virtually all therapists regardless of their orientation. They are required to use these building blocks because these worldviews are shared by most clients. In this sense, these are common factors just as much as the relationship with a wise and caring therapist is a common factor.

The last three systems in the table, however, have a diminishing level of endorsement by both therapists and clients. In some cases, this lack of endorsement is due to rejecting the principles embodied by the approach—some therapists might argue that altered states or religiosity have nothing to offer to human psychology—but in other cases, the main obstacle to working with these principles is fear.

This takes us back to Scott Miller and his concept of deliberate practice. He recommends identifying weak points and concentrating practice on those weak points. Fear is obviously a weak point; overcoming fear should enhance charisma. This is not just true in terms of a therapist's willingness to work with the last 3 schools of therapy, it is also possible that certain therapist attitudes make it harder to work with the commonly-accepted first four schools. For example, some therapists are uncomfortable with working with intense feelings, other shrink away from altered states, and others find it difficult to function as an authority figure even when it's what the client needs.

In this sense, it can be useful to be knowledgeable about the different schools of therapy and their underlying theories and techniques. Once a weak point is identified, the therapist can immerse herself in the school, face her fears or relative incompetence, and thereby enhance charisma.

In the same way, moving down the table towards the three schools at the bottom exposes therapists to ideas and experiences that are foreign to those who limit themselves to the top four schools. Mastering more schools of therapy makes the therapist a bigger person with a wider range of experiences. It helps the therapist feel more special, less frightened, and increases charisma in much the same way that circumnavigating by sailboat or bringing potable water to communities in Africa might.

To be clear: deliberate practice in constructed reality recommends that therapists become familiar and competent in as many major schools as possible and make particular attempts to master areas where they experience fear and discomfort. This is a significantly different recommendation from standard practice which typically emphasizes either specializing in one school to go deep or creating a kind of personal eclecticism where the therapist designs an approach that is cobbled together from preferred schools. The constructionist position is both

evolutionary—start at the more basic and widely accepted schools and move towards the more collective and existential ones—and deliberate practice-oriented—specialize in the schools which engender fear and avoidance.

In sum, constructionism allows for a different perspective on deliberate practice. Although it sees the various schools as constructs, within the general construct of western psychology, the schools emphasize different principles that affect therapists and their levels of comfort and challenge differentially. This offers an opportunity to make bold choices and thereby enhance charisma while practicing in the room. In addition, the last three schools—which fail to have the almost universal endorsement seen in the first four schools—push us in terms of values and choices. Wrestling with what one believes—as opposed to simply side-stepping choices because we are leaning on techniques—is also conducive to enhancing charisma. Whenever I am confident in who I am and what I believe--when it passes the authenticity test--helps me feel more confident and centered.

There is another way to enhance charisma in the room; in my book (Bacon, 2018) I describe this approach as "Dancing with the Abyss." This somewhat ambiguous and poetic term refers to developing the sense of fluidity ascribed above to advanced practitioners of hypnosis or constructionism. When the therapist becomes fully aware of the unceasing attempts of each person to stabilize identity and reality in the face of exposure to the chaotic nature of life and the existential Abyss, then every experience with the ways clients are stuck and the ways they can move enhances the sense of the principles that define constructed reality. It's a kind of mindfulness or meditation in action; the objects of the meditation are the principles that define stability and the ability to change.

Constructionism Implies Being Exceptionally Client-Centered: Paradoxically, the emphasis on therapist charisma requires an equal commitment to being client-centered. As discussed above, constructionism offers a fluidity and mobility that is conducive to change. The corresponding dark side to constructionism is relativity—a terrifying and disorienting sense that all values and foundations are gone. Particularly for a healing profession, it is necessary to find a place to stand. The constructionist resolves this dilemma by paying particular attention to the ultimate concern of the client.

This client-centered concept has been endorsed by virtually all schools of therapy; however, it gets different emphasis in constructionism because of the relativity problem. The constructionist therapist has the traditional respect for being guided by the "path" of the client and eliciting the client's "still small voice," but her motivation for achieving this alignment is enhanced by the amorphous nature of constructed reality.

In addition, the success of the therapeutic ritual requires an endorsement from the client. This is true in standard psychotherapy as well. However, in standard therapy, assumptions about the innate power of the technique allow the therapist to deemphasize client investment. Conversely,

when client investment is absolutely required for a successful ritual, the therapist necessarily pays more attention to alignment with client beliefs. Accomplishing this, of course, requires prioritizing the client in general. In sum, constructionists paradoxically balance their emphasis on therapist charisma with an extra focus on both the client's ultimate concern and the belief and motivation structures of the client.

Does the pass the Miller exhortation test? It only passes if the constructionist therapist actually experiences the relativity inherent in constructionism. Jay Haley (1993, p. 43-4) commented on Erickson's ability to influence others: "With his willingness to take and use power, I think it is fortunate that he was a benevolent man. If the kind of influence he had was turned to destructive purposes, it would have been most unfortunate." That kind of power, where the therapist knows that he can move the client in various directions, requires an ethical balance. The obvious balance is the client's ultimate concern. When the therapist feels the relativity and is aware of an ability to move the client in various directions and chooses to be guided by the client's ultimate concern, that passes Miller's exhortation test.

Sharing Constructionism Directly: Constructionism not only has the ability to empower the therapist, appropriate sharing allows it to empower the client as well. More specifically the therapist can help the client understand that her pathology/problem/challenge is constructed, her resources are substantial, and change is easier than commonly imagined. When it is appropriate to share such ideas directly with the client, they can help the client resolve his issues more quickly and easily. Even if these ideas are not directly shared with the client, they provide a background sense of empowerment for the therapist.

Summary

It is not easy to think about a psychotherapy bereft of its ability to lean on the inherent power of techniques. Frankly, for most of us, the attempt feels unnatural, artificial and forced. This, of course, is one of the defining characteristics of social constructionism: the ability to attribute the sense of solidity and truth to areas of culturally-endorsed reality that are constructed. Kahneman is, of course, correct about System 1 and the difficulties inherent in changing its stance. Constructionism recognizes the seductive power of System 1 and understands that this seductivity is amplified by the bewitching power of constructed reality.

Moreover, it is a bit daunting to imagine limiting one's therapeutic armamentarium to developing therapist charisma, cultivating the therapeutic relationship and creating rituals. It can be comforting to know that—in truth—techniques never did make a contribution; it's always been all about rituals much as we may have imagined otherwise. There's an old saying that has been attributed to early EST trainings, "You might as well ride the horse facing the direction he's

going." Like it or not, the research results will eventually percolate down into the psychotherapy field's general consciousness. Until then psychotherapy will be divided into early adopters and conservatives. Given the benefits of constructionism outlined in the last section, the choice should be clear. It really can be helpful to ride facing in the right direction.

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