Complex Trauma and Post-Traumatic Growth: An Autoethnography on Relational Post-Traumatic Growth using Experiential Personal Construct Psychology

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A dissertation submitted to the
Psychology Faculty of Point Park University
in partial fulfillment of the requirements for the degree of
Doctor of Psychology in Clinical-Community Psychology.

Pittsburgh, PA

February, 2021

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ABSTRACT

Current trauma and post-traumatic growth theory and treatment rely heavily on medical model epistemological understandings of experience. As such, available research and literature often focus on deficiencies or abnormalities in behavioral and cognitive functioning to understand and treat clients. Research and literature also note significance and need for further understandings of the role of affective and relational aspects of experience. Experiential Personal Construct Psychology (EPCP) is a theory and treatment that views clients as active and adaptive beings and incorporates affective and relational aspects of experience that are commonly overlooked in present theory and treatment.

An autoethnography was conducted using EPCP to conceptualize trauma and highlight the ways in which a person can experience post-traumatic growth in affective and relational aspects of experience. A person limited in awareness to these aspects, as a result of more dominant cultural beliefs, is also limited in their potential for post-traumatic growth. An analysis of training reflections over a three-year period provided a tangible example of how researchers and clinicians can learn and use affective and relational aspects of experience as they relate to trauma and post-traumatic growth.

The results of this project revealed a progressive story of relational post-traumatic growth as a result of learning and practicing EPCP. It also revealed the ways in which a limited understanding of experience, through solely behavioral and cognitive understandings, limit a person's potential for a truly joyful and fulfilling life. EPCP can be used as theory and treatment for the overlooked aspects in trauma and post-traumatic growth literature as EPCP has fundamental beliefs about the primary importance of relationships and subjective experience for happiness and fulfillment in life.

ACKNOWLEDGEMENTS

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Chapter 1: Introduction

In a field dominated by medical model approaches to understanding human suffering, clients are often categorized as a set of "negative" symptoms under the assumption that something is inherently wrong, or deficient, within the person. Based in scientific epistemology, medical model approaches to disease and symptomology aim to understand human suffering and provide corrective treatment that is mostly influenced by cognitive and behavioral theories. Often perceiving human suffering as due to faulty cognition or maladaptive behaviors, cognitive and behavioral theories overlook other components of experience, such as relationality and affect, and the ways in which people creatively adapt to and manage distress. Constructs of trauma and post-traumatic growth are traditionally approached from a medical model framework and research in these areas also focuses heavily on understanding cognition and behavior as it pertains to processing and growth from trauma.

This study aimed to provide an alternative understanding of trauma and post-traumatic growth, as well as explore the implications of this alternative understanding in relation to culture. To begin the argument, a brief overview of some trauma research, literature, and related concepts is introduced. This is followed by an extensive review of post-traumatic growth literature and Experiential Personal Construct Psychology. It is proposed that, in light of research acknowledging the complexity of trauma and post-traumatic growth, Experiential Personal Construct Psychology offers an alternative understanding that fills a gap in the literature as it pertains to these constructs. Expanding beyond natural science approaches to understanding a phenomenon, human science approaches, such as Experiential Personal Construct Psychology, offer readers an

appreciation for the full subjective experience of meaning-making, with a particular focus on relationality.

Using personal reflections written over the course of three years of clinical training, an autoethnographic study on post-traumatic growth was conducted. The aim of the project was to validate the importance of interpersonal aspects of experience for post-traumatic growth, which is often ignored or minimized in mainstream theory and treatment. As a result of cultural influence and upbringing, I had limited awareness and recognition of relational aspects of experience, and consequently, was also limited in opportunity for post-traumatic growth. Consistent with this project aim, the introduction to relational aspects of being through Experiential Personal Construct Psychology brought my affect and relational construing into awareness. With a more holistic understanding of my experience, I was able to make changes and experience post-traumatic growth. The analysis provided a tangible example of relational post-traumatic growth through Experiential Personal Construct Psychology.

In addition to relationality, my philosophy on what gives life meaning and purpose was brought into awareness through humanistic training and engaging with Experiential Personal Construct Psychology. While there was always an awareness that life could be more meaningful and purposeful, my approach to life was distorted and limited, partially as a result of culture. The autoethnographic analysis also provides a tangible example of an expanded understanding of what gives life meaning and purpose and validated the connection between relational post-traumatic growth and my increased sense of meaning, purpose, and happiness while learning and theorizing via Experiential Personal Construct Psychology. My relational post-traumatic growth is further

demonstrated via a narrative reflection using the relational post-traumatic growth themes provided by the data and personal memories and sentiment about what the data revealed.

Lastly, this project concludes with a discussion about the analysis and results. This includes a review of what relational post-traumatic growth is, as theorized through EPCP, where relational post-traumatic growth happens, how relational post-traumatic growth happens, and what conditions need to be in place for a person to experience relational post-traumatic growth. Following an argument about how this project validates my claims and an acknowledgment of biases, this project ends with a discussion about how researchers and clinicians can utilize this study to understand trauma, trauma treatment, and post-traumatic growth through a relational lens. A brief review of how constricted understandings of these constructs, based in behavior and cognition, limit their potential is also considered. An argument is made for the importance of affective and relational aspects of post-traumatic growth.

Chapter 2: Literature Review

Trauma

The construct of trauma is far from new. This section will provide some historical roots of the construct and elaborate on some understandings of trauma and trauma effects. While the below cited work on trauma theory is not exhaustive, what is reviewed provides a condensed history of how trauma theory developed and what is commonly understood to be trauma and trauma symptoms today. Additionally, sources will highlight some differences in how trauma is understood and how trauma symptoms are conceptualized based on those understandings.

The beginning of trauma theory is tracked back to Jean Martin Charcot and his work with women in the late 19th century (Ringel, 2012). Originally called hysteria, symptoms comprised of sudden paralysis, amnesia, sensory loss, and convulsions that were believed to originate in the uterus and were treated by hysterectomy (Ringel, 2012). As Charcot progressed in his work with hysteria, which he labeled "the Great Neurosis," he concluded that the symptoms were psychological rather than biological and should be treated by hypnosis, which artificially induced and relieved symptoms of hysteria (Herman, 1997). Charcot paid little attention to the inner lives (i.e. subjective experience and emotions) of the patients but rather, categorized emotions as symptoms of hysteria to be further cataloged (Herman, 1997).

Sigmund Freud and Josef Breuer also worked with what they called "hypnoid hysteria," publishing work in conjunction with Pierre Janet, a student of Charcot, stating that hysteria is caused by unbearable psychological trauma that produces an altered state of association, or "dissociation" (Ringel, 2012). They recognized that somatic symptoms of hysteria were representations of extremely distressing events in patients' lives that had been displaced from memory (Herman, 1997). As a result of this discovery, treatment of hysterical symptoms consisted of recovering and putting to words the traumatic memories as well as the intense emotions that accompanied them (Herman, 1997).

Trauma theory continued development with the next influential work following psychiatrists' observations of World War I soldiers returning home with "shell shock" syndrome, characterized by symptoms of uncontrollable weeping and screaming, memory loss, physical paralysis, and lack of responsiveness as a result of unbearable experiences of soldiers at war (Herman, 1997). Abram Kardiner and Herbert Spiegel,

working closely with soldiers, argued that soldier relatedness with one another was the most powerful intervention against overwhelming terror (Herman, 1997). As research continued to develop through private work with women, concentration camp survivors, soldiers and veterans of the Vietnam War, and survivors of the 1942 Cocoanut Grove fire (Ringel, 2012), trauma theory continued on the path of defining trauma as experience(s) of overwhelming psychological distress. Ringel (2012) cite Henry Krystal, Joyce McDougall, Erich Lindemann, and many more regarding their research and contribution to how trauma is understood today, including the affective components of traumatic experiences and resources/treatments for the symptoms of a variety of traumatic experiences.

Post-Traumatic Stress Disorder (PTSD) was originally introduced as a formal diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition* (DSM-III) in 1980 (Van der Kolk & Courtois, 2005) in response to psychological problems of many returning Vietnam veterans. According to Van der Kolk and Courtois (2005), the creation of the PTSD diagnosis was the first step in beginning to understand overwhelming somatic and psychological symptoms following exposure to traumatic events. It also opened the possibility of exploring multiple types of traumatic events and the variety of effects of trauma (Van der Kolk & Courtois, 2005).

In the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)*, trauma is defined as direct, witnessed, or learned "exposure to actual or threatened death, serious injury, or sexual violence" one or multiple times (American Psychiatric Association, 2013, p. 271). PTSD is marked by one or more months in which a person develops the following characteristic symptoms in relation to one or more traumatic

events that cause clinically significant distress: recurrent, involuntary, and intrusive thoughts or dreams, dissociation, avoidance, negative alterations in mood or cognitions, and marked alterations in reactivity or arousal (American Psychiatric Association, 2013). The clinical presentation of PTSD varies by individual such that one symptom, as listed above, may be prominent or multiple symptoms might be experienced concurrently (American Psychiatric Association, 2013). Although many clinicians and researchers accept trauma and PTSD as defined by the American Psychiatric Association (i.e., symptoms as a result of trauma), literature shows that there are a variety of theories on what makes an event traumatic, each with their own implications for understanding how PTSD develops and how clinicians approach treatment. The next three paragraphs will elaborate on some of these theories.

Janoff-Bulman (2006) defines trauma as shocks to the internal world/fundamental assumptions. Fundamental assumptions are "the theories, built from our own experiences, that we use to construct plans, perceive people and events, forecast the future, and generally provide a cognitive-emotional guide for effectively planning and acting in our world" (Janoff-Bulman, 2006, p. 83). However, deep, embedded assumptions are often simple and overgeneralized, as well as inconsistent with how dangerous and unpredictable the world actually is (Janoff-Bulman, 2006). Janoff-Bulman (2006) writes that fundamental assumptions help maintain the illusion that a person is protected from misfortune and vulnerability. When a person experiences an event that does not fit these schemas, the person's sense of safety and security is ruptured and the realities of the dangers in the world are brought in to conscious awareness (Janoff-Bulman, 2006). Without the traumatic experience, a person may easily avoid and ignore information that

does not fit one's schemas, however, a trauma survivor is forced to face that the world is dangerous and confront the terror of fragile existence (Janoff-Bulman, 2006). While Janoff-Bulman (2006) does not explicitly provide a list of symptoms that develop as a result of how one copes with trauma, she does acknowledge that trauma survivors must deal with anxiety as a result of the recognition that the world is arbitrary and dangerous and that personal assumptions are inadequate to provide a sense of safety and security in the face of all human experiences.

Tedeschi and Calhoun focus their literature on the potential growth opportunities following trauma, however, they always begin their arguments by recognizing the negative impacts that traumatic experiences may produce. Trauma is generally defined by these authors as a shattering of basic assumptions about predictability and control (Tedeschi & Calhoun, 2004). Tedeschi and Calhoun (1995) list suddenness and unexpectedness, perceived lack of control, out of the ordinary circumstances, degree to which they create long lasting problems, chronic experiences, and blame as components of events that have the potential to be traumatic. While they acknowledge that repeated stress over time can foster trauma, they also assert that the likelihood an event becomes traumatic seems to be related to the lack of time that a person has to prepare for the trauma (Tedeschi & Calhoun, 1995). Negative effects of traumatic experiences can impact thoughts (invading consciousness, dreams, struggle to make sense of the experience), emotions (guilt, anger, fear, depression), and behaviors (drug use, interpersonal struggles, aggression; Tedeschi & Calhoun, 1995). They note that trauma research, thus far, has focused on correlations between trauma and physical reactions,

psychological disorders, time, healing, and symptom decrease (Tedeschi & Calhoun, 1995).

In *Trauma and Recovery*, Herman (1997) identifies trauma as an event/experience that overwhelms a person's ordinary human adaptions to life. Referring to human adaptions as systems of care, Herman (1997) writes that ordinary systems of care provide people with a sense of control, connection, and meaning, as well as safety and security. Traumatic events are extraordinary in that they overwhelm ordinary human adaptions and force human beings to confront helplessness and terror that is generally felt with close personal encounters with violence or death (Herman, 1997). When ordinary systems of care are overwhelmed, events/experiences become disorganized and disconnected, leaving a person feeling powerless, hopeless, and unsafe (Herman, 1997). Additionally, how a person responds to a traumatic disruption and disorganization of ordinary ways of responding is a complex and individual matter (Herman, 1997). Herman (1997) sorts the many symptoms of PTSD in to three categories: hyperarousal, intrusion, and constriction. Hyperarousal is understood as a person's system of self-preservation going on permanent alert, marked by the arousal of the autonomic nervous system, which may manifest as irritability, easy startling, and poor sleep (Herman, 1997). Herman (1997) defines intrusions as involuntary and disorganized repetitive reenactments of traumatic experience, both cognitively and emotionally, that are attempts to make meaning of the experience, although usually unsuccessful. Constriction refers to ways in which people alter their state of consciousness, also seen as dissociation or numbing, as a way to protect themselves from the pain of the experience (Herman, 1997).

Throughout time and more presently, trauma theories continue to expand, although a wide variety are heavily influenced by a medical/disease models of understanding. These types of models epistemologically understand objective, (generally material) causal relationships to be the basis for knowledge/truth/reality as it pertains to "behavioral disorders" or "mental illness." This results in the notion that there is something within the person, believed to be a deficient or to be eliminated, that induces symptomology and requires medical interventions (Lundstom, 2008). Although valuable in some medical areas, medical model approaches to psychological theory and treatment, such as the DSM and the below treatments, are argued to focus exclusively on clients' dysfunction rather than potential, to force clinicians to impose diagnostic labels that are more representative of a checklist of behaviors rather than an understanding of a client's experience, and to cause challenges in treatment, as manualized treatments do not take in to account subjective context or meaning (Leitner & Phillips, 2003).

Alongside the many other mental health disorders described in the DSM, trauma symptoms are defined by categorizing "negative" cognitive, affective, and behavioral patterns sometimes expressed following overwhelming experiences. Consistent with medical model epistemology, a primary focus on understanding "negative" outcomes of traumatic experiences as resulting from problematic schemas, the inability to adapt and change schemas to fit events, and behavioral avoidance (i.e., the "objective" cognitive and behavioral "causes") sways trauma literature to focus heavily on cognitive and behavioral understandings of trauma and trauma effects (i.e., symptoms and maintenance of symptoms). While useful to some degree, the domination of cognitive and behavioral

definitions of trauma has led to a limited understanding of the trauma experience, which will be further explored below.

Trauma treatment.

As literature and research often result in defining and creating interventions based from medical model approaches, trauma treatment primarily focuses heavily on cognitive and behavioral domains as well. Although there are many more trauma treatments available, only four, arguably four of the more popular treatments used today, will be lightly reviewed in order to give the reader an understanding of the influence of medical model approaches to treatment. Specifically, Cognitive Processing Therapy, Prolonged Exposure, Trauma-Focused Cognitive Behavioral Therapy, and Seeking Safety (a treatment manual for PTSD and Addictions disorders) will highlight the heavy influence of cognitive, behavioral, and disease frameworks that shape treatment.

Cognitive Processing Therapy (CPT) works by looking at thoughts, feelings, behaviors, and bodily sensations, with a concentration in cognition (Resick, Monson, & Chard, 2017). CPT focuses on understanding how traumatic experiences shape thoughts and beliefs, and thus, feeling and behavior (Resick, Monson, & Chard, 2017). Although CPT recognizes "natural" emotions that occur without thought, treatment focuses on eliminating or enhancing "faulty" cognitions/beliefs about the traumatic event (i.e., corrected schemas about the event will decrease emotional, and therefore, symptomatic responses to the traumatic event; Resick, Monson, & Chard, 2017). The need to process "natural" emotions that may have been suppressed is acknowledged but the more pertinent focus is to identify the "faulty" trauma-developed schema/cognition, evaluate

the reasoning behind the schema/cognition, and replace it with a more accurate schema/cognition (Resick, Monson, & Chard, 2017).

Prolonged exposure (PE) for post-traumatic stress disorder treatment aims to eliminate the use of cognitive and behavioral avoidance techniques, which are theorized to serve as short term relief from anxiety surrounding the trauma or memory of the traumatic event (Back, Foa, Killeen, Mills, Teeson, Cotton, Carroll, & Brady, 2015). Starting with imaginal exposure to avoided triggering events, followed by processing the imaginal experience, prolonged exposure tries to refute the notion that the world is entirely dangerous, that the person is completely incompetent, to discriminate between the past and present, and to "accurately" evaluate aspects of the event to contrast the person's beliefs about danger and self-incompetence (Back et al., 2015). Prolonged exposure aims to eliminate cognitive and behavioral avoidance with an end goal of bringing about an "increased sense of mastery and competence" through cognitive "realizations" and "corrective information" (Back et al., 2015, p. 17).

The four major components of Trauma-Focused Cognitive Behavioral Therapy for children and adults are exposure, cognitive processing and reframing, stress management, and parental treatment (Cohen, Mannarino, Berliner, & Deblinger, 2000). Repeated exposure, whether immediate (flooding) or gradual, is aimed to reduce emotions that are triggered by the memory of the trauma or reminders of the trauma, while cognitive processing and reframing uses CPT (explained above) and positive cognitive coping techniques to help "better modulate" affect and behavior (Cohen, Mannarino, Berliner, & Deblinger, 2000). Stress management (i.e., muscle relaxation, breathing techniques, thought stopping via a behavioral intervention, and thought

replacement) brings some awareness to physical and emotional hypervigilance and the difficulty of managing these aspects but focuses on behavioral and cognitive management techniques (Cohen, Mannarino, Berliner, & Deblinger, 2000). Parental treatment refers to using and teaching the above techniques to parents so that they can model for their children (Cohen, Marrarino, Berliner, & Deblinger, 2000).

Finally, *Seeking Safety* (Najavits, 2002) is a PTSD and substance abuse treatment manual. The author notes in the preface that the manual is action (behavioral) and information (cognitive) focused, although she does express a sensitivity to the emotional pain of distress (Najavits, 2002). Based primarily on CBT and psychodynamic theories, the treatment is proposed as a creative adaptation of CBT for populations diagnosed with PTSD or substance abuse disorders (Najavits, 2002). Only after experiencing the high impact of affect and interpersonal components within trauma were these experiential components added as part of the focus of treatment, although it still heavily relies on CBT techniques (Najavits, 2002).

As can be concluded in the above paragraphs, medical model approaches to trauma theory and treatment rely heavily on cognition and behavior, often leaving out other important components that make up a person's whole experience (e.g., affect and relational). The importance of these underrated components are the basis for this study's argument, which will be further elaborated on as it progresses. More recent literature has highlighted the limits of these traditional understandings of trauma and trauma treatment.

The Need for an Expanded Understanding of Trauma: Relational Trauma

Trauma research has focused on the "negative" effects of trauma (i.e., symptoms) and produced interventions based on cognitive and behavioral understandings of

traumatic experience without more fully considering the characteristics of a traumatic event(s) or how symptomatic manifestations come to be. In light of an increased focus on traumatic stress studies following the inclusion of PTSD in the DSM, it is recognized by many that PTSD, as it is defined and understood in the DSM, is limited. Psychiatry, as a medical discipline, pushes to define mental illness with the same precision and predictability as something biological but the complexity of the mind, body, and human attachment is far from precise and predictable (Van der Kolk, 2014).

Diagnoses, meant to categorize diseases and inform treatment, are often just a tally of symptoms that do not consider the "unusual talents that many of our patients develop or the creative energies they have mustered to survive" (Van der Kolk, 2014, p. 139). Van der Kolk and Courtois (2005) argue that PTSD symptoms, as they are understood currently in the DSM, only capture a small part of the difficulties that a large portion of traumatized individuals experience. Current symptoms of PTSD as listed in the DSM are not inclusive of the complexity of psychosocial stressors and issues in daily functioning that an adult may be experiencing as a result of their early developmental history (Ringel, 2012). Additionally, D'Andrea, Ford, Stolbach, Spinazzola, and Van der Kolk (2012) propose that there is no current psychiatric diagnosis that encompasses the variety of symptoms that children exposed to interpersonal trauma, such as physical abuse, sexual abuse, neglect, bullying, assault, etc., may exhibit. Rather than solely trying to understand current coping characteristics and personality traits of a trauma survivor, Herman (1997) critiques PTSD, as defined in the DSM, and considers how trauma may affect personality development.

Herman (1997) writes that humans fundamentally strive to engage in a meaningful life, which is developed in context of connection with and autonomy from others. A sense of safety and personal identity are formed through early caregiver relationships, and trauma affects development of self-identity and relational life (Herman, 1997). When trauma is perpetuated by people who are early caregivers, who are vital to the development of self-identity and relationality, having the ability to respond to trauma in ways that result in a sense of safety and security may not be possible, as those systems of meaning have not yet been developed (Herman, 1997). Children are especially vulnerable to symptom development following trauma, as they have not yet developed the ability to understand a world that allows for negative experiences to happen and still feel safe (Herman, 1997). Herman (1997) proposes that due to the way problematic trauma responses (i.e., disorder) are often conceptualized as related to personality characteristics or styles of coping of the individual (i.e., the problem is within the individual), trauma victims are often misdiagnosed with disorders such as borderline personality disorder or multiple personality disorder. Van der Kolk (2014) also emphasizes the consequences of an incorrect diagnosis on treatment as well as the impact of how people can problematically attach to and define themselves by a given diagnosis.

Van der Kolk and Courtois (2005) write that under most conditions, caregivers are able to help children restore a sense of safety and control following hurt or danger. However, there are circumstances where caregivers are unable to secure this sense of safety and control for their children as they are "emotionally absent, inconsistent, demeaning, violent, intrusive neglectful, or are themselves dealing with unresolved trauma and loss" (Van der Kolk & Courtois, 2005, p. 386). When children are exposed to

repeated and overwhelming stress, without a caregiver to help, they are unable to process, integrate, and categorize what is happening (Van der Kolk & Courtois, 2005). In these circumstances, children often develop difficulty with "regulating their emotions, knowing what they feel, verbalizing their experiences and feelings, and being comforted by an attachment figure" (Van der Kolk & Courtois, 2005, p. 386). Furthermore, children who experience ongoing neglect and abuse without adequate support from caregivers differ in neurological and neurobiological development from children who do not report neglect or abuse (Van der Kolk & Courtois, 2005).

Although there is a breadth of literature available on the topic of childhood trauma and later maladaptive patterns in adulthood, mental health professionals are struggling to systematically and comprehensively describe the effects of childhood adversity (D'Andrea et al., 2012). Complex PTSD is proposed as a needed additional diagnostic category that captures a variety of symptom presentations and personality structures that may occur with prolonged, repeated trauma (Herman, 1997). Repeated childhood maltreatment puts children at risk of chronic and severe problems with "emotion regulation, impulse control, attention and cognition, dissociation, interpersonal relationships, and attributions" (D'Andrea et al., 2012, p. 188). Van der Kolk and Courtois (2005) highlight that there are an abundance of studies suggesting "complex but consistent patterns of psychological disturbances" (p. 385) as a result of pervasive and repeated childhood abuse and interpersonal trauma that support Herman's proposal for an expanded diagnostic category of Complex PTSD. An expansion of the understanding of trauma impact to include the cluster of experiences captured by the proposed Complex PTSD diagnosis could be helpful in accounting for the impact of repeated trauma on

symptom presentation and the variety of ways people adapt to developmental trauma as well as creation of relevant and effective treatment approaches (Van der Kolk & Courtois, 2005).

Rather than understand traumatic symptoms as negative and as simple, linear effects (i.e., consistent with a scientific cause and effect theory), the above literature opens up the possibility to understand trauma in a more complex way. Literature shows that there are numerous ways of understanding trauma and PTSD development; however, available literature is limited in understanding persistent childhood and/or interpersonal trauma as well as how these types of trauma affect development. Additionally, theory and treatment often overlook affective components in a search for definitive causal relationships between cognitive and behavioral adaptations to trauma. Instead of viewing symptoms as something negative to rid a person of in treatment, theorists and therapists can explore how trauma affects development and how symptoms may be adaptive and useful for a person. Going beyond cognitive and behavioral definitions of trauma and related medical model understandings allows for more thorough inclusion of relationality and more focus on affect in a trauma treatment that more holistically considers how a person comes to be in the face of trauma and how a person can heal and potentially grow from prior or ongoing adversity, rather than just manage or contain.

Resilience, Resistance, and Recovery

Before presenting current scholarship on post-traumatic growth, a brief overview of resilience, resistance, and recovery is warranted, as these concepts are often referred to in the trauma and post-traumatic growth literature. Resiliency "develops as a result of difficult life experiences and threats to fundamental values such as life or health"

(Widera-Wysoczanska, 2016, p. 2). Although it is beyond the scope of this work to expand more specifically on how resiliency develops, it is important to highlight that much of the literature describes resiliency as an innate personal factor or as a personality trait that develops from experiences of childhood adversity and caretaker relationships. Resiliency is often thought to be developed in children who face a wide variety of adversity and do not have nurturing caretaker relationships to secure safety and predictability in the child's life (Van der Kolk, 2014). Indicated as the most important predictor of how a person copes with life's inevitable disappointments, resiliency development is highly influenced by the caregiver relationship during childhood (Van der Kolk, 2014). Likewise, Herman (1997) writes about caretaker relationships and adversity in childhood as contributing to resiliency building.

Herman (1997) states that people who are resilient tend to be less likely to experience distress following a traumatic event as a result of having endured prior experiences of distress. A general note on resiliency by Herman (1997) is that resilient people are able to make meaning of traumatic events more easily, although this does not necessarily mean that people who are resilient do not experience distress following a traumatic event. Aldwin and Sutton (1998) agree and state that although adversity in childhood may develop resiliency, it does not mean that people will not suffer or be challenged in some areas of life. Agreeing with the above authors, Tedeschi and Calhoun (1995) view resiliency as a personality trait that develops as result of childhood adversity, which is determined by both child temperament as well as environment (i.e., important others). On its own, resiliency seems like a pretty straight forward concept and since it relates to coping with adversity, resiliency is often a focus of trauma research. However,

as will be seen below, literature on resiliency and related concepts of resistance and recovery are just as complex as trauma research.

For example, among others' descriptions that will be elaborated in this section, Duan, Guo, and Gan (2015) write that resilience has variously been described as a return to base line or normal levels of functioning following trauma, as a form of recovery from a traumatic event, and also as a possible outcome of adversity that overlaps with post-traumatic growth. The concept of resiliency is unpacked in the remainder of the section first by highlighting authors who view resiliency as an ability to return to pre-adversity levels of well-being as well as how researchers build upon this definition to theorize about how resiliency develops and is maintained through a person's life. This is followed by a review of how resiliency is understood as a broader concept encompassing the constructs of resistance, recovery, and growth as well as how resiliency is contrasted with resistance and recovery. Herman's (1997) proposal of recovery from trauma, including implications for treatment, is also reviewed followed by some critiques and potential gaps of common understandings of these concepts.

Van der Kolk (2014) views resilience as the capacity to bounce back after adversity. Carver (1998) agrees, defining resiliency as a return to pre-adversity levels of functioning following trauma. As a result of many correlative studies between resiliency and adaptive coping after trauma, researchers often conceptualize resiliency as an innate personality characteristic and search for common traits among resilient people as a way to understand and build resilience. Resiliency according to Tedeschi and Calhoun (1995) is marked by active problem-solving, tendency to perceive painful experiences constructively, ability to gain other people's positive attention, and maintenance of a

sense of meaning and faith throughout life. Resiliency is created through easy-going temperaments, high levels of self-esteem and self-efficacy, and positive social interactions according to Aldwin and Sutton (1998). Widera-Wysoczanska (2016) argues that factors contributing to resilience, such as sense of control, emotional awareness, interpersonal learning, among other factors, are constantly developing and improving throughout the lifespan in response to stressful living experiences. Although more recent research has acknowledged that personality and other factors are constantly growing and evolving throughout the lifespan, personality characteristic categories like the ones listed above often rely on stagnant categories to define, measure, and correlate in research.

Broadening typical understandings of resilience from simply a return to pre-trauma levels of functioning, Lepore and Revenson (2006) argue that resilience has three components; recovery, resistance, and reconfiguration. Similar to Van der Kolk (2014) and Carver's (1998) definitions of resilience, these authors argue that the component of recovery in resilience refers to a person who is distressed following a trauma but returns to pre-traumatic functioning after some amount of time (Lepore & Revenson, 2006). The resistance component is understood as a person who exhibits normal functioning before, during, and after a traumatic experience (Lepore & Revenson, 2006). Lepore and Revenson (2006) write that resistance is often pathologized as an unusual response to trauma because more common understandings of trauma assume the normal reaction to a traumatic event is distress. The final component of resilience, reconfiguration, is a person's ability to adjust their cognitions, beliefs, and behaviors in a way that allows for adaption to the distress of traumatic events and possibly provides the person with the ability to manage distress in future traumatic events. (Lepore & Revenson, 2006).

Reconfiguration, for Lepore and Revenson (2006), seems to overlap with theories of post-traumatic growth which are further explored below.

While Lepore and Revenson (2006) understand resilience to have components of recovery, resistance, and reconfiguration, other researchers differentiate resilience, resistance, recovery, and growth all together. Janoff-Bulman (2006) provides a distinction between resistance and resilience, noting that resistant people are not affected by a traumatic event, as they have integrated complex schemas about safety and vulnerability that protect them from the distress of disrupted schemas, while resilient peoples' schemas are still vulnerable to disruption. Bonanno (2004) contrasts Janoff-Bulman's (2006) definition of resilience, arguing that resilience maintains an equilibrium pre, during, and after events and is an overlooked, underestimated human capacity to survive after disturbing events. In other words, Bonanno (2004) defines resilience as Janoff-Bulman (2006) defines resistance. Additionally, Bonanno (2004) argues that resilience is distinct from resistance and recovery, each of which holds their own trajectories for coping with trauma. While Bonanno (2004) does not elaborate on how he understands the trajectories of resistance and recovery in relation to trauma, he does elaborate on his understanding of the trajectory of resilience.

The reader may refer to above sections for understanding resistance trajectories and below for a recovery trajectory provided by Herman (1997). Combating the focus on symptoms and pathology in current trauma research and treatment as a result of assumptions about the correlation between resilience and trauma recovery, Bonanno (2004) argues against ideas of predictive linear reactions to trauma (i.e., traumatic events must be followed by distressing feelings), to expand how resilience is understood.

Traditional trauma research could benefit from expanding the idea of resilience from just an adaptive function moving one towards recovery following distress (i.e., a return to baseline) to a protective factor that allows individuals to endure distressing events without impact (Bonanno, 2004).

Although recovery is generally the goal with trauma treatment, many authors do not explicitly describe what recovery looks like. Herman (1997) provides a comprehensive conceptualization of recovery from trauma based on her theory. According to Herman (1997), there are three stages of recovery following trauma; establishment of safety, remembrance and mourning, and reconnection with ordinary life. Herman (1997) defines recovery as a general, gradual shift from danger to safety, from disassociation to memory, and from isolation to social connection following traumatic distress. While written and described in a linear fashion, Herman (1997) notes that recovery is complex and each stage of the process may resurface at any time, under varying circumstances, and may need to be revisited. At each stage, comprehensive treatment addresses biological, psychological, and social components, and recovery is viewed more as a gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory, and from stigmatized isolation to social connection (Herman, 1997). Recovery is not based on the illusion that evil has been overcome, but on knowledge that evil has not entirely prevailed and hope that restorative love may still be found in the world (Herman, 1997).

Herman (1997) writes that emotional support and an environment in which people can rebuild feelings of safety in the world are essential to reduction or prevention of post-traumatic symptom development. Emotional support is proposed as one of the most

important contributing factors to development of either resilience or distressing

symptoms following traumatic events (Herman, 1997). Once safety is rebuilt through

supportive relationships, a person can begin to work on redevelopment of a positive sense

of self and restoration of self-worth (Herman, 1997). A shared understanding of trauma

between client and therapist is needed in order to create a therapeutic relationship that

does not reenact the original trauma (Herman, 1997). For Herman (1997), recovery is

based upon the empowerment of the survivor and creation of new connections.

"Recovery can take place only in the context of relationships; it cannot occur in isolation"

(Herman, 1997, p. 133). Following a review of post-traumatic growth, the role of

relationality will resurface.

As can be seen, definitions of terms such as resistance, resilience, and recovery

differ depending on how trauma is defined and how researchers believe these concepts

work in reference to trauma. Although there are some outliers, such as Bonanno (2004),

most researchers propose that resistant people are not affected by traumatic experiences

as they have already learned to cope with trauma through prior life experiences.

Seemingly beneficial, resistance allows a person to go through distressing events without

being affected. However, life inevitably has distressing times where suffering helps in the

process of healing and growth. This suggests that resistance may be problematic in a

sense, as those who are resistant may be limiting normal parts of human experience (i.e.,

distress) rather than fully experiencing and learning to process and move forward despite

distressing events. In this way, one might view resistance as a decrease in functioning due

to repeated or prolonged trauma which results in an inability to process uncontrollable

distress in life and ultimately prevents a person from engaging fully in *both* the

distressing and joyful parts of life. The post-traumatic growth section below will highlight the benefits of accepting uncontrollable events in life while also finding happiness.

Resilience is often referred to as the process of being affected by adversity but being able to return to "normal," however that is defined by the researcher or person, following distress. As resiliency is viewed as adaptive, researchers often try to define resiliency and create treatments that incorporate resiliency-building in hopes of helping people return to a level of functioning where they can carry on in life. When this is accomplished, it is often described as recovery. While resiliency and recovery can be viewed as positive outcomes following traumatic experiences, they are limited in that they refer to a prescribed "normal" level of functioning. Trauma survivors are limited not only in the sense that the level of functioning that determines a good outcome is often defined by a clinician or researcher, but they are also limited in the potential for growth when a return to "normal" is the goal in any case.

As will be elaborated below, post-traumatic growth offers a new trajectory following traumatic experiences that instills a different kind of hope, one that goes beyond returning to "normal" functioning, where a trauma survivor can actually experience a qualitative enhancement in functioning and meaning in life. While this is a snapshot of research, it can be seen here that resilience, resistance, and recovery vary in terms of how they are conceptualized, and the usefulness of these concepts for understandings of trauma and trauma treatment also varies based on how they are defined. What is common about how researchers define these concepts is that, similar to

trauma, they are defined from a medical model conceptualization—the terms, in fact, are medical terms (e.g., recovery from illness, resistance to disease).

In terms of resistance and resilience, or the lack of, these concepts speak to something within the person (i.e., personality traits) that are perceived as deficient or problematic that needs changed or enhanced. Further, these concepts are defined in a limited manner, and the definitions do not account for how these responses to trauma develop and what purpose they serve. As such, viewing responses to trauma in these terms is likely to result in overlooking a person's unique and dynamic process of coming to develop or adapt to adversity. Additionally, as researchers often try to measure personality traits by assessing whether a person had a certain trait before a traumatic experience, there is an underlying assumption that personality traits are fixed throughout a person's life and various experiences, which is also limiting.

As research is heavily dominated by cognitive and behavioral theories, clients are pathologized based on what the clinician or researcher believes is "wrong" with a client's schemas (i.e., cognition) and/or behavioral actions. A step in a different direction, Herman (1997) looks beyond cognitive and behavioral categories to include the nature of trauma as relational and the ways in which relationality plays a large part in recovery from trauma. After a review of post-traumatic growth literature, the limitations of medical modal approaches to trauma and trauma treatment will be revisited. A different approach, with an alternative understanding of trauma that accounts for relational trauma experienced in childhood and beyond, as well as a different way of approaching conceptualization and treatment, will be reviewed.

Post-Traumatic Growth

Within more recent trauma theory research, a construct highlighting the potential opportunities for growth following traumatic experiences has evolved. Despite negative cognitive, emotional, behavioral, and physiological effects of trauma, children have shown resiliency in their ability to thrive and function in adulthood (Aldwin & Sutton, 1998). Research has shown that despite adversity, children can thrive following extreme stress and some show enhanced function in later adulthood (Aldwin & Sutton, 1998). Although traumatic experiences are initially hard to accept, over time people may adopt a growth approach to life's traumas (Tedeschi & Calhoun, 1995). Park (1998) writes that despite stressful events, some people report thriving or experience positive outcomes as a result of coping with stress. Schaefer and Moos (1998) propose the focus of work on trauma and trauma response tends to revolve around painful emotions and physical and psychological symptoms, but, they point out that people also show resiliency and growth following traumatic experiences. Similarly, Janoff-Bulman (2006) writes that while it is important to continue to research the negative implications of trauma, it is also beneficial to research the potential for growth, as positive perceptions arise from the creation of meaning and positive appraisals following traumatic experiences.

Historically, philosophers have debated tragedy and suffering, generally concluding that suffering is a part of life that enhances knowledge and acceptance of the uncertainties of life (Tedeschi & Calhoun, 1995). Also, the experience of suffering is what often what helps in finding meaning or purpose in life (Tedeschi & Calhoun, 1995). Existential psychologists have also focused on the idea of suffering throughout history and propose that life becomes meaningful when people confront their choices and accept the limitations of existence (for a review of this idea see Frankl, 1963; Fromm, 1947;

May, 1981). It is the reflection on choices that people have made when faced with limitations that plays a part in how people assign meaning to their lives (Tedeschi & Calhoun, 1995).

Before providing a review of the different models of post-traumatic growth available in literature, the common personality characteristics and coping/cognitive strategies researched and attributed to post-traumatic growth are provided. Similar to concepts of trauma, resiliency, resistance, and recovery, post-traumatic growth research is heavily influenced by cognitive theory. As will be seen below, much of the research focuses on identifying personality characteristics and/or cognitive strategies that a person has or uses when growth is reported. An abundance of research based mostly in Tedeschi and Calhoun's model of post-traumatic growth will make up the personality characteristics and cognitive strategies section. A discussion of the missing components (social support, affect, and interpersonal) is also provided. The leading researchers, Tedeschi and Calhoun (1995; 2004), also cited as Calhoun and Tedeschi (1998; 2006), along with Schafer and Moos (1998), Janoff-Bulman (2006), Aldwin and Sutton (1998), Carver (1998), and Pargament, Desai, and McConnell's (2006) post-traumatic growth models are provided. This section will conclude with critiques of post-traumatic growth from other scholars.

Personality characteristics/personal resources for post-traumatic growth.

Tedeschi and Calhoun's early post-traumatic growth research began by identifying personality characteristics that are likely to contribute to the possibility of growth. Persistence, determination, confidence, ability to make emotional connections with others, and acceptance of limitations are characteristics of a person who experiences

post-traumatic growth (Tedeschi & Calhoun, 1995). Their initial model of post-traumatic growth explored personality factors of locus of control, self-efficacy, optimism, hardiness, resilience, sense of coherence, as well as extroversion and openness of the "Big Five" personality characteristics, which are perceived as existent in the person pre-trauma and contribute to post-traumatic growth (Tedeschi & Calhoun, 1995). Each of these factors is explored in more depth below. Self-efficacy, resilience, motivation, health status, and prior crises are considered to contribute to a person's coping ability in the Schaefer and Moos' (1998) model. Additionally, Sehgal and Sethi (2016) found positive correlations between optimism, resiliency, perceived social support, and spiritual well-being and post-traumatic growth. While Bonanno (2004) views resilience as different from recovery and growth, he writes that there are multiple pathways to resilience, which includes hardiness, self-enhancement, repressive coping, positive emotion, and laughter.

Internal vs. external locus of control. Internal locus of control (self as affecting outcomes) and external locus of control (other people, fate, or chance as affecting outcomes) may correlate with growth (Tedeschi & Calhoun, 1995). People with an internal locus of control may be resistant to influence from others, take personal responsibility for their own knowledge and health, and be more willing to take decisive action while people with an external locus of control may let events take their course without attempting to alter them (Tedeschi & Calhoun, 1995). While each of these tendencies may contribute to potentials for growth, they may also prohibit them. People with an internal locus of control may have unrealistic beliefs about their ability to control existential problems, and people with an external locus of control may underestimate their ability to control existential problems (Tedeschi & Calhoun, 1995). Carver (1998)

also highlights the potential for thriving (i.e., growth) in reference to internal and external locus of control in stating that people may develop new skills or knowledge about how to better manage the external world or internal affective responses.

    Self-efficacy. Self-efficacy, the perception that one can successfully cope with potential situations may influence the amount of effort one attributes to overcoming challenging situations (Tedeschi & Calhoun, 1995). Furthermore, when a challenging situation is overcome, self-efficacy is validated and promoted (Tedeschi & Calhoun, 1995). Tedeschi and Calhoun (1995) make an interesting argument that it may be the perception of self-efficacy, or lack thereof, in controlling a threatening event, or the anxiety as a result of the threatening event, that causes distress rather than the threatening event or anxiety itself. Rather than search for ways to prevent a person from experiencing anxiety in relation to a threatening event, Tedeschi and Calhoun (1995) write that it may be more useful to enhance a person's self-efficacy (i.e., their ability to assess whether they can manage a threatening event or if they may need to wait to address the threat at a later time). Similar to the ways in which an internal versus external locus of control can be promoting or prohibiting of growth, Bonanno (2004) writes that a process of self-enhancement can be helpful, by promoting well-being and adaption to distressing events, as well as unhelpful, such as when a person holds illusionary and unrealistic conceptualizations of the self. Another way self-perceptions attribute to growth may be through confidence, which, according to Carver (1998), is a psychological sense of mastery that recognizes the ability to overcome and survive traumatic experiences. Tennen and Affleck (1998) also write that self-efficacy and confidence are potential contributors to growth.

Optimism. Optimism, the maintenance of hope across multiple life situations and general expectance that good things will happen, is correlated with the ability to put other things aside to deal with problems effectively and acceptance of circumstances that are uncontrollable (Tedeschi & Calhoun, 1995). Davis, Nolen-Hoeksema, and Larson (1998) write that optimism is relevant to how people find benefits following loss. Dispositional optimism, the general expectancy for positive outcomes, may be a mediator to growth, as optimists try harder and are active problem-solvers (Tennen & Affleck, 1998). Additionally, dispositional hope ties closest with optimism and includes one's ability to imagine avenues of good outcomes for likelihood of success and growth (Tennen & Affleck, 1998). Park (1998) lists optimism and hope as personality characteristics of people who are likely to report growth. Scheier, Weintraub, and Carver (1986) found that optimism positively relates to problem-focused coping, which perceives and takes control of situations. Interestingly, Scheier, Weintraub, and Carver (1986) also found that pessimism correlated to coping with stress.

Pessimism, pertaining specifically to disengagement from the stressor or emotions evoked from the stressor, and acceptance when a situation is perceived as uncontrollable are possible adaptive strategies for coping with stress (Scheier, Weintraub, & Carver, 1986). Similarly, Bonanno (2004) proposes that repressive coping, defined as disassociating from emotions, has been traditionally viewed as maladaptive but may also foster adaptation to extreme adversity. Also, positive emotion and laughter may reduce levels of distress following adverse events by quieting or undoing negative emotions (Bonanno, 2004). Optimism is associated with reinterpretation and support seeking, both

of which have been correlated with growth following adversity (Scheier, Weintraub, & Carver, 1986).

Hardiness. Hardiness, the tendency towards commitment, control, and challenge, may influence how people look for the good in situations and activate coping mechanisms with minimization of emotional distress (Tedeschi & Calhoun, 1995). Tedeschi and Calhoun (1995) perceive hardiness as a "buffer against stress and is associated with appraisals of threat that minimize emotional distress and promote active attempts at coping" (p. 49). Bonanno (2004) similarly describes hardiness as helpful in buffering against exposure to extreme stress and consists of three dimensions; commitment to finding meaning and purpose in life, belief in control over one's experience and surroundings, and belief in wisdom and growth from both positive and negative life experiences. Tennen and Affleck (1998) agree that hardiness is likely related to growth.

Resilience. Resilience, commonly researched in children who develop into well-functioning adults, is characterized by a tendency to be active problem-solvers, a tendency to perceive painful experiences constructively, an ability to gain other people's positive attention, and maintenance of a sense of meaning throughout life (Tedeschi & Calhoun, 1995). Resiliency in children develops from easy-going temperaments, higher levels of self-esteem, and positive social interactions (Aldwin & Sutton, 1998). Pathways to resilience according to Bonanno (2004) are hardiness, self-enhancement, repressive coping, and positive emotion and laughter. Aldwin and Sutton (1998) propose the development of resiliency as correlated with growth. Duan, Guo, and Gan (2015) found high trait resiliency as positively associated with post-traumatic growth. Additionally,

Schaefer and Moos (1998) and Sehgal and Sethi (2016) list resiliency as a personal

factor, among other personal and contextual factors, that contributes to coping following

traumatic events. Janoff-Bulman (2006) writes that people who are resilient have more

opportunity for growth than people who are resistant as resistant people are not affected

by traumatic experiences and resilient people are affected and able to use the discomfort

associated with trauma to create new schemas to revise or replace those that were

shattered.

      Coherence. "Sense of coherence," adopted from Antonovsky (1987), is defined as

comprehensibility (ability to make sense of events as orderly and explicable),

manageability (ability to see life challenges and experiences as able to be coped with, or

at least bearable), and meaningfulness (ability to view demands and challenges as worthy

of investment and engagement; Tedeschi & Calhoun, 1995). Tedeschi & Calhoun (1995)

view meaningfulness as the most important component of sense of coherence because,

without it, comprehensibility and management would not be possible. Additionally,

meaningfulness is distinguished in to four categories of inner feelings, interpersonal

relationships, one's major activity, and existential issues (Tedeschi & Calhoun, 1995).

Tennen and Affleck (1998) write that sense of coherence likely predicts growth. This

concept and its correlations with post-traumatic growth are elaborated below.

      "Big Five" personality factors. Lastly, Tedeschi and Calhoun (1995) researched

post-traumatic growth and the "Big Five" personality factors (neuroticism, extroversion,

openness, agreeableness, and conscientiousness) and found that extroversion and

openness are correlated with growth. Agreeableness and conscientiousness are minimally

correlated while neuroticism had no correlation with growth (Tedeschi & Calhoun,

1995). Tennen and Affleck (1998) write that strength from adversity has been found in relation to people low in neuroticism, high in extraversion, and high in openness to experience, with extraversion as the most likely personality trait to predict overall benefit. Duan, Guo, and Gan (2015) found a positive correlation between conscientiousness and post-traumatic growth.

Summarizing their research on personality characteristics and growth, Tedeschi and Calhoun (1995) write that people who are more likely to experience post-traumatic growth are those who actively approach problems, assess situations in reference to their perceived ability to manage stress, recognize limits, act on, instead of react to, problems, perceive themselves as complex, and are typically resilient, hardy, and optimistic. For Tedeschi and Calhoun (1995), it is not the degree of the crisis that predicts negative or positive outcomes, but the characteristics of the person prior to the traumatic event. As referenced above in relation to trauma, the main models of post-traumatic growth have searched to find personality characteristics, thought to be inherent in the person pre-trauma, as contributors to the possibility of growth. In the search for inherent and fixed personality characteristics, the importance of how personality is shaped by experiencing traumatic event(s) as well as how a person continues to develop and grow throughout their lifetime is not considered.

Cognitive/coping strategies for post-traumatic growth.

Tedeschi and Calhoun (1995) have also researched growth as it pertains to cognitive strategies and abilities that allow for adaption and struggle towards schema reconstruction following trauma (Tedeschi & Calhoun, 1995). Schemas, from a cognitive standpoint, are beliefs about reality that people use to predict and make sense of the

world (Tedeschi & Calhoun, 1995). During the early developmental stages of their model, Tedeschi and Calhoun (1995) continually assert that it is not the traumatic event itself that promotes growth, rather it is the struggle to make sense of the traumatic experience and life after the event that is related to growth. Healthy coping styles are viewed as the ability to deal with adversity (Tedeschi & Calhoun, 1995). Depending on a person's level of psychological development and previous experiences of adversity, a person may or may not possess the adequate healthy coping styles to promote growth (Tedeschi & Calhoun, 1995). Rumination, from a cognitive standpoint, is how people attempt to work through a traumatic event (Tedeschi and Calhoun, 1995). Rumination is believed to happen a little at a time as people alternate between intrusive thoughts and denial, arising from the inability to decide on a course of action (Tedeschi & Calhoun, 1995). For Tedeschi and Calhoun (1995), rumination involves slowly assessing what is controllable and what is uncontrollable until a clear identification of what can be done/managed or what needs to be abandoned is realized.

In researching cognitive strategies that enable people to form new or revise old schemas, Tedeschi and Calhoun (1995) further elaborate on "sense of coherence" consisting of manageability, comprehensibility, and meaningfulness. Manageability consists of two types of control; primary (activity in events that can be reversed or less-traumatic) and secondary (adjustment to uncontrollable life experiences) (Tedeschi & Calhoun, 1995). For growth, a person needs to have a balance of primary and secondary control (Tedeschi & Calhoun, 1995). Park (1998) writes that primary appraisal (assessing the situation in reference to controllability, threat, and with already held schemas) and secondary appraisal (assessing whether the person has the resources to handle the

stressful situation) affect how a person approaches a stressful event and may have implications to the possibility of growth.

Tedeschi & Calhoun (1995) write that schemas are often resistant to change, as they represent a world that is stable and comprehensible. Traumatic events challenge higher-order schemas and cause people to question their fundamental assumptions about safety and control (Tedeschi & Calhoun, 1995). When too threatening, an event may be incomprehensible to basic assumptions, which could lead to denial or acceptance of the reality of uncontrollable life experiences (Tedeschi & Calhoun, 1995). Tedeschi and Calhoun (1995) clarify that growth is not marked by denial of an experience but revising of schemas to accept parts of life that are uncontrollable and threatening.

Beyond manageability and comprehensibility, Tedeschi and Calhoun (1995) consider finding meaning, via a cognitive lens, as a necessary component of coping with trauma as finding meaning gives life value and purpose, making it worth an emotional commitment. Tedeschi and Calhoun (1995) propose that meaning is made slowly through broad cultural frameworks and with the help of close others. Finding meaning in trauma includes finding meaning in the event as well as continued meaning in life despite the event (Tedeschi & Calhoun, 1995). Davis, Nolen-Hoeksema and Larson (1998) also allude to the importance of meaning-making and post-traumatic growth and highlight that *how* people make meaning is still a needed area of research. In a study focusing on two meaning making processes, data indicated that people who were able to find benefit and make sense of loss, usually through religious beliefs, reported less distress following loss than comparative populations who did not report finding meaning in these ways (Davis, Nolen-Hoeksema, & Larson, 1998). Grad and Zeligman (2017) found positive

correlations between finding meaning and post-traumatic growth. Cadell, Regehr, and

Hemsworth (2003) also found significant correlation between spirituality and post-

traumatic growth, where spirituality is considered to influence the ability to make

meaning of death.

Schaefer and Moos (1998) also elaborate on coping skills, reporting that enhanced

coping skills are the ability to think through a problem logically, seek help if needed, and

regulate affect. Additionally, they define "approach coping" as analyzing the crisis in a

logical way, reappraising the crisis positively, seeking support, and taking action to solve

the problem. In contrast, they define "avoidance coping" as minimizing the problem,

deciding that nothing can be done, seeking alternative rewards, and venting emotions

(Schaefer & Moos, 1998). Janoff-Bulman (2006) writes that for growth to occur, a person

needs to develop more complex cognitive schemas that integrate negative assumptions

about pain, suffering, and struggle that are inevitable in existence. Creating more

complex cognitive schemas promotes competency of the difficulties of human existence

and strength in ability to handle difficulties when they arise (Janoff-Bulman, 2006).

Carver (1998) attributes growth opportunities to continued effort, versus giving up, and to

personal coping resources, which are comprised of acquired skills and knowledge about

how to better manage the external world and internal affective responses. Leeman,

Dispenza, and Chang (2015) found that coping resource effectiveness prior to the

traumatic event is significantly related to post-traumatic growth.

Similar to critiques made above about the search for personality characteristics,

the search for schemas (cognitive assumptions people have about the world) and coping

abilities following adversity provides a limited understanding of trauma and post-

traumatic growth. Based in the medical model, research on cognitive ability to create or revise prior held schemas reduces a person's experience to simply how they think about an event. Often searching for a faulty thinking pattern or inadequate coping ability, cognitive research overlooks experiential, interpersonal, and affective components. Also, treatment interventions often urge clients to simply think differently about a traumatic event and offer coping strategies that do not account for experiential and interpersonal components of traumatic events. Hopefully it has been made clear that trauma is far more complex than a disruption in cognition.

The role of social support, affect, and interpersonal relationships for post-traumatic growth.

Up until this point, the role of social support, affect, and interpersonal relationships in trauma and post-traumatic growth has been left out intentionally. While research almost always mentions these components as important for trauma treatment and post-traumatic growth, there is little elaboration on how these components are understood in theory and addressed in treatment. In post-traumatic growth literature, the most commonly listed missing component in need of additional research is social support. The below paragraphs will elaborate on what some authors offer in this domain. As will be expanded below, most sources usually speak to social support in their future directions sections and note that more research is needed to expand on understanding these concepts in relation to post-traumatic growth. Although many of the post-traumatic growth models below mention the importance of affect for post-traumatic growth, there has been less research on this area. Most authors mention affect as important for processing trauma without much elaboration. Similarly, interpersonal relationships is listed as one of the

areas of growth that people often report, but research lacks in understanding what is meant by increased interpersonal relationships or how either of these concepts integrate with post-traumatic growth.

Tedeschi and Calhoun (1995) elaborate on social support as an important element for growth and note that it is influenced by the circumstances of the traumatic event, resources of the person who experienced the traumatic event, and what type of support is offered. Support often comes in the form of friends and family, other traumatized people, and professionals (Tedeschi & Calhoun, 1995). While Tedeschi and Calhoun (1995) mention social support as a component of post-traumatic growth, they present it specifically as a pathway to rumination and corrective cognition.

For Tedeschi and Calhoun (1995), social support is understood as coping skills and schema development from family and friends, other traumatized individuals, and professionals, and is presented as an important component of post-traumatic growth. Janoff-Bulman (2006) also recognizes the influence of external factors for post-traumatic growth but focuses her model on personal cognitive-emotional understandings. Although labeled cognitive-emotional, the areas for potential growth focus heavily on cognitive reconstruction or coping rather than the emotional aspect (Janoff-Bulman, 2006). Tennen and Affleck (1998) note the importance of contextual and interpersonal factors as possible influential to growth, although their elaboration on post-traumatic growth focuses solely on intrapersonal change.

Schaefer and Moos (1998) list environmental factors, such as interpersonal relationships, social support, finances, home and community situations, as well as the severity, duration, timing and scope of the trauma in addition to the personal factors

noted above as contributors to a person's coping ability. They note that more needs to be understood about how distress and environmental factors, specifically social relations, affect the process of growth following traumatic experiences (Schaefer & Moos, 1998). Carver (1998) mentions experiences of support and assistance from others as potentially helpful in processing traumatic experiences and promoting changed or enhanced interpersonal relationships. Furthermore, he states that the perception of social support as well as ability to provide social support to others may relate to thriving (Carver, 1998). Aldwin and Sutton (1998) note that acting as an observer in social situations may increase chances of resiliency and growth as it promotes creativity and learning. Harvey, Barnett, and Rupe (2006) assert that more needs to be known about the role of disclosing and confiding in close others and family members, including distinctions among how disclosure is supported (positively or negatively) as contributors to post-traumatic growth. A proposal for the importance of future research on understanding social support and other external factors as predicative of resilience development is made by Lepore & Revenson (2006).

Leeman, Dispenza, and Chang (2015) emphasize the importance of belonging/social interest as a contributor to post-traumatic growth and found a statistically significant correlation between belonging/social interest and post-traumatic growth. Other researchers have also found social support to be significantly positively correlated, and thus, a proposed contributor, to post-traumatic growth (Grad & Zeligman, 2017). Likewise, Cadell, Regehr, and Hemsworth (2003) found that social support and high distress are significantly positively correlated to post-traumatic growth. Park (1998) also writes that research suggests social support is helpful in confronting stressful

situations and growth. Specifically, in one study, a person's individual satisfaction with support was moderately positively correlated with stress related growth (Park, Cohen, & Murch, 1996).

Bloom (1998) expands on the idea of post-traumatic growth on a group level. As Bloom (1998) believes that individual identities are closely tied to group identities, she believes that groups can transform and grow following extreme stress in similar ways that an individual may grow after extreme stress. This kind of social transformation is sparked in three ways: by an individual experiencing trauma and using their experience for awareness and transformation of a group, by a group trauma experience where group transformation is warranted, and by a witnessing of traumatization of others that causes a group response for change (Bloom, 1998). Within social transformation, moral commitment to the well-being of the individual as well as the group is inherent (Bloom, 1998). Bloom (1998) elaborates on ways in which group transformation has represented notions of growth following adversity through education and prevention, mutual self-help, rescuing, witnessing and social justice, political action, humor, and artistic creation. Bloom (1998) argues that the role of social support, whether individual or as a group, is an evolutionary response to overwhelming stress, vulnerability, and helplessness that a person feels in isolation. Natural human responses to danger are to gather together and seek safety in human companionship (Bloom, 1998). Although writing from a broader context (i.e., post-traumatic growth as a group), Bloom (1998) maintains the importance of social support and companionship in post-traumatic growth.

Similar to how trauma research recognizes the importance of resiliency building from childhood adversity while still debating how resistance, resiliency, and recovery

pertain to trauma, the post-traumatic growth literature highlights the importance of social support, affect, and interpersonal relationships, yet few researchers dive in to what these things look like or how they manifest towards growth. Following a review of post-traumatic models and critiques, Experiential Personal Construct Psychology will be proposed as an avenue to understand the role of relationality (encompassing all of these factors: social support, affect, interpersonal relationships) in trauma and post-traumatic growth.

Putting post-traumatic growth models together.

Tedeschi and Calhoun (1995) have concluded, thus far, that post-traumatic growth is a positive qualitative change in three self-reported areas; perceived change in self, changed sense of relationship with other, and philosophy in life. Schaefer and Moos' model (1998) also consists of three positive growth outcomes following trauma including changes in self and relationships with others, however their model is more focused on skills and resources. Enhanced social skills/interpersonal, enhanced personal resources/intrapersonal, and development of enhanced coping skills are the three positive growth outcomes (Schaefer & Moos, 1998). Janoff-Bulman's (2006) three processes and perspectives on positive transformation after trauma are strength through suffering, existential re-evaluation, and psychological preparedness. Following an extensive review of the above listed models, a brief review of Aldwin and Sutton's (1998), Carver's (1998), and Pargament, Desai, and McConnell's (2006) models are reviewed.

Based on the literature and research that Tedeschi and Calhoun (1995) integrate to form their model of post-traumatic growth, they provide seven principles for what may make growth a possibility following traumatic experiences. The first principle asserts that

growth occurs when schemas are changed by traumatic events (Tedeschi & Calhoun, 1995). For growth to occur, the traumatic event needs to have an impact on prior schemas related to comprehensible, meaningful, and manageable nature of the world in a way that necessitates a new development or adaptation to prior held schemas (Tedeschi & Calhoun, 1995). When schemas are resilient or resistant to the shock of trauma, the potential for growth is lessened, which leads to Tedeschi and Calhoun's (1995) second principle, which is that certain assumptions are more resistant to disconfirmation by any event, and therefore reduce possibilities for schema change and growth. The third principle is that schema revisions after trauma must include some positive evaluation for growth to occur (Tedeschi & Calhoun, 1995). In other words, in order for growth to occur, some positive view of self, often through successful attempts at managing trauma, needs to happen (Tedeschi & Calhoun, 1995). Principle four states that different types of events are likely to produce different types of growth (Tedeschi & Calhoun, 1995). Depending on the source of the traumatic experience, a person may need to adapt their schemas of self, other, or the world in a way that allows for growth (Tedeschi & Calhoun, 1995). For their fifth principle, Tedeschi and Calhoun (1995) write that personality characteristics, referenced above, are related to the possibility of growth. The sixth principle is that growth occurs when the trauma assumes a central place in the life story (Tedeschi & Calhoun, 1995). As trauma disrupts prior schemas of understanding the world, it creates an opportunity for a person to develop and/or revise their life story narrative (Tedeschi & Calhoun, 1995). The traumatic event is often found in between the "before" and "after" narratives, with the before narrative often referring to naïve or incomplete understandings of things while the after narrative gives way for

comprehension, manageability, and meaning that they did not have prior to the trauma (Tedeschi & Calhoun, 1995). The last principle is that wisdom is a product of growth (Tedeschi & Calhoun, 1995). For Tedeschi and Calhoun (1995), wisdom is a product of experiences in the world and how people understand those experiences.

A few years after publishing their initial book, *Trauma and Transformation: Growing in the Aftermath of Suffering,* Tedeschi and Calhoun edited a book with Park (1998) titled *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis*. In the opening chapter of the latter, they highlighted new literature and research that expanded their definition of post-traumatic growth from an outcome, as previously conceptualized, to both a process and an outcome (Tedeschi, Park, & Calhoun, 1998). In this chapter, they describe post-traumatic growth as a cognitive process that is initiated to cope with traumatic events that have an extreme cognitive and emotional impact on a person (Tedeschi, Park, & Calhoun, 1998). Viewing post-traumatic growth as an anti-thesis to post-traumatic stress disorder, Tedeschi, Park, and Calhoun (1998) define post-traumatic growth as "a significant beneficial change in cognitive and emotional life that may have behavioral implications as well" (p. 3). A later chapter, authored by Calhoun and Tedeschi (1998), provided a new functional-descriptive model of post-traumatic growth, highlighting the process of how a person sorts through prior ways of being and creates new ways of being that constitute growth. Here, they began to explore the process behind how post-traumatic growth happens, proposing that it is a cognitive process of re-ordering higher order schemas that is sparked by traumatic events (Calhoun & Tedeschi, 1998). In their more recent theorizing, pre-trauma personality traits are still considered important for how growth may occur, but Calhoun and Tedeschi (1998) examine the

process by which a personality trait is used rather than viewing personality traits as simply predictive of post-traumatic growth. Calhoun and Tedeschi (1998) continue to emphasize the process of rumination as important for how people cognitively make meaning of intrapersonal, interpersonal, and existential life. Social influences, integrating trauma into the life story narrative, wisdom, and introducing the concept of post-traumatic growth to instill hope with clients are also mentioned (Calhoun & Tedeschi, 1998).

Tedeschi and Calhoun (2004) later add that post-traumatic growth is most likely only experienced by older adolescents and adults, as a person needs more concretely developed or established schemas in order to experience disruption. Since children are still developing and making meaning of their experiences, they may not have rigid enough schemas to which trauma is disruptive enough for growth, defined this in way, to occur (Tedeschi & Calhoun, 2004). In addition to the above points that growth happens in the process of making sense of trauma, involves personality characteristics, use of various cognitive strategies, is linked with social support, and results in wisdom, Tedeschi and Calhoun (2004) revisit five domains in which growth is manifested: greater appreciation of life and changed priorities; more intimate relationships; greater sense of personal strength; recognition of new possibilities; and spiritual/existential development. They also note that continual recognition of distress may be needed for continual development of growth (Tedeschi & Calhoun, 2004). Similarly to Bloom (1998) above, Tedeschi and Calhoun (2004) highlight the potential for growth to happen on a social/group level and introduce the idea that growth may also occur after positive experiences. In other words,

a positive event might also not fit one's beliefs and may rupture someone's prior schemas, and thus, foster growth, although this idea is still underdeveloped.

Calhoun and Tedeschi (2006) summarize the five domains of growth listed above in to three broad categories of growth: changes in the perception of self, changes in the experience of relationships with others, and changes in one's general philosophy in life. Change in perception of self speaks to a person's changing image of self where they recognize their vulnerability as well as their strength to survive traumatic experiences (Calhoun & Tedeschi, 2006). For example, a client once reported heightened awareness to the dangers of walking alone at night following a sexual assault, which had implications for when and how she proceeded through her day. She also found a new appreciation for her ability to process and manage distressing feelings following the sexual assault, as after some time, she reflected that she was proud of herself for how far she had come and stated that she believed she could overcome distressing events that may present to her in the future. New possibilities, interests, and activities may also be reported (Calhoun & Tedeschi, 2006). For changes in the experience of relationships with others, Calhoun and Tedeschi (2006) note that people may report an increase in compassion for others as well as being more comfortable in sharing experiences, which both allow for deeper connections. The above mentioned client continued to be involved in sexual assault support groups and organizations following her treatment, as she reported that she found her experience helpful and wanted to provide the same support to others processing through traumatic events. Changes in one's general philosophy refers to people reporting a change in priorities and finding more meaning and value in life as a result of post-traumatic growth (Calhoun & Tedeschi, 2006). Often this type of growth

relates to finding or increasing spirituality as well as finding meaning in areas of life that had not previously been considered prior to the traumatic event. Tedeschi and Calhoun (1995) give an example of a young person who was paralyzed who decided to go to college. Although initially worried about having to ask for help, the person found that the act of asking for help was a conversation piece that allowed him to make contacts and nurture friendships with others. Rather than view his disability as a negative, his injury became a positive event in his life that fostered friendship development.

As noted earlier, Schaefer and Moos' (1998) model of post-traumatic growth involves enhanced social skills/interpersonal, enhanced personal resources/intrapersonal, and development of enhanced coping skills as the three positive growth outcomes. Enhanced social skills/interpersonal and enhanced personal resources/intrapersonal are similar to Calhoun and Tedeschi's (2006) categories of changes in the experience of relationships with others and changes in perception of self. Their third category, development of enhanced coping skills, is closely tied to adaptation and growth following adversity (Schaefer & Moos, 1998). "Cognitive coping strategies, such as focusing on positive aspects of the situation in order to minimize its psychological significance, may enable some people to emphasize the benefits of life crisis" (Schaefer and Moos, 1998, p. 115). They provide an example that unpredictability and lack of control over a physical illness may promote the use of cognitive coping strategies to find meaning and ultimately, gain some sense of control over the situation (Schaefer and Moos, 1998). Schaefer and Moos' (1998) model of potential growth also includes a contextual dynamic interplay between nature of the crisis, environmental resources, and how people perceive and cope with crises. The nature of the crisis, which is differentiated by duration (such as

long-term illness), intensity, scale (involving family and/or community), and shot-term

outcomes, may affect whether growth is possible (Schaefer & Moos, 1998). Social

support, positive family environment, community resources, and new life events are key

environmental resources following crises that affect coping and growth (Schaefer &

Moos, 1998). In addition to the personal factors listed above (self-efficacy, optimism, and

resilience), Schaefer and Moos (1998) list demographic factors such as age, marriage,

health status, and education as well as additional personal resources such as motivation,

prior crisis experience, self-confidence, easy going disposition, and ego-resiliency as

factors that may impact the opportunity for coping and growth following traumatic

experiences. Aldwin and Sutton (1998) also highlight demographics such as age and

developmental level at the time of trauma as influencing whether and how a person

grows.

  Janoff-Bulman's (2006) three areas for potential positivity following trauma are

strength in suffering, existential re-evaluation, and psychological preparedness. Strength

through suffering refers to the ways in which cognitive-emotional rebuilding can happen

following trauma (Janoff-Bulman, 2006). For cognitive-emotional rebuilding, a survivor

creates a new or revises an old inner assumptive world that allows them to feel safe and

comfortable once again, but must also account for the vulnerability they experienced

(Janoff-Bulman, 2006). The example of the client who adjusted her daily schedule as a

result of the dangers of walking around at night but also reported enhanced confidence

that she can endure future distressing events fits in to this area of growth. Existential re-

evaluation happens when a trauma victim is forced to make peace with the negative parts

of life and create new meaning after prior schemas of meaning and value in life are

disrupted (Janoff-Bulman, 2006). This area of growth speaks to the ways in which trauma survivors make peace with a less secure existence and begin to report heightened appraisals of the significance of their life (Janoff-Bulman, 2006). For example, a near death experience often forces a person to acknowledge the vulnerability and finiteness of human life, which develops to an appreciation for and fuller engagement in the time one has and relationships one has with others. Janoff-Bulman (2006) defines psychological preparedness as a psychological state that prepares a survivor for future tragedies and decreases the chances of re-traumatization. With schema development and change, they become more complex, reducing risk of psychological breakdown, disintegration, and terror in future tragedies (Janoff-Bulman, 2006). Put more simply, through the process of schema development and revision as a result of a traumatic experience, a person is less likely to experience the same amount of anxiety about a shattered assumption as they previously did and may recover faster as more complex schemas allow a person to adjust to and process distress more easily.

The three paragraphs below provide a less elaborative review of some alternative models to post-traumatic growth, although many of the concepts and areas of growth relate similarly to the models and areas of growth provided above. Aldwin and Sutton (1998) list four positive developmental outcomes in adulthood from childhood adversity; increases in coping skills, increases in self-confidence and self-esteem, changes in perspective, and increase in self-knowledge. Increases in coping skills includes the ability to differentiate between short- and long-term benefits, some intelligence and level of ego development, creativity, openness, and willingness to reflect on one's own motivations and behaviors (Aldwin & Sutton, 1998). Increases in self-confidence and self-esteem

typically develop after a person successfully survives a stressful event, which includes more than the physical survival but also the ability to continue on and maintain or develop interpersonal relationships (Aldwin & Sutton, 1998). For Aldwin and Sutton (1998), a changed perspective on life includes increased value on family and health following trauma, increase in spirituality, and more empathy for others. Lastly, increase in self-knowledge refers to cognitive and personal schema development following a traumatic event that shatters prior assumptions (Aldwin & Sutton, 1998).

Carver (1998) uses the term "thriving" to refer to growth opportunities following a traumatic event. Those growth opportunities are labeled as desensitization, enhanced recovery, and higher level functioning (Carver, 1998). Desensitization refers to the development of resistance, where a person is no longer affected by a traumatic experience while enhanced recovery pertains to the ability to bounce back more quickly than in previous experiences with trauma (Carver, 1998). Carver (1998) highlights the importance of subjective reporting in higher level of functioning, which is compared to levels of functioning pre-trauma.

Coming from a spiritual framework, Pargament, Desai, and McConnell (2006) write that spirituality at an intrapersonal, interpersonal, and divine level may contribute to distress following trauma or post-traumatic growth. Intrapersonal refers to the ways in which people struggle to maintain faith and make sense of why bad things happen while interpersonal refers to conflicts that may arise in social support networks when people are struggling to maintain faith (Pargament, Desai, and McConnell, 2006). Divine struggles are doubts about the existence of a higher power (Pargament, Desai, and McConnell, 2006). Characteristics of the trauma, coping resources, and a person's spiritual orienting

system contribute to whether a person struggles with spirituality in each of the above mentioned areas and whether faith is diminished, maintained, or grows following traumatic events (Pargament, Desai, and McConnell, 2006). These authors also state that spirituality is often overlooked or oversimplified during times of stress, although it has been found to be helpful in coping with anxiety, providing meaning in life, and offering connections with others and a higher power.

In all of these models, while there is consistently an interpersonal aspect of growth that is considered, there has been little research done in reference to how interpersonal or relational growth happens, especially in comparison to the amount of research done on the intrapersonal (personality and cognitive coping) and existential (meaning making) domains. The last part of this section will review critiques of post-traumatic growth models before proceeding to promote an alternative, one that incorporates relationality, understanding of growth.

Critiques of post-traumatic growth.

Some researchers critique the validity of post-traumatic growth and review what are referred to as "illusionary" components of post-traumatic growth. For example, Park (2004) refers to post-traumatic growth as stress-related growth. While Park (2004) believes that stress-related growth exists, she argues that growth needs further investigation in to both the way it is defined as well as how it is measured. To date, growth has been measured by assessing a person's *perceptions* of growth and scales have been created by categorizing those perceptions, but Park (2004) argues that growth as a construct needs to be further developed. She asserts that since there is not a cohesive phenomenological understanding of growth, a lot of research is producing differing

results (Park, 2004). In addition to defining growth and creating assessment measures based on more than self-reported perception of growth, Park (2004) lists growth in relation to adjustment, stressor event severity, personality traits, social support, and cultural considerations as additional areas of study that are necessary such that stress-related growth might be cohesively defined. Park (1998) also argues that people may report growth as a way of coping with stressful events (i.e., the self-perception of growth itself might be a coping mechanism, versus a reality) and that coping in this way could lead to growth by opening up possibilities for the person (i.e., a self-fulfilling prophecy).

Maercker and Zoellner (2004) critique Tedeschi and Calhoun's model of growth, writing that constructs and psychological processes in their model are ambitious and difficult to operationalize. They write that current models of post-traumatic growth are based on broadly termed functions of mental health (i.e., complicated cognitions and assumptions of well-being) and propose that self-reported growth may be in part, illusionary (Maercker & Zoellner, 2004). Rather than view post-traumatic growth from already established concepts on psychological suffering and well-being, they propose that post-traumatic growth models should also consider potential for distortion of beliefs when faced with threatening circumstances (Maercker & Zoellner, 2004). Instead of viewing self-perceived (i.e. subjective in nature versus objectively defined by scientific methods) growth as negative or maladaptive, consistent with Park's (2004) view, Maercker and Zoellner (2004) write that illusionary growth may be way of coping with trauma immediately following the event. While adaptive and potentially useful in coping with trauma in the short term, Maercker and Zoellner (2004) write that more reality-based cognitive schemas should increase while illusionary components (i.e., self-perceived

growth), should decrease. Also, as long as the illusionary component of growth does not hinder an individual from acknowledging distress and negative consequences of trauma and does not hold a person back from cognitive processing, Maercker and Zoellner (2004) do not predict any long-term negative implications of the illusionary component of growth.

McFarland and Alvaro (2000) write that threatening experiences may prompt social comparisons that are favorable to the self. To expand on this idea, McFarland and Alvaro (2000) define temporal comparisons as those of the present self to the past or future self. Their work focused on how people compare their present self to their past self in two ways: by altering perceptions of the past self or altering perceptions of the current self in ways that reflect positively on the current self. While difficult to objectively define and measure, motivated illusions and exaggerations of positive temporal change may be a way that people cope with distressing thoughts and feelings, potentially labeling it as growth (McFarland & Alvaro, 2000). In one study, McFarland and Alvaro (2000) compared self-perception reports of improvement with objective observer reports of improvement and found that victims' perceptions of self-improvement may reflect motivated illusions towards self as improved (i.e., were discrepant from observer reports). In a second study, they compared pre-reports of self to current reports of self and perception of past self and found that people distort their perception of past self when they are motivated to preserve the self in threatening situations (McFarland & Alvaro, 2000). Results of a third and fourth study supported their hypotheses that self-enhancement motives may affect how people temporally compare their current self to their past self by distorting their past perceptions of self or enhancing their current

perceptions of self. Results also suggest that people tend to distort their perceptions of past self toward self-enhancement when they are experiencing negative feelings from a traumatic event (McFarland & Alvaro, 2000).

Harvey, Barnett, and Rupe (2006) write that growth, as understood primarily from Tedeschi and Calhoun's model, does not encompass ways in which people may report change or better functioning post-trauma. In other words, the ways people talk about their post-trauma experiences may not match the criteria established in Tedeschi and Calhoun's commonly used Post-Traumatic Growth Inventory, which will be further elaborated below (PTGI; Tedeschi & Calhoun, 1996). Additionally, how trauma is defined and categorized in Tedeschi and Calhoun's model may not be inclusive to all the ways in which people report trauma and growth (Harvey, Barnett, & Rupe, 2006). Tennen and Affleck (1998) also debate whether post-traumatic growth is more truly a perception of self-improvement and whether post-traumatic growth can be operationally measured. However, Tennen and Affleck (1998) agree that construing benefits (i.e., perception) of growth following adversity may lead to personality change. For Tennen and Affleck (1998), there are important considerations that need to be made into the ways in which personality may not be consistent through the process of trauma and growth and the development of personality traits as a result of trauma and growth. Rather than view personality as specific and consistent, Tennen and Affleck (1998) propose that differing personality traits may be evoked depending on the situation as well as what is important to the person at the time of the traumatic event. Additionally, life narrative, which evolves and unfolds with revision over time, is an important aspect in how people shape and find identity (Tennen & Affleck, 1998).

Pals and McAdams (2004) elaborate on Tedeschi and Calhoun's appreciation for the life story narrative. They state that, rather than just being given a quick reference, the life story narrative component of post-traumatic growth should be considered as the fundamental framework of post-traumatic growth and that assessing the narrative accounts of growth may be the best way to assess post-traumatic growth (Pals & McAdams, 2004). The first steps in narrative processing are cognitive acknowledgement of the negative emotion surrounding the trauma and looking out for resistance to this followed by constructing a positive ending to the traumatic story (Pals & McAdams, 2004). According to Pals and McAdams (2004), personality traits similar to those described by Tedeschi and Calhoun (1995) and social support are contributing factors to reconstructing narrative stories. Additionally, Pals and McAdams (2004) highlight the importance of considering cultural narratives that may impact the potential for growth.

Consistent with Harvey, Barnett, and Rupe's (2006) argument above, as well as this project's thesis, Tedeschi and Calhoun's (1996) Post-Traumatic Growth Inventory (PTGI; freely accessible for review through https://www.careinnovations.org/wp-content/uploads/Post-Traumatic-Growth-Inventory.pdf) does not assess for the complex and subjective ways in which a person may report growth following one or many traumatic experiences, including relational growth. Although seemingly providing a wide range of opportunities for capturing growth, the twenty-one questions are designed to assess the five specific domains of growth as defined by Tedeschi and Calhoun (1996; i.e., Relating to Others, New Possibilities, Personal Strength, Spiritual Change, and Appreciation of Life).

Consistent with medical model approaches to research, the PTGI is made as simplistically as possible to try to capture what are believed to be the objective aspects of PTG, and, although their labels for growth areas suggest they are "objectively" defined and universally understood, there is a lot of room for subjective interpretation of many of the words within the questions, including words such as "self-reliance," "sense of closeness," "compassion," "stronger," and "better" as well as each of the five domains of post-traumatic growth as defined in above sections (Tedeschi & Calhoun, 1996). Additionally, due to the dominant influence of cognitive and behavioral theories on the field and culture in general, one may interpret the growth domains through cognitive and/or behavioral lens rather than additional aspects of being. For example, one may answer number eight on the PTGI, "I have a greater sense of closeness with others" in terms of a sense of an actual physical closeness to others or an increase in the number of people they are in contact with due to increased social support following a traumatic event rather than a relational closeness that represents a deeper, more authentic, affective connection to others.

At this point, an extensive review of post-traumatic growth literature has been provided. While each model varies in defining post-traumatic growth and authors differ in how they conceptualize how growth happens, as has already been argued, in all of these models the social support, emotional, and relational aspects of post-traumatic growth remain underdeveloped. In what follows, it will be argued that what is underdeveloped in these models is central to an alternative understanding of trauma and post-traumatic growth from a constructivist perspective, specifically Experiential Personal Construct Psychology (EPCP), which is an elaboration of George Kelly's

(1955/1963) Personal Construct Psychology (PCP). A brief overview of PCP is provided in the next section before turning to a more detailed explanation of EPCP and trauma.

Personal Construct Psychology

George Kelly's (1955/1963) personal construct psychology proposes that "every man is, in his own particular way, a scientist" (p. 5). With this, Kelly (1955/1963) writes that "the scientist's ultimate aim is to predict and control" (p. 5). While scientific ontologies and epistemologies might interpret this to mean prediction and control of naturalistic or inherent essences of the human behavior or the world, Kelly argues opposite to this. Rather, each man is motivated to "predict and control the course of events in which he is involved" (Kelly, 1955/1963, p. 5). Each human, or scientist, holds their own theories and viewpoints that they use to experiment and ultimately predict and control their own subjective realities (Kelly, 1955/1963). Subjective realities are complex, contextual, historical, and contribute how a person understands relations within self, interpersonally, and with the world/environment (Neimeyer, 1995).

In reference to objective versus subjective reality, it is important to note that Kelly's theory is not looking to uncover what is really there or establishing an objective fact (Epting & Paris, 2006). Kelly (1955/1963) notes that, "the substance which he construes does not produce the structure; the person does" (p. 50). Personal Construct Psychology views people not as "near-sighted bystander[s]" to the world, but rather, as a part of the world, each with their own perceptions (Kelly, 1955/1963, p. 8). While radical constructivists argue that there is no reality to be discovered (Leitner, 2009), critical constructivists acknowledge a real world as existing but view reality as constructed or co-constructed and subject to an infinite variety of constructions (Leitner & Epting, 2001).

Additionally, "a person cannot know the world directly; it always exists just beyond the meanings created to understand it" (Leitner, Faidley, & Celentana, 2000, p. 191). Experiential Personal Construct Psychology (EPCP; elaborated below) falls in line with critical constructivists, where a real world is acknowledged, but more attention is focused on how a person's construction of that real world is useful to the person rather than true to an objective reality (Leitner, 2009).

The way in which people anticipate, predict, and control events is through personal constructs (Kelly, 1980). Constructs are "patterns," or "ways of construing the world," that enable one to make a choice about how to be in any given moment (Kelly, 1955/1963, p. 9). Construing, according to Kelly (1955/1963), means "placing an interpretation" (p. 50). Kelly's theory emphasizes the importance of how people interpret their worlds in order to understand how meaning is given to their world (Epting & Paris, 2006). As indicated above and to further clarify, Kelly writes that, "the construct is an interpretation of a situation and is not itself the situation which it interprets" (Kelly, 1955/1969, p. 109-110).

Constructs are bipolar meaning dimensions developed through idiosyncratic construing of the ways in which things are alike and, at the same time, different from other things (Kelly, 1955/1969). Kelly (1955/1969) carefully describes that how things are categorized as alike and different is determined by the individual, as there is no natural (i.e., reality, essence) of the thing. Instead, the reality of the thing is employed by the person (Kelly, 1955/1969). As such, each person individually gives shape and expression to their world (Epting & Paris, 2006). A being, from the beginning, is engaged in an ongoing process of personal meaning making (Epting & Paris, 2006). Epting and

Paris (2006) write that in Personal Construct Psychology, people are understood as continuously making meaning in a world that is always changing and coming in to being. Evolving meanings are what actually produces the world that is coming in to being (Epting & Paris, 2006).

Although often declared as a cognitive theory, Kelly (1955/1963) argued against the notion that Personal Construct Theory falls in to any particular domain of psychology. In thinking of the construed nature of all things, including psychology, Kelly (1955/1963) wrote, "there is no *learning*, no *motivation*, no *emotion*, no *cognition*, no *stimulus*, no *response*, no *ego*, no *unconscious*, no *need*, no *reinforcement*, and no *drive*" (p. xi). Warren (1990) proposes that Personal Construct Psychology, with its own uniqueness, developed in the phenomenological tradition, focusing on meaning and intentionality of consciousness. Consistent with phenomenology, the terms noted in the above quote (as essences of human behavior) "evaporate," as Personal Construct Theory proposes these terms come to be and are utilized to make meaning of the world, individually and subjectively (Kelly, 1955/1963, p. xi). Rather than focusing on input (objective reality) or output (a function of mental/information processing), Personal Construct Psychology focuses on meaning giving and how a person is naturally immersed in a world of meaning (Warren, 1990). One may also view Personal Construct Psychology as experiential as it proposes that meaning-making is a fully embodied process (Kelly, 1955/1963). In this way, construing is an experiential (involving the whole person) versus a cognitive process.

Constructivist theorists write that construction of self and other begins early in life, experientially, through caregiver relationships (Leitner, Faidley, & Celentana, 2000).

There is no underlying objective script for how a person construes events as similar or different from other events (Benjafield, 2008). Which construct is chosen to understand an experience is based on contextual revision of one's outlook (construction) that takes in to account the outcomes of previous experiences (Kelly, 1980). As people choose their own constructions of similarities and differences, they also must construe the outcomes of those constructions (Benjafield, 2008). If an anticipated outcome is correct in the construct's prediction, it is considered to be "validated" and if the construction fails to predict the anticipated outcome, it is considered to be "invalidated" (Kelly, 1955/1953, p. 158). How an experience aligns with anticipated outcomes in the construct chosen, determines whether one continue to use or alter his construction to better predict and control the outcome of new, similar experiences (Kelly, 1955/1963). Kelly (1955/1963) wrote that all constructs are subject to revision and replacement, and there are always alternative constructions available to help a person continue to make sense of and deal with the world. "Constructive alternativism" refers to the idea that no person is prescribed a certain set of constructs and each person is freely able to revise or alter constructions based on circumstance (Kelly, 1955/1963). This concept will reappear in the below section about EPCP as an alternative understanding post-traumatic growth.

Constructivist Understandings of Post-Traumatic Growth

Before presenting arguments for EPCP as an alternative, relational understanding of post-traumatic growth, a review of constructivist understandings of post-traumatic growth already written about is provided. Neimeyer (2006), Meichenbaum (2006), and Saakvitne, Tennen, and Affleck (1998) introduce post-traumatic growth from a constructivist lens. While these models do not introduce relationality in the way that

EPCP does, they do somewhat surpass cognitive understandings of post-traumatic growth, expanding on the ways in which people are active meaning makers and how that contributes to self-narrative development or growth. Additionally, they account for the ways in which all additional experiential components of meaning making, not just cognition, play a part in trauma and post-traumatic growth.

Neimeyer (2006), for example, emphasizes the importance of narrative clinical work with trauma, understood as a disruption in the self-narrative that necessitates a reconstruction. From a constructivist viewpoint, people make meaning of their experiences through storytelling, which organizes and provides a basic schematic structure for human thought (Neimeyer, 2006). Similar to concepts detailed above, Neimeyer (2006) categorizes three dimensions around which people form their self-narrative: personal, interpersonal, and social/cultural. Personal self-narratives are associated with identity and consider internal characteristics and constructs related to the self (Neimeyer, 2006). The interpersonal dimension captures the narrative of social support, referring to how people understand disclosing their stories to others and receiving feedback (Neimeyer, 2006). Neimeyer's (2006) final narrative category is the social/cultural, which refers to the ways societal assumptions contribute to self-narratives and vice versa. Disrupted self-narratives can be disorganized, disassociated, and dominant (Neimeyer, 2006). Disorganized self-narratives are described as happening when a traumatic event invalidates prior assumptive narratives of the world, while disassociated self-narratives are described as blocking or compartmentalizing the traumatic experience outside of the person's self-narrative as a form of protection of already established self-narratives (Neimeyer, 2006). The final self-narrative disruption is

referred to as "dominant," described as societal/cultural narratives given to a person following a traumatic event, although the person may not identify with the narrative given (e.g., a "rape survivor" narrative; Neimeyer, 2006). In addition to explaining how he understands self-narratives, Neimeyer (2006) provides clinical techniques to help understand self-narratives, self-narrative disruptions, and foster growth.

Meichenbaum (2006) writes that sense of self and the world are established through stories that we tell ourselves and others. As humans are inherently storytellers, how a person tells their story and how it is received can impact the ways in which people develop distress or growth following trauma (Meichenbaum, 2006). A person who experiences a traumatic event may have a hard time making sense of the event given their current meanings (Meichenbaum, 2006). Developing a more holistic and thorough view of thoughts and feelings following a trauma has been shown to decrease symptoms of distress (Meichenbaum, 2006). Telling one's story is a way to make meaning of not just the event that happens, but the person's interpretation of the event (Meichenbaum, 2006). In addition to how the story is told, how the story is received by others may have implications for how a person makes meaning of a traumatic experience (Meichenbaum, 2006). Meichenbaum (2006) suggests that people who think or behave negatively or receive negative feedback from others tend to develop chronic distress, while people who are able to engage in benefit finding, establish a future orientation, and construct a sense of meaning may be experiencing growth. Resilience, often described as a characteristic of growth, is differentiated from growth for Meichenbaum (2006) in that he defines resilience as engaging in non-negative thinking while growth, for him, refers to the ways in which benefit finding, establishing a future orientation, and meaning construction are

incorporated in to self-narratives. Going beyond a constructivist narrative perspective of resilience that considers the engagement of non-negative thinking and coping behaviors for reconstruction of narratives, a constructivist narrative perspective on post-traumatic growth considers the experience of positive change following a crisis (Meichenbaum, 2006). Meichenbaum (2006) asserts that a person needs a safe and supportive environment to make sense of the traumatic experience, which leads to development/change, or growth, in their self-narrative in light of the traumatic event.

Saakvitne, Tennen, and Affleck (1998) propose that meanings attributed to experience, uniqueness of the individual, and cultural influences are considered important to how and why people adapt to traumatic experiences. Constructivist Self-Development Theory (CSDT) looks at how trauma affects self-development and defines personality development through the interaction between core self-capacities and constructed beliefs that shape perception and experience (Saakvitne, Tennen, & Affleck, 1998). CSDT also recognizes conscious (effortful) and unconscious (automatic) responses as components of the self and part of identity development and construction of meaning following trauma (Saakvitne, Tennen, & Affleck, 1998). Saakvitne, Tennen, and Affleck (1998) write that CSDT also approaches traditional assumptions about symptoms of trauma to be adaptive strategies of managing feeling and thoughts that threaten the integrity and safety of the self. In order to reflect the experiential and cognitive modes of organizing experience, Saakvitne, Tennen, and Affleck (1998) propose that there are five areas of self that are affected by trauma; frame of reference (usual way of understanding self and world), self-capacities (affective capacity and ability to relate), ego resources (ability to be self-observing and use cognitive and social skills to protect oneself and maintain

relationships), central psychological needs (constructs related to safety, trust, control, esteem, and intimacy), and perceptual and memory system (biological/neurochemical adaptations and sensory experiences). Although inclusive of the ways in which people are active meaning makers, these constructive models of post-traumatic growth still focus somewhat heavily on cognitive meaning making, through self-narrative development/change to understand what growth is. However, they do include components of relationality and provide some options for growth that incorporate other experiential components.

Experiential Personal Construct Psychology

Experiential Personal Construct Psychology (EPCP) is an approach to therapy that derives from Kelly's Sociality Corollary, which states, "To the extent that one person construes the construction processes of another, he may play a role in the social process involving the other person" (Kelly, 1955/1963, p. 95). This corollary and relational aspects of being are considered the most important elements to optimal human functioning in EPCP. An important distinction noted in Kelly's work is that there is a difference between construing things as another does and construing the other's construing process (Leitner & Faidley, 1995). Kelly (1955/1963) writes that rather than simply construing common understandings, one must be able to effectively construe and accept the other person's *way* of seeing things, their outlook, and interpersonal understandings. In EPCP, it is through a person's core constructs, the most important constructs regarding sense of self in relation, that one understands the construing process of another (Leither & Faidley, 1995). Construing process through core constructs rather

than construct content or less important constructs will continually be referenced throughout this section.

ROLE relationships.

EPCP psychotherapists believe that in order for a person to have a life filled with richness and meaning, deep intimate contact needs to be made with another (Leitner & Thomas, 2003). A person is a person in relation to others; therefore, being and meaning making cannot be understood outside of interpersonal relationships (Leitner & Thomas, 2003). Deep intimate contact with another is made possible through shared and validated core meanings of each person in relation (Leitner & Thomas, 2003). In EPCP, relationships based on mutual, deep revelation between self and other are termed ROLE relationships and are considered essential for meaning and richness in life (Leitner, Faidley, & Celentana, 2000).

ROLE relationships, capitalized to distinguish these relationships from the more superficial roles we play with others, are based upon sharing core meanings with another (Leitner & Thomas, 2003). Relationships based upon sharing these core meanings, which are considered the most central foundation of one's entire interpersonal world (Leitner & Faidley, 1995), involve each person experientially holding the central identity of the other person (Leitner & Thomas, 2003). Allowing another to access one's most central construing allows the other to validate vital definers of one's identity (Leitner & Faidley, 1995). The process of central identity and meaning making development through ROLE relating will be elaborated on throughout this section.

While a person's central identity and meaning making processes can be confirmed through deep intimate contact, they can also be invalidated (Leitner & Thomas, 2003). As

such, ROLE relationships come with risk (Leitner, Faidley, & Celentana, 2000). Invalidation of core constructs by another can deeply relationally injure a person and have serious implications for a person's sense of self, other, and relationships (Leitner, Faidley, & Celentana, 2000). Leitner (1985) writes that emotions arise from both validation and invalidation of constructs.

While validation evokes positive emotions for a person's being and meaning making, emotions such as anxiety, threat, fear, hostility, and guilt are examples of emotions that may arise due to invalidation (Leitner, 1985; see also Leitner, 1987). Leitner (1985) terms the emotions listed above as representations of the "terror" (p. 88) evoked when faced with the potential for invalidation or when invalidation of core constructs has occurred. As a result of the terror associated with and experienced as a result of invalidation of core constructs, people may choose to retreat from ROLE relationships in order to avoid and protect oneself from such a threat (Leitner & Thomas, 2003). Additionally, one may hesitate to expose central meaning making processes to an unknown other due to uncertainty about the possibility of validation or invalidation (Leitner & Faidley, 1995). While retreating from ROLE relationships may prevent invalidation of core constructs, it also "leaves one vulnerable to issues of meaninglessness" (Leitner, 1985, p. 95).

ROLE relationships are a special way of relating to another that can be both awful and awe-ful because they both create an opportunity for deep connection and validation of core constructs and also come with risk for invalidation of a person's core constructs (Leitner & Thomas, 2003). Leitner and Faidley (1995) point out that the experience of validation does not eliminate the risk of potential terror. In fact, it is through validation

that one may risk even more central aspects of their construing process, and thus, more terror (Leitner & Faidley, 1995). "Engaging clients in that human struggle between the richness yet terror of true intimacy versus the safety yet emptiness of isolation is the central aspect of EPCP" (Leitner & Thomas, 2003, p. 258).

EPCP Diagnostic System: Diagnosing Human Meaning Making

As treatment is an application of theory, the diagnostic system being used must be relevant to the theory (Leitner, Faidley, & Celentana, 2000). As will be elaborated below, EPCP psychotherapists find little use in traditional diagnostic labels, as they do not understand the person as having inherent symptoms that can be categorized in to disorders, and thus, find these irrelevant to treatment. Rather, EPCP understands human struggles from how a person is negotiating ROLE relationships (Leitner, Faidley, & Celentana, 2000). Also, as EPCP therapists believe that clients always have the option of alternative constructions, and thus are always in a process of change, "transitive diagnosis," is of more use in construing possibilities for work in psychotherapy (Leitner & Thomas, 2003). "Transitive diagnosis involves arriving at a clinical understanding of the client that opens up possibilities for helping the client reinvent a meaningful life" (Leitner, 2001, p. 155). Thus, in this approach, a diagnosis is used only as a means of helping a client continue to evolve and elaborate their systems of meaning (Leitner & Thomas, 2003). Concerned not only with where a person is, transitive diagnoses are concerned with where a person is going (Dunnett & Miyaguchi, 1993).

Consistently, rather than view symptoms as something to gather for determination of a diagnosis, EPCP views symptoms as meaningful and informative in terms of how the person is navigating the terror of ROLE relating (Leitner, Faidley, & Celentana, 2000). In

this approach, symptoms are viewed as important communications from us, to us, and about us (Leitner, 1999). Leitner, Faidley, and Celentana (2000) describe a system of transitive diagnosis that accounts for "symptoms" in this way, by focusing on three interrelated components: developmental-structural issues, interpersonal components, and experiential components. Leitner (2001) highlights that the below elaborated system of diagnosing "combines a respect for the client's lived experience with potential pathways for helping the client transcend debilitating psychological injuries" (p. 155).

Trauma and structural arrests.

A fundamental task for children "is to develop the very basic constructs that are essential for later ROLE relating" (Leitner, et al. 2005). Core constructs, or central experiential graspings of self and other, develop early in life, mostly through interactions with primary caregivers (Leitner, Faidley, & Celentana, 2000). As EPCP ontologically assumes that people are fundamentally ROLE relationship seeking, people seek to understand themselves and others in pursuit of relational intimacy early on in childhood (Leitner, Faidley, & Celentana, 2000). Leitner (1997, July) describes that research on the construing process of children suggests that their construing is more simplistic, based in more concrete, physical understandings of self and others (for a review of this research, see Bannister & Agnew, 1977; Barratt, 1977; & Klion & Leitner, 1985). Due to more simplistic construing, events are understood in more simplistic ways (Leitner, Faidley, & Celentana, 2000). Constructs have limitations and sometimes events occur that are beyond a person's ability to construe (Leitner, 1999). For example, children often have concrete understandings of others, such as construing "mother" as "nurturer" (early on, this might be construed in a very physical sense, "mother" as the one who provides food).

An event such as physical abuse by the mother, then, would not fit within the child's basic construing of mother as nurturer, and may overwhelm the child in the sense that the event (the physical abuse) cannot be made sensical with such a basic understanding of "mother" (Leitner, 1999).

Leitner (1999) refers to events that overwhelm a person's ability to make meaning of it as traumatic. "Trauma," (p. 247) then, refers to a process of construing that is stuck (Leitner, 1999). Traumatic events are so severe and damaging to the self that people attempt to stop further damage by "freezing" or "suspending" their construing related to that and other similar events (Leitner, 1999). While traumatic events can surely happen in adulthood, children are considered more vulnerable to the freezing of the process of meaning making due to their more simplistic nature of construing, which is inherently less able to accommodate a wide range of experiences (Leitner, Faidley, & Celentana, 2000).

One response to trauma, again, understood as a "freezing" of the meaning making process (Leitner, Faidey, & Celentana, 2000), may be to no longer elaborate on meanings related to the traumatic event (Leitner, 1997, July). Thus, without revisiting and elaborating on those early meanings, a person may continue to construe self and other in more simplistic ways, potentially leading to further experiences of trauma (Leitner, 1997, July). Leitner (1997, July) labels the early "freezing" of construing as "structural arrests." Structural arrests are, "ways of experiencing the self and other, learned early in life, that limit the development of ROLE relationships" (Leitner, 1997, July, p. 14). EPCP details three levels of self-other meanings that may limit ROLE relationship development: self

versus other construing, self-other permanence, and self-other constancy (Leitner, Faidley, & Celentana, 2000).

Self versus other construing. Self versus other construing refers to distinguishing self from other (Leitner, Faidley, & Celentana, 2000). Without self versus other construing intact, one cannot begin to recognize the existence of others or connect to them in meaningful ways (Leitner, Faidley, & Celentana, 2000). Initial self versus other construction development derives from the "sensory-physical meaning system," or, in other words, pre-verbal, bodily construing (Leitner, 1997, July). To begin developing a sense of self versus other, a child uses the "skin barrier" to organize meanings around things/experiences that are inside versus outside (Leitner, 1997, July).

When a structural arrest happens prior to the beginnings of self versus other construct development or shortly into it, when the child is just only able to distinguish physical boundaries (me object vs. you object), ROLE relating will be difficult, if not impossible, as psychological boundaries, which are more complex, permeable, and changing than physical boundaries, are not yet construed (Leitner, 1997, July). In the case of construing self versus other only by physical boundaries, one may construe people as completely self-contained (objects) and runs the risk of simply bumping in to others rather than psychologically interconnecting, as is needed for ROLE relating (Leitner, Faidley, & Celentana, 2000). If frozen in this way of construing self and other, one may also lack insight into how actions of one person may impact the other (Leitner, 1997, July). Rather than relating with mutuality, a person may neglect responsibility for how their actions affect others and may not be able to understand the ways in which they are emotionally neglecting the other, ultimately resulting in profound emptiness and isolation

(Leitner, Faidley, & Celentana, 2000). When people relate at the physical (object) level of self versus other, they tend to use other to get needs met or meet needs in service of getting back what they need from the other (Leitner, 1997, July). As there is no person to person (subject to subject) connection, which is necessary for ROLE relating, the person is left feeling empty (Leitner, 1999).

     Self-other constancy. As persons are constantly evolving and changing, ROLE relationships need a sense of constancy to flourish (Leitner, 1997, July). Self-other constancy is, "the experience of self and other as stable despite variations in mood, personality, and behaviour" (Leitner, et al., 2005, p. 59). Without self-other constancy, a person may have difficulty integrating new experiences of self and other to create a whole sense of person (Leitner, 1997, July).

     Structural arrests at this level of development may limit a person's ability to construe an other as a person who is complex, and rather, the person is likely to construe the other more simply, in a more fragmented way, as the part that is being experienced at the time (e.g., all good or all bad; Leitner, Faidley, & Celentana, 2000). A person limited in development of self-other constancy, in bad times, tends to be unable to see the prior good times and good parts of the other (Leitner, Faidley, & Celentana, 2000). Relational depth, as needed for ROLE relationships, is limited when a person cannot construe the other as good and bad (i.e., in complex ways) at times of stress (Leitner, Faidley, & Celentana, 2000). Also, a person may struggle to view self as complex (e.g., both good and bad) during times of stress (Leitner, 1997, July). Similar to the fragility of self-other permanence development, self-other constancy construing can be disrupted or frozen during initial development or, later in life, which may present as in tact during times

when things are going well but challenged when things are stressful (Leitner, 1997, July). Correspondingly, when and how the structural arrest happens during self-other constancy development results in variance in clinical presentation.

Self-other permanence. As ROLE relationships necessitate commitments over time, one cannot ROLE relate until they have developed a sense of self-other permanence (Leitner, 1997, July), which refers to, "the experience of the self and other remaining intact and enduring despite physical distance" (Leitner, et al., 2005, p. 58). Without self-other permanence development, a person may experience the other as ceasing to exist when outside of one's awareness and, alternatively, one may experience the loss of a sense of self when the other is present (Leitner, 1997, July). At this level of construing, a person likely fears separateness in relationships, as, for them, there is no other out there who cares for, loves, and is invested in them when the other is not present (Leitner, Faidley, & Celentana, 2000). Additionally, if one is unable to maintain self-permanence in the other's presence, they may feel terror in connection, as they lose themselves in contact with the other (Leitner, 1997, July).

During the period of self-other permanence development, a child's construing is in a fragile state in the sense that they are only able to maintain self-other permanence while things are good, calm, predicable, and understandable (Leitner, 1997, July). In other words, during this developmental period, as these meanings are forming and becoming more solid, a child can grasp self-other permanence as long as things are not too complicated or stressful (Leitner, Faidley, & Celentana, 2000). If life were to become too stressful and a child is thrown into a world of chaos and terror, their ability to

consistently experience a sense of self-other permanence may be challenged, resulting in a potential freezing of meaning making (Leitner, 1997, July).

As mentioned above, adults are also susceptible to trauma and freezing. Even with the development of newer and revised constructions (i.e., the person did not freeze early in life, but rather, continued to grow and elaborate meanings), a person may utilize old ways of construing in times of stress. In this case, a structural arrest of self-other permanence construing may present as a person who is seemingly healthy while life is calm and peaceful but extremely disturbed during times of stress (Leitner, Faidley, & Celentana, 2000). In addition, the person may express guilt over failed potentials, of not quite living up to the potential they exhibit during less stressful times (Leitner, 1997, July). Leitner (1997, July) writes that self-permanence or other-permanence may develop at different times but may also develop simultaneously, resulting is variance of symptomatology depending on where and how a person's structural arrest happens.

Interpersonal components.

As others both validate and invalidate a person's hypotheses about the world (Walker, 1993), social interaction with others is important (Kelly, 1955/1963). Attachment to others, through self and other construct development, is closely related to dependency construing, as others come to be seen as a vital source, first, of survival, and then, of validation to a person's meanings (Leitner, Faidley, & Celentana, 2000). Dependency construing forms in very early stages in life, as one is literally dependent on the other to feed and care for them for survival (Leitner, Faidley, Celentana, 2000). "Dependency," while often viewed as a negative, is not inherently bad from this perspective, but rather refers to the normal human need for others to validate or invalidate

predications about the world, which is a vital part of developing more complex construing processes (Kelly, 1955/1963).

Secure attachments, closely tied to dependency construing, require ongoing development of self-other construing (Leitner, Faidley, & Celentana, 2000). When self-other construing is suspended or not fully developed, attachments tend to be insecure (Leitner, Faidley, & Celentana, 2000). This section will elaborate an EPCP understanding of insecure attachment/interpersonal styles that people use as attempts to dissolve feelings of emptiness in a life lacking ROLE relationships. In EPCP, problematic dependency construing is understood in three ways: under-dispersed dependency, excessively dispersed dependency, and dependency avoidance. Although the word "problematic" is used, EPCP also understands these interpersonal styles as a way to retreat from the terror of ROLE relating, thus serving a purpose of protection even if limiting the ways in which a person can truly feel validation and meaning within ROLE relationships (Leitner, Faidley, & Celentana, 2000). Leitner et al. (2005) clarify that ROLE relationships develop out of a true caring for the other. When the other is used as a means to an end for the purpose of reducing one's own feelings of emptiness, as is often the case in problematic dependency construing, a person is not ROLE relating (Leitner et al., 2005). This section will also elaborate on ways in which EPCP understands how people retreat from ROLE relating.

Dependency construing. In under-dispersed dependency construing, a person places their dependencies on one or a limited number of others (Leitner et al., 2005). By not dispersing their dependency needs to a number of others, a person relies on a select one or few to validate their needs; however, as one person cannot possibly validate all

needs of the other, they also put themselves at increased risk of invalidation by the person they rely on most for validation (Leitner, Faidley, & Celentana, 2000). With under-dispersed dependency construing, a person may also struggle to tolerate the other's separateness (Leitner, Faidley, & Celentana, 2000).

In contrast, excessively dispersed dependency construing happens when a person allows many people access to core construing without considering the potential for these others to invalidate their core construing (Leitner et al., 2005). In an attempt to fill the need for validation, they often leave themselves open to profound invalidation, as they expose the most central aspects of themselves to many who could harm them (Leitner, Faidley, & Celentana, 2000). They also prohibit their ability to truly ROLE relate as their energy is used in search of validation rather than being spent establishing ROLE relationships (Leitner, Faidley, & Celentana, 2000).

Dependency avoidance construing describes a person who does not allow others to access their central meaning making and may view a need for validation as a weakness (Leitner et al., 2005). A dependency avoidant person does not relate based in mutual reciprocity (Leitner, Faidley, & Celentana, 2000). Instead of viewing some level of dependency as healthy, as needed for ROLE relating, the person denies themselves and the other the opportunity to reciprocate validation of core construing (Leitner, Faidley, & Celentana, 2000).

Distancing. Related to dependency construing, the two ways in which EPCP understands the retreat from ROLE relating are physically distancing and psychologically distancing (Leitner, Faidley, & Celentana, 2000). With physical distancing, a person may literally flee the relationship when connection is present or remain too close so that the

separateness needed for ROLE relating is not possible (Leitner et al., 2005). People who physically distance may not tell their partners that they are leaving or may be unwilling to decrease physical distance between themselves and their partner as a way to continue to retreat from ROLE relating (Leitner, Faidley, & Celentana, 2000).

Psychological distancing refers to denying or objectifying the other (Leitner et al., 2005). In psychological distancing, which is much more common than physical distancing, one may physically stay present but objectifies the other as a means to an end (Leitner, Faidley, & Celentana, 2000). A person who psychologically distances may not be willing or able to see the other as their own evolving and subjective entity (Leitner, Faidley, & Celentana, 2000).

Experiential components.

Leitner and Pfenninger (1994) describe nine personality characteristics that individuals who are able to develop and sustain ROLE relationships commonly exhibit; discrimination, flexibility, creativity, responsibility, openness, commitment, courage, forgiveness, and reverence. These are understood to be integrated processes within an optimally functioning person and are elaborations of empathy (Leitner & Pfenninger, 1994). While not static, these concepts help the therapist gain deeper understandings of how a person's experiential meanings underlie struggles in ROLE relating (Leitner, Faidley, & Celentana, 2000). As ROLE relating is essentially empathic, through construing another's construing process and engaging in interpersonal actions based on that construing, the therapist is using these concepts to understand the more nuanced components of the empathic process that leads to ROLE relating or prevents a person

from establishing intimate connections (Leitner & Pfenninger, 1994). The remainder of this section will elaborate on the nine experiential components.

   Discrimination. As stated in Kelly's (1955/1963) individuality corollary, "Persons differ from each other in their constructions of events" (p. 55). Discrimination refers to the ability to construe differences between people as well as evaluate how differences may impact an individual (Leitner & Pfenninger, 1994). Leitner & Pfenninger (1994) write that ROLE relating may be difficult, or potentially impossible, between two people who differ too much in their core constructs. Since ROLE relating has the potential for mass disconfirmation and fundamental affirmation, discrimination is used to anticipate the ways in with others may injure or affirm one's own construing (Leitner, Faidley, & Celentana, 2000). In this experiential component, a person anticipates ways in which others may affirm or injure their core construing so that they may either choose to enter in to ROLE relationships when a healthy, mutually satisfying relationship is possible or may choose not to risk ROLE relating with another if the potential for injury is high (Leitner, Faidley, & Celentana, 2000).

   Leitner and Pfenninger (1994) write that people may have problems discriminating in two ways: under-discrimination and over-discrimination. Over-discrimination refers to a person who excessively discriminates, using even small differences in construing as a way to avoid ROLE relating, while under-discrimination refers to a person who does not tend to discern that another's construing is different, even vastly different, from their own, and thus is more likely to engage and experience invalidation (Leitner & Pfenninger, 1994). Both types of discrimination are considered retreats from ROLE relating as the person either does not risk their core construing, as

needed for validation and ROLE relating, or overly risks their core construing, leaving them vulnerable to invalidation by others who may not be appropriate (Leitner, Faidley, & Celentana, 2000). An optimally functioning person is able to discriminate between someone who is likely to invalidate them and someone with whom it is safer to engage in a ROLE relationship (Leitner & Pfenninger, 1994).

Flexibility. As persons are constantly evolving and changing, it is essential that individuals have the ability to reconstrue others in ROLE relationships (Leitner & Pfenninger, 1994). Flexibility refers to "the ability to construe alternative constructions" (Leitner & Pfenninger, 1994, p. 122). Based in Kelly's (1955/1963) ideas of permeability, the ability to embrace new elements in a construct, and hostility, the refusal to reconstrue even when invalidated.

Leitner and Pfenninger (1994), write that the optimally functioning person has the flexibility in construing to allow for the evolving and changing nature of the other without being excessively permeable or hostile. Also, flexibility does not mean one has an "anything goes" psychological relativism or impermeable constructs, but rather, involves the ability to hold one's meaning and the other's meanings in one's awareness, simultaneously (Leitner, Faidley, & Celentana, 2000). If inflexible, or hostile, a person may construe the other using fixed constructs, no matter the circumstance or ways in which the other is an individual with their own construing process, as well as how they may evolve or change (Leitner, Faidley, & Celentana, 2000). Excessive flexibility, on the other hand, is similar to permeability and refers to a person allowing others' construing to take control such that they lose their own sense of things in the process (Leitner, Faidley, & Celentana, 2000).

Both of these extremes of flexibility tie in with discrimination. For example, a person who over-discriminates may apply the same constructs to each relationship they enter without considering the ways in which people construe differently, how they evolve, or the risks or potential benefits of ROLE relating with different people (i.e., inflexibility contributes to over-discrimination), and a person who under-discriminates overlooks these considerations (i.e., excessive flexibility can lead to under-discrimination; Leitner, Faidley, & Celentana, 2000).

Creativity. In addition to being flexible, a person must be able to create new ways of understanding the other as they evolve and grow (Leitner & Pfenninger, 1994). Creativity is the ability to create new ways of understanding the other (Leitner & Pfenninger, 1994). According to Kelly (1955/1963), creativity is a process of loosening and tightening constructions, also known as the creativity cycle. In order to invent new ways of experiencing relationships, as needed for ROLE relating, a person must be able to loosen precision of their constructs of the other (Leitner & Pfenninger, 1994). When this happens, constructs are fluid and less precise, allowing for new and unique ways of understanding of the other that may not have been accessible when the constructs were tightened (Leitner & Pfenninger, 1994).

The process of tightening involves choosing a new construct and tightening construing around the new understanding to test out the implications (Leitner & Pfenninger, 1994). Validation of the newly created and tested constructs is an important part of construing the other as constantly evolving and growing (Leitner, Dunnett, Anderson, & Meshot, 1993). Leitner and Pfenninger (1994) note that there is also a risk of invalidation during the creation and testing of new constructs that may lead to retreat

from ROLE relating. A person may have difficulty during either process of loosening or tightening. When a person has difficulty loosening or tightening construing, they are not able to create new ways of understanding the other, who is continually evolving and changing, and thus, is limited in ROLE relating (Leitner & Pfenninger, 1994). While there are risks involved, the optimally functioning person is able to create new ways of understanding the other as they evolve (Leitner & Pfenninger, 1994).

Responsibility. Responsibility is, "the willingness to examine one's own construct system and its implications for others" (Leitner & Pfenninger, 1994, p. 124). Since EPCP holds that meanings are created in the *between* of person and other or person and environment, each person holds responsibility for the meaning he or she creates (Leitner, Faidley, & Celentana, 2000). In ROLE relationships, both people are understood to mutually create the relationship (Leitner & Pfenninger, 1994).

A person may avoid responsibility by attributing all parts of co-constructed meanings to the other and, on the other hand, a person may take all the responsibility for co-constructed meanings, both of which limit ROLE relating (Leitner & Pfenninger, 1994). Leitner and Pfenninger (1994) give an example of a person who attributes all of their struggles to an underlying disease that is yet to be discovered, making it difficult for the client to take personal responsibility for some of the ways in which they may have contributed to their problems. On the other side, they give an example of a client who took full responsibility for the failing of their marriage, which induced significant distress for the client as well as denied the partner their role in the failed marriage (Leitner & Pfenninger, 1994). In either case, one creator of the co-constructed meanings is denied their part in the ROLE relating process (Leitner & Pfenninger, 1994), as well as the

between that is vital to meaning making (Leitner, Faidley, & Celentana, 2000). An optimally functioning person is able to understand the ways in which they are responsible for meaning, the ways the other or context is responsible for meaning, and the ways in which meanings are made *between* (Leitner, Faidley, & Celentana, 2000).

> ***Openness.*** Openness is the, "willingness to reconstrue when invalidated" (Leitner & Pfenninger, 1994, p. 127). ROLE relationships require being open with the other and being open to the results of one's interpersonal ventures (Leitner & Pfenninger, 1994). In this way, a person is aware of the potential they have to invalidate the other as well as the other's potential to invalidate their own construing even while they open their core construing to the other (Leitner & Pfenninger, 1994). In order to gain access to each other's core constructions and engage in ROLE relating, each person must allow the other to access core constructs, at the risk of invalidation (Leitner & Pfenninger, 1994).

> Hostility, as cited above, can pose problems for ROLE relating, as the terror involved in risking invalidation may cause a person to avoid opening their core construing to another (Leitner, Faidley, & Celentana, 2000). Also, being too willing to reconstrue when invalidated is also problematic for ROLE relating as the search for validation may manifest as a person desperately taking on the other's meanings while invalidating their own (Leitner, Faidley, & Celentana, 2000). Openness in an optimally functioning person typically progresses over time in ROLE relationships, as a person cannot open their core constructs to just anyone, especially before they know a little about the other to whom they are exposing themselves (Leitner & Pfenninger, 1994). Openness starts by searching for similarities in more minor aspects of construct systems between two people, followed by deeper revelations when validation is experienced

(Leitner & Pfenninger, 1994). Additionally, an optimally functioning person learns to limit their involvement with persons who are likely to invalidate them at deeper levels (Leitner & Pfenninger, 1994). Leitner and Pfenninger (1994) write that "such a filtering process allows for reciprocally open relationships based on mutual validation and security" (p. 128). As can be seen from this description, openness is also directly related to discrimination, flexibility, and responsibility.

Commitment. As ROLE relationships involve a decision to invest in the other over time, they require commitment (Leitner & Pfenninger, 1994). Commitment is, "the willingness to validate the other's process over time" (Leitner & Pfenninger, 1994, p. 129). This experiential component is a source of both richness and difficulty as a person needs to be willing to maintain the level of contact necessary for ROLE relationships in the future (Leitner, Faidley, & Celentana, 2000).

A person may struggle to commit over time when faced with potential invalidation, resulting in a tendency to have short-term relationships and deny the richness of deep, mutual affirmation over time (Leitner, Failey, & Celentana, 2000). Problems with commitment may also manifest in people who have trouble projecting the self in to the future (Leitner & Pfenninger, 1994). Leitner and Pfenninger (1994) write that a person who struggles in this way may do things in the short-term for instant gratification that are destructive to the ROLE relationship rather than consider the implications of those actions. Also, a person may overly commit despite acknowledgement of the ways in which people evolve or change, possibly warranting the need to retreat from that specific ROLE relation (Leitner, Faidley, & Celentana, 2000). Optimal functioning with commitment presents as a willingness to sustain a level of

contact necessitated in ROLE relating where richness and difficulty are a possibility (Leitner & Pfenninger, 1994).

Additionally, successful ROLE relationships involve commitment in the sense that within ROLE relationships, the other may validate the other's process in the moment but invalidate the other's process in the future, as meanings are continually evolving (Leitner & Faidley, 1995). However, combating the terror one may feel when invalidated, commitment allows a person to continue risking ROLE relating when invalidated as there is a history of validation of from the other, especially when that history includes a validation of core construing and the invalidation may be to a less important construct (Leitner & Faidley, 1995). Commitment over time in which there is a history of validation of the other's construing process may combat the risk of terror when invalidation of constructs of content, or those that are not core construct, happen (Leitner & Faidley, 1995).

Courage. Due to the meaningful yet terrifying nature of ROLE relationships, it takes courage to engage in ROLE relating (Leitner & Pfenninger, 1994). The willingness to engage in ROLE relating, despite being previously invalidated or experiences of fear, threat, and terror, is the definition of courage (Leitner, Faidley, & Celentana, 2000). Due to the impermanence of human relationships, all relationships will inevitably face some sort of devastation (Leitner & Pfenninger, 1994). However, courage encompasses the ability to continue to engage in ROLE relationships despite the terror involved and despite previous invalidations (Leitner, Faidley, & Celentana, 2000). This does not mean that a person engages in ROLE relating naively, rather, a person engages with consideration of the risk involved (Leitner & Pfenninger, 1994).

A person may lack courage in that they retreat from ROLE relating when faced with terror or due to previous experiences of invalidation. On the other hand, also problematic, one may deny any fear or threat and engage in relationships with a high risk of invalidation (Leitner, Faidly, & Celentana, 2000. As ROLE relationships involve a willingness to open oneself up to scrutiny, an optimally functioning person opens themselves up despite the terror it provokes but does not deny the potential threat involved (Leitner & Pfenninger, 1994).

   Forgiveness. Forgiveness is defined as, "reconsturing the self and other such that major invalidations are not allowed to hinder engaging in ROLE relationships" (Leitner & Pfenninger, 1994, p. 132). While nothing dictates that a person must forgive and reestablish a ROLE relationship with an invalidating other (Leitner & Pfenninger, 1994), people do need to find ways of living with pain and injury of invalidation that allows them to continue to risk ROLE relating more generally (Leitner, Faidley, & Celentana, 2000).

   If a person is unable to forgive, at least for the sake of future relationships, they are limited in the ability to ROLE relate (Leitner, Faidley, & Celentana, 2000). Opposite of a lack of forgiveness, if a person forgives too easily without considering the injury and the implications to their core meaning, they are dishonoring themselves (Leitner, Faidley, & Celentana, 2000). In addition to not allowing major invalidations to prohibit future engagement in ROLE relating, an optimally functioning person is also able to take responsibility and commit to reconstruing his or her own contribution to the injury of another (Leitner & Pfenninger, 1994).

Reverence. The final experiential component is reverence. Reverence is, "the awareness that one is validating the core ROLE process of the other" (Leitner & Pfenninger, 1994, p. 133). According to Leitner and Pfenninger (1994), reverence is intimately tied to reciprocity in ROLE relating. An optimally functioning person appreciates the other's construing and willingness to open themselves up (Leitner & Pfenninger, 1994). Reverence is one of the more highlighted experiential components of EPCP, as revering refers to not just understanding constructs or meanings, but appreciating the very process of a person's meaning making (Leitner, 2001).

In this way, a person holds the life-soul of the other in their hands, and, by understanding the process of meaning making, they are able to access the other's hopes, dreams, greatest fears, experiences, courage, etc. (Leitner, 2001). The person is aware that they are holding another's heart and soul respectfully and gently (Leitner, 2001), while appreciating the courage it takes to risk ROLE relating and understanding why one may need to retreat from ROLE relating (Leitner & Pfenninger, 1994). When challenged in the ability to affirm and appreciate the "awe" of the other, a person is limited not only in ROLE relating but also in their ability to revere oneself in the same manner (Leitner, Faidley, & Celentana, 2000). Additionally, it is through the reverential relationship, based in profound intimacy and a sense of separateness (Leitner, 2001), that transformation and healing happens (Leitner & Faidley, 1995).

Leitner and Pfenninger (1994) also write that transpersonal reverence, a revering of all people for their unique humanness, develops after experiencing interpersonal reverence in ROLE relating. In the process of transpersonal reverence, people begin engagement in actions for the greater good of humanity, as they see all persons as worthy

of care and equal consideration (Leitner & Pfenninger, 1994). For more on interpersonal and transpersonal reverence, see Adame & Leitner (2009), Leitner (1999), Leitner (2010), and Leitner (2012). The final section will review the ways in which EPCP may be understood as an alternative understanding of trauma and post-traumatic growth.

EPCP and Post-Traumatic Growth

Although Tedeschi and Calhoun, and other researchers with similar models, acknowledge the need for broader, alternative understandings on post-traumatic growth, research continues to follow traditional, objective, scientific methods towards understanding the phenomena. Current models are trying to understand the phenomena by defining what it is and generalizing data into objective categories for measurement, which is heavily influenced by cognitive and behavioral theories. In an attempt to predict and control factors associated with growth following trauma, current research does not acknowledge the subjective nature of perception and meaning-making or how growth occurs relationally (i.e., as a relational vs. intrapersonal process). Additionally, while more traditional models acknowledge experiential components (i.e., social support, affect, and interpersonal relationships) that affect what happens following trauma, by utilizing medical model, empirical approaches to understanding these phenomena, they are not able to fully incorporate subjective experience.

Rather than focus on objective measures of growth in cognition or behavior, EPCP focuses on subjective and experiential measures of growth in relationality. EPCP allows for exploration of subjective meaning-making of traumatic experiences. This allows one to understand the many ways in which a person may suspend or freeze meaning making in context of the many influencers that may affect how or why a person

construes as they do. Instead of understanding trauma as overwhelming how a person thinks about the world to assure safety, EPCP understands trauma as overwhelming how a person makes sense of the world, in relation to other, that accounts for all of the components of experience that a person has when construing.

Not only does EPCP address limitations of cognitive models of post-traumatic growth, but the theory also opens up alternative understandings of the human experience. As EPCP holds that ROLE relating is essential for meaning and richness in life, EPCP's perspective on post-traumatic growth incorporates the relationality that is often left out in post-traumatic growth models, integrating the ways in which a person makes meaning, develops, and grows in relation to other. Instead of solely trying to operationalize personality characteristics, cognitive schemas, and coping strategies for human functioning and growth, EPCP introduces relationality as the foundation of human experience and, as such, implies that post-traumatic growth both happens in relation to others and also results in changes in relationality. As growth happens in different ways, models of post-traumatic growth ought to account for growth in all aspects of life. EPCP helps close the gap in existing models by offering an understanding of complex trauma and growth from a relational perspective. The last part of this section describes an EPCP conceptualization of the process of post-traumatic growth, beginning with constructive alternativism, followed by levels of awareness, and wrapping up with growth within the EPCP diagnostic system.

Constructive alternativism.

First and foremost, constructive alternativism (the indefinite option to construe new meanings that is foundational to Personal Construct theory) allows the client and

therapist to maintain hope that at no point is a person stuck in one particular way of being. As construing and reconstruing new meanings allow for further elaboration of systems of meaning, constructive alternativism promotes perpetual growth of meaning making systems and forms the basis for the PCP/EPCP belief that a person is constantly evolving (i.e., growing). While meaning-making may initially freeze or be suspended, in reaction to overwhelming experiences and deep relational injury from invalidation, ultimately, elaborating on relational meanings and receiving validation of newly construed or reconstrued meanings is what promotes relational growth.

Levels of awareness.

Over the lifetime, a person develops a complex system of hierarchically organized constructs (Leitner, Dunnett, Anderson, & Meshot, 1993). Superordinate constructs are those that are more permanent and play a central role in the process of construing while subordinate constructs are less important (Leitner, Dunnett, Anderson, & Meshot, 1993). "Core constructs, among the most central of the superordinate, are very difficult to alter because they maintain a person's sense of identity and feelings of continuity in existence" (Leitner, Dunnett, Anderson, & Meshot, 1993, p. 5). In addition to levels of hierarchically organized constructs, some meanings are not intellectually obvious to the person or therapist. Potentially labeled as unconscious or repressed in other treatment modalities, alternatively, EPCP understands constructs that are not cognitively accessible as constructs that are at lower levels of awareness. Leitner (2007) notes that some meanings are easily accessible while others are tougher to get at and may rarely show themselves to awareness, although most lie somewhere in between the extremes. EPCP especially highlights core constructs that may be at a lower level of awareness, however, EPCP does

not view constructs that are at a lower level of awareness as negative, as one might if working from other traditions that use terms like unconscious or repressed (Leitner, 1999). Rather than view experiences that are difficult for a client to articulate as either unconscious or repressed, EPCP recognizes varying levels of awareness in experiences that a client may hold and uses those varying levels to understand what a client may be unable to articulate (Leitner, 1997, July).

In EPCP, raising awareness of construing that is at lower levels is important and considered an elaboration of meaning-making. As the goal of therapy is to elaborate construing, moments of increased awareness of how a person construes and the implications of that construing, which were previously unrecognized, is an important component of post-traumatic growth from this perspective. These particular types of moments are representative of post-traumatic growth as they are elaborations of construing that foster development and growth across various experiential levels of construing (e.g., increased awareness of developmental structural arrest may facilitate growth in the area of dependency construing, etc.), or allow for changing representation of meaning (i.e., from pre-verbal to verbal) that facilitate growth through an increased ability to share meaning and connect with others.

With awareness into previously unarticulated construing, a person is able to make changes or approach previously avoided experiences and thus, grow. Leitner, Faidley, & Celentana (2000) write that when we "listen" to "symptoms" as "communications to us, from us, and about us," we can more fully understand what they mean and allow ourselves to express those underlying meanings/construings in alternative, healthier ways (i.e., another form of growth/elaboration of meaning). It is important to note that although

a person may bring construing to a higher level of awareness (i.e., conscious cognition), construing begins at an experiential level, including affective and interpersonal experiences, prior to cognition. Therefore, treatment approaches need to consider the experience prior to the cognition (e.g., to focus on experiential, non-verbal, and preverbal meanings symbolized by words/thoughts, but not synonymous with them) for post-traumatic growth from this perspective. Additionally, EPCP acceptance of varying levels of awareness allows one to begin to understand how a person's construing process came to be, and thus, shaped development, as Complex PTSD theories argue is needed.

EPCP diagnostic system and growth.

Post-traumatic growth, from prior reviewed models, is an enhancement in functioning as a result of the struggle in making sense of trauma. EPCP is fundamentally growth focused, as the hope is always for elaboration of meaning-making, and the EPCP view of health, or optimal functioning, involves a person who is continually in process of development. What is beneficial about EPCP though is that, rather than objectively measure growth as it pertains to cognitive and behavioral categories as set by Western ideals of functioning, EPCP fully recognizes all aspects of human experience involved in meaning-making and defines optimal or enhanced functioning as determined by the unique subjectivity of the individual. In this way, EPCP allows for growth in many areas, as it pertains to the person in need. Additionally, EPCP ontologically believes that people are relational beings and provides a guide for how one may grow relationally. A person may experience growth in all or any level of the EPCP diagnostic system (i.e. trauma/structural arrests, interpersonal/dependency construing, and experiential components). While growth in all three levels of the diagnostic system would be ideal,

any change on any level, in the direction of greater ability to engage in intimate connections with others, is considered growth in EPCP.

Growth at the trauma/structural arrest level would be comprised of "unfreezing" of the fundamental construing process related to self and others (i.e. structural arrests) that was "frozen" for prevention of further injury to self due to an experience of trauma. "Unfreezing" can happen in any of the three areas in which structural arrests happen (i.e., self versus other construing, self-other permanence construing, and self-other constancy construing). An "unfreezing" in self versus other construing might look like an elaboration of meaning making process that allows one to understand the other as their own subjective entity and to reflect on the ways in which using the other as a means to an end does not actually promote mutual relationships or fulfillment and meaning in life. Self-other permanence "unfreezing" might consist of an awareness that, in search for validation, they have neglected the sense of separateness that is needed for both partners in a ROLE relationship. Finally, a self-other constancy "unfreezing" would appear as a more complex understanding of the other as a whole being, with good and bad parts, that the person is now able to recognize and use for evolvement of deeper ROLE relationships or for appropriate retreats as a result of excessive risk.

The second level of the EPCP diagnostic system contains the interpersonal components/dependency construing. At this level, again, a person can evolve meanings pertaining to any of the dependency construing struggles noted above (under-dispersed dependency, over-dispersed dependency, and dependency avoidant). For example, growth might happen when a person realizes that they have been relying on one or few others to meet relational need (under-dispersed dependency), which limits the possibility

for others to meet their relational needs and results in excessive risk of invalidation from the one from whom they seek validation. In awareness of this, a person may begin to see the ways in which this strategy has resulted in injury and also objectifies the other such that they can begin to be open to the possibility of ROLE relating. When a person opens their core to anyone due to an excessive need for validation (i.e., over-dispersed dependency), rather than carefully knowing and selecting others with whom they will intimately engage, they have objectified the other and, likely, frequently felt the pain of invalidation. Growth in this sense, might involve learning not to objectify others as a means of gratification of need for validation, as done in both over- and under-dispersed dependency.

Dependency avoidance refers to retreating from all ROLE relating as a means of protecting the self. However, when avoidant, one cannot elaborate meaning-making processes or experience validation of exposing their core to another that is needed for fulfillment and meaning in life. Growth here would be a person risking ROLE relation, likely because they have felt the emptiness and pain of a life full of retreat.

Risking ROLE relationships, means addressing the ways in which one problematically distances from relationships, both psychologically and physically, as is the case in all of these dependency struggles. Psychological distancing can take the form of objectifying others as well as many other strategies people use to remain physically close, yet emotionally distant from others. Growth in terms of physical and psychological distancing might be a reduction in unhealthy distancing by being more emotionally present in relationships or remaining, physically, and attempting to work through issues rather than leaving when there is trouble.

Finally, the experiential components also provide a lot of growth opportunities in EPCP. Above, I have already provided a review of each of these components as defined by Leitner and Pfenninger (1994). Each of the nine experience components (i.e. discrimination, flexibility, creativity, responsibility, openness, commitment, courage, forgiveness, and reverence) can be used to understand the level of functioning one has as it pertains to ROLE relating. As can be inferred from review of these components above, each works together towards optimal functioning in that, as a person elaborates their meaning-making process in conjunction with one component, multiple others are often implicated. This is the case for growth occurring at the other two levels of the diagnostic system as well. In this way, there are countless opportunities for growth that will vary depending on the person. The next paragraph will provide an example of how growth may happen as the experiential components build on and work together. However, again, as is also the case for the other two levels of the diagnostic system, growth may also happen in any one of these components, on its own.

Discrimination growth (construing differences between others and the consequences of risking ROLE relating) might look like a person enhancing their ability to see more clearly with who it is worth risking their core. In discriminating, one needs to be able to have flexibility, or the ability to construe alternative constructions. Without being able to construe alternative constructions, one may be fated to discriminate others as all alike and worthy, or not worthy, of ROLE relating. In addition to being able to construe alternative constructions, one needs creativity to continue to reconstrue self and other as they evolve and grow. Additionally, one needs aspects of openness to be able to reconstrue when invalidated, possibly as a result of the self or other growing and

evolving. This also applies to forgiveness, or the ability to reconstrue self and other such that major invalidations do not prevent future ROLE relating. Continuing to engage in ROLE relating, with the help of prior mentioned experiential components, takes courage (a willingness to engage with the recognition of risk) and commitment (a willingness to engage in ROLE relating over time, even in the face of invalidation). Also, one must exhibit responsibility to recognize each person's contributions to the co-creation of meaning as well as how meaning is created between the two. Lastly, reverence, the awareness of mutual validation between two persons, and the "awe" that follows requires some participation from each of these components. In order to engage in ROLE relating that promotes reverence, one needs to have some sort of mastery in these components or at least the ability to evolve their meaning-making of them.

As mentioned earlier, this is one example of how these components may build on each other, but each person is their own meaning-making being, with their own experiences that impact how they construe as they do. As such, the process and specific areas of growth will look different depending on the person. An additional note about growth in experiential components is that these components are not all or nothing. In this way, a person may show gradual growth in one area as a result of growth in another area and, one may not need growth in one component at all. By using the experiential components to understand meaning-making processes, assessment of both a person's strengths and weakness (i.e. those more likely for growth) is possible.

Now that some examples of how growth may happen at each level of the EPCP diagnostic system have been provided, this paper will proceed with the how I measured growth in each of these areas, as EPCP suggests is possible. The results will provide

evidence of relational post-traumatic growth as well as research philosophical growth, of which EPCP theory made possible. Finally, the discussion section will review what the results revealed about what relational post-traumatic growth is, from an EPCP perspective, and the implications of this project for research and clinical work.

Chapter 3: Methodology and Method

Purpose

For this project, I conducted an autoethnographic study using personal journal reflections over three years of clinical training to offer an alternative understanding of post-traumatic growth. By using the Listening Guide (Gilligan, Spencer, Weinberg, & Bertsch, 2003) to analyze my experiences in graduate training, both personally and professionally, I was able to provide a tangible example of the process of post-traumatic growth from an EPCP perspective. My analysis highlights the ways in which learning and practicing EPCP, which involves developing ROLE relationships with one's clients, gave me the opportunity to grow in ways that I did not realize were possible previous to my clinical training. In addition to providing a structured example of how growth happens in EPCP, I also reflected on the limits of a field dominated by medical model approaches and addressed the implications on individual philosophy and growth from those perspectives. EPCP, with fundamental ontological and epistemological differences, is offered as a way to approach the limits within medical model worldviews and treatment.

Methodology

Qualitative research.

The approach to research should be determined by what is being investigated, what one wants to know about what is being investigated, and the best way to find this

out (Brooks & King, 2017). This project aimed to investigate the process of post-traumatic growth from an EPCP perspective and address limits within medical model approaches that dominate Western cultural worldviews about trauma. "The word qualitative implies an emphasis on the qualities of entities and on processes and meanings that are not experimentally examined or measured (if measured at all) in terms of quantity, amount, intensity, or frequency" (Denzin & Lincoln, 2000, p. 8). As I was studying the process of growth from an EPCP perspective, which values humans as meaning-making beings, I used a qualitative approach for this study.

Already highlighted in the literature review, medical model approaches value objectivity and are based on the ontological and epistemological assumptions of the natural sciences in contrast to more humanistic (i.e., human science) ways of understanding the human experience. Leitner and Phillips (2003) write that natural science approaches in the psychology field are becoming increasingly reductionistic, as methods of understanding and treating human suffering heavily focus on clients' areas of dysfunction (i.e., the DSM). Also, randomized controlled trials (RCTs) and manualized treatments aim to prescribe specified empirically based treatments (EBTs) for reduction of symptoms (Leitner & Phillips, 2003). However, human science approaches contrast with natural science, seeing clients as whole, growing, meaning-making beings, rather than a set of symptoms (Leitner, 2001).

Additionally, Faidley and Leitner (1993) write that while research has evolved to incorporate alternative forms of knowledge pursuit, quantitative research is still a driving force in the field that limits a researcher's ability to pursue research that aims to learn about personal or subjective knowledge. Quantitative research, often coming from

scientific epistemologies, aims to reveal an underlying "reality" of human behavior, by measuring the relationship between two phenomena (Faidley & Leitner, 1993). However, this type of research is not appropriate for researchers who aim to understand meaning in the human experience (Faidley & Leitner, 1993).

As I was more interested in understanding the process of change and growth, qualitative research afforded me the opportunity to explore the process of growth in a rich, meaningful, and personal way that kept with the ontological and epistemological assumptions of human science, including EPCP. EPCP differs ontologically and epistemologically from medical model approaches as it values ROLE relating as a fundamental for meaning creation and fulfillment in life and views subjective experience as essential for understanding human meaning-making. I became interested in this project on post-traumatic growth and EPCP because I also believe that relationships are fundamental to finding meaning and fulfillment. Through personal experience as a result of previous relationships that were abusive, avoidant, and not based in mutual recognition, I also recognize the ways in which retreating from ROLE relationships limits meaning and fulfilment in life. Epistemologically, I value the subjectivity inherent in meaning making (i.e., personal truths) and approach learning about myself and my clients holistically and contextually.

Qualitative researchers are often critiqued by those who ascribe to a natural science epistemology as they say that qualitative research has no way of verifying its truth statements; however, this critique can be seen simply as an attempt to privilege one version of truth over another and govern the process of inquiry (Denzin & Lincoln, 2000). As will be elaborated below, qualitative research, specifically ethnography and

autoethnography, offer researchers a unique opportunity to gain a deeper understanding of the subject of study (Muncey, 2010). In opposition to the push for researcher objectivity, Muncey (2010) argues that subjectivity actually enhances research, and Duncan (2004) writes that the subject view has become a gradually accepted platform for research. "Qualitative research focuses on human intentions, motivations, emotions, and actions, rather than generating demographic information and general descriptions of interaction" (Adams, Holman Jones, & Ellis, 2015, p. 21). Additionally, instead of denying or separating the researcher from the research or the personal from relational, cultural, and political influences (Adams, Holman Jones, & Ellis, 2015), qualitative research utilizes these subjectivities to more fully understand the topic being studied. I conducted a deep examination of my personal and professional growth through an analysis of my journal reflections. This type of analysis relies heavily on my subjective experiences as a clinical trainee and warranted a qualitative approach.

LeCompte (2000) describes qualitative research as analysis, or the process of taking large amounts of data (interviews, observations, documentations, etc.) and turning them in to usable results. The first step of analysis is tidying up the data collected, which allows the researcher a preliminary evaluation of the data (LeCompte, 2000). Step two of analysis for LeCompte (2000) is acknowledging items of significance in the data, which can be identified through repetition, omission, or prior declaration. After a researcher identifies significant data, the researcher proceeds by comparing and contrasting the different significant data in order to determine groups and categories vital to the data (LeCompte, 2000). The fourth step in qualitative analysis is creating patterns among the groups and categories the researcher has determined important (LeCompte, 2000). My

study implemented qualitative analysis by using the Listening Guide (Gilligan et al., 2003) to examine data and will go further to address the implications of an alternative approach to traditional understandings of post-traumatic growth. As I wanted to analyze personal data as well as addressed cultural implications through this new way of understanding post-traumatic growth, I conducted an autoethnography.

Method

Ethnography and autoethnography.

Often proposed in opposition to scientific or positivistic approaches to research, ethnography rejects the notion that empirical methods of understanding are the only legitimate research methods (Atkinson & Hammersly, 1994). Aligning with postmodern movements more generally, ethnography is a movement in research that acknowledges that multiple forms of knowledge exist and does not value one form of knowledge over another (Duncan, 2004). Also in line with constructivist theory, many ethnographers doubt that reality can be fully known and focus more on the process of constructing or creating (Altheide & Johnson, 1994). Ethnography and participant observation are argued to represent a unique humanistic, interpretive approach to research that utilizes participant recollections, points of views, and interpretations to understand rather than control (Altheide & Johnson, 1994).

A strong emphasis in ethnography is on exploring the nature of a phenomenon by investigating a small number cases, or possibly just one case, that analyzes data through explicit interpretations of meanings and functions of human actions (Atkinson & Hammersly, 1994). Additionally, ethnography tends to be directed towards contributing knowledge rather than solving practical problems (Atkinson & Hammersly, 1994). While

not producing quick solutions to problems, as desired in Western culture, Atkinson and Hammersly (1994) argue that the pursuit of knowledge, which seems to take longer to have effect, is no less worthy than research aimed at practical solutions.

Ethnography got its start from anthropologists in the 1900s when researchers' focus was to explore and describe the lives of "primitive" or "native" people (Duncan, 2004). Denzin and Lincoln (1994) described this type of field work as an observer going in to a foreign society and culture to study their customs and habits. Over time, interests have navigated ethnographers to research their own cultural contexts that were more selectively focused (Duncan, 2004). Still though, ethnographers are essentially outsiders seeking to understand the life of others by becoming an insider and participating in the research situation (Duncan, 2004). In response to the assumptions about person in context and how persons and culture are consistently in relation, unable to be teased apart, ethnography has adopted an alternative form of analysis that incorporates this assumption (Duncan, 2004).

Autoethnography is a qualitative method of research that uses autobiography and ethnography (Livesay & Runsen, 2018). "Autoethnography invokes the self (auto), culture (ethno), and writing (graphy)" (Adams, Holman Jones, & Ellis, 2015, p. 46). Rather than view data from an objective lens, autoethnographers acknowledge personal experience as influential in the research process (Ellis, Adams, & Bochner, 2010). Differing from ethnography, where the researcher is trying to become an insider in the research setting, autoethnography analyzes from the perspective of the researcher as the insider of their own particular context (Duncan, 2004). As the researcher decides who, what, when, and how a research study is conducted, autoethnographers accept and use

researcher subjectivity, emotionality, and researcher influence as part of the study (Ellis, Adams, Bochner, 2010). Additionally, autoethnography allows the researcher to use their experiences to reflect on how they work, skills that they learn, and how they came to develop the skills they use (Livesay & Runsen, 2018).

Autoethnography is not only descriptive, but also explanatory (Winkler, 2018). As such, autoethnographies do more than just tell stories, they also provide scholarly and justifiable interpretations based on evidence (Duncan, 2004). In other words, the autoethnographic account does not consist of only the researcher's opinions but also is supported by data that confirms those opinions (Duncan, 2004). Muncey (2010) argues that one cannot separate who they are from what they do and that we are observers and participants of our own experiences. From this assumption, autoethnographers are participants in the social context in which their experience takes place as well as an observer of their own story and its social location (Muncey, 2010). Autoethnography weaves the study of the self in with the object of study in which the researcher becomes both object and subject of the research (Hammond & Wellington, 2013). In this method, autoethnographers are both the researcher and researched (Muncey, 2010).

Finally, in order to better understand social phenomena and questions we have about experience, autoethnographers use personal experience to describe, understand, and challenge cultural practices and beliefs (Adams, Holman Jones, & Ellis, 2015). Autoethnographers embrace vulnerability in research as commitment to improving their own lives as well as other (Adams, Holman Jones, & Ellis, 2015). Winkler (2018) writes that autoethnography has often been criticized for including too much of the "auto" and not enough of the "ethno." However, unlike autobiography, autoethnography is

concerned with embedding personal account into cultural settings and is fundamentally concerned with understanding culture (Winkler, 2018). Winkler (2018) cautions autoethnographers to be careful not to overemphasize the "auto" and lose sight of learning about culture. Winkler (2018) also cautions autoethnographers to not focus too much on the "ethno," which slips into more traditional forms of ethnography. While it can be difficult to determine, Winkler (2018) argues that finding a balance between the "auto" and the "ethno" is an important part of any autoethnographic research study.

As this is an autoethnographic study, I used my personal, subjective experiences to understand what post-traumatic growth is and how it happens through an EPCP perspective. In addition, I explored the ways in which the medical model, in which Western culture, including that of mental health, is steeped, limits relational growth potential and how EPCP allows for a potentially less problematic and more useful understanding and approach to growth. As I am a researcher, living and practicing within a field dominated by the medical model, I proposed that my experience of growth, as both described by and because of EPCP, provided a concrete example of growth from a human science practice and perspective. With this, comes validation of my critique of medical model approaches to post-traumatic growth and provides readers with an enhanced understanding of relational post-traumatic growth.

Appropriateness of autoethnography for this study.

Hopefully, my reasoning for using autoethnography for this project is largely self-evident; however, I will further explain why I chose this method and how the project was conducted in the following sections. Adams, Holman Jones, and Ellis (2015) list four fundamental reasons for doing autoethnography: to critique, make contributions, and/or

extend existing literature and theory; to embrace vulnerability in order to understand emotions and improve social life; to disrupt and reclaim lost or disregarded voices; and to make research accessible to multiple audiences.

In an attempt to critique and expand on the limitations of current post-traumatic growth literature, this study utilized my personal experience to propose an alternative way of understanding how growth happens following trauma. Coming from a human science approach that incorporates subjectivity, as well as relationality, as it pertains to meaning and suffering in life, this study applied EPCP concepts to my personal experience of post-traumatic growth to extend EPCP theory into a new area. Additionally, autoethnography allowed for expansion of the current literature's understanding of post-traumatic growth. I already challenged cognitive understandings of post-traumatic growth and made an argument for the application of EPCP's fundamental assumption about relationality. In using my personal experience to highlight the ways in which this theory helped me understand my own suffering from trauma and how I experienced growth, I supported my argument that current scientific epistemological trends on understanding and addressing post-traumatic growth overlook vital components of human experience. To do this, I embarked on a vulnerable journey that helped not only in understanding my own personal growth, but used my experiences to help others apply these concepts to their own lives, as well as the lives of others.

Researcher information and purpose. I am a thirty-two-year-old, white female who completed my pre-internship training in Pittsburgh, PA. I am currently in my internship training in a rural town about two hours from my hometown in Indiana. I grew up in a rural town in Indiana where the population consisted of mostly white citizens in

lower socio-economic classes. My family, which consisted of my mother and father (separated), a step-mother, multiple step-fathers throughout the years, two full siblings, one half sibling, and two step-siblings, faced many challenges. Most of these challenges revolved around issues with a financial instability, substance abuse, and interpersonal conflict. In an attempt to save myself from abuse, as well as break generational abuse that seemed to have been passed down for many generations in my family, I was heavily involved in school activities, academics, and took any opportunity I had to remove myself from my home situation. Luckily, my involvement in these types of things eventually turned in to a full scholarship to college. Although initially frightened to leave the only world I knew, I quickly found myself feeling more comfortable in my new world, and, by sophomore year of college, I had stopped returning home for visits. While there have been visits since, I have mostly created a life for myself that is in spite of my childhood experiences and try to minimize any sort of involvement of my past life into my current life.

Presently, I am a doctoral student in a humanistic psychology program. While somewhat aware of the negative effects of abuse, it was not until my graduate training, when I began learning about relational ontologies and began reflecting on such concepts in relation to my own childhood experiences, that I came face to face with the effects of interpersonal trauma. There was an explicit moment, in one of my first clinical classes, where I remember completely breaking down. It was that moment when I began to understand how limited my life had been, relationally, and why I related in the ways that I did. As I progressed through training and therapy, I began to slowly, and more fully, understand myself. In my first year of my doctoral training, I was introduced to EPCP.

Although initially hard for me to comprehend, I found that throughout the semester, as I grasped the theory more and more, EPCP concepts provided me with the most complete understanding of myself, my relationships, and my suffering than I had known before. Additionally, my conceptualizations in work with my clients began to make more sense, and I was able to provide more effective treatment. As I continue to learn and practice EPCP, it continues to provide me with understanding, hope, and meaning. I believe that my graduate training in a humanistic program, and my training with EPCP, has help me grow relationally which has improved both my personal and therapeutic relationships. Partly as an attempt to show my gratitude for what EPCP has provided me, with the other part to give to others what I have been given, I wanted to conduct a study on my own growth from an EPCP perspective. Post-traumatic growth literature is limited, as I have argued, and this project serves to fill a gap that, consistent with my own experience, is needed.

Procedure

      Step 1: Data collection.

      Autoethnographers use participant observation, reflective writing, and gathering documents and artifacts for data collection (Duncan, 2004). Participant observation is one of the most important characteristics of autoethnographic work and relies heavily on self-reflection (Duncan, 2004). "Autoethnographies often begin as journal entries, narratives, poetry, blogs, or other forms of personal writing in which authors explore their experiences with the goal of understanding those experiences" (Adams, Holman Jones, & Ellis, 2015, p. 68). Duncan (2004) writes that ethnographic work usually entails gaining permission and access to the culture being studied but due to the nature of

autoethnography, with importance placed on personal researcher experience, issues usually present with ethnography are not issues for autoethnography, as the researcher is already fully immersed in the research situation.

Although this research study was not conceived at the time, I engaged in reflective and reflexive journal writing throughout my clinical training. In reading different psychology theories and utilizing personal experience to make sense of theory, I was challenged with looking back on relational experiences as well as exploring current relationships in reference to course material, which included both personal and therapy relationships. For these reflections, I was prompted to critically think and evaluate the material I was reading and reflect on my reactions to the material as is, or in relation to clinical work. As my institution promotes human science approaches, with a relational focus, many of these reflections also included reactions to the material and relationality. It is these reflections that I used for the analysis in this study.

Additionally, autoethnographies using personal experience provide insight into how a person makes sense of cultural norms, experiences, and practices and how/why some personal experiences are challenging, important, and/or transformative (Adams, Holman Jones, & Ellis, 2015). In my reflections, I often embodied the course material by applying concepts to my own, others', and my clients' lives, making sense of both the material and my personal experiences. I compiled 74 reflection journals that I completed over three years of graduate training for this project. See Appendix A for a detailed list of these reflections.

For autoethnographies, Winkler (2018) labels written notes, recorded material, and other collected data as "hard" data while "soft" data refers to memory data (recalled

events, conversations, feelings, experiences). The reflections I analyzed comprise my "hard" data, as they are actual written reflections. I used the Listening Guide method (Gilligan et al., 2003) for the analysis of that data (further elaborated below). Although there is a push for hard data in more traditional forms of research, Winkler (2018) notes that utilizing soft data stays true to the ontological and epistemological assumptions that make up autoethnographic research. "Soft" data are the recalled events, conversations, feelings, and experiences that are evoked during analysis of the "hard" data (Wrinkler, 2018). To create the "soft" data, I wrote and reflected on current feelings, thoughts, experiences, and memories as I analyzed the "hard" data. The "hard" data provided tangible evidence of my experience while the "soft" data was used critically analyze the "hard" data and pull the narrative story together at the end of the results section. As I was listening for what is beyond explicit words (i.e., process) and how my analysis was shaped by how I was interpreting my own growth, as well as how the data and EPCP are situated within current culture, my methods allowed me to yield a truly authentic autoethnographic work.

  Reflexivity. In order to compose my "soft data," I relied on reflexivity. Hammond and Wellington (2013) define reflexivity as an, "examination of one's own beliefs, judgements and practices during the research process and how these may have influenced the research" (p. 173). Altheide and Johnson (1994) write that one meaning of reflexivity is that, "the scientific observer is part and parcel of the setting, context, and culture he or she is trying to understand and represent" (p. 486). Reflexivity requires the researcher to reflect on and acknowledge their place in and impact on what is being studied (Richards & Morse, 2013). Muncey (2010) also argues that it allows a person to stand back and

reflect on different perspectives towards themselves. "Reflexivity consists of turning back on our experiences, identities, and relationships in order to consider how they influence our present work (Adams, Holman Jones, & Ellis, 2015, p. 29)."

Reflexivity, "the ability of a theory to account for the theorizing of the theorist" (Dunnett & Miyaguchi, 1993, p. 19), is an often neglected aspect of psychotherapy. Dunnett and Miyaguchi (1993) argue that psychologists often fail to consider themselves as humans that also fall under whichever theory they are practicing. In order to build theory, reflexivity directs the therapist to look in the mirror and apply to themselves the same constructs they are applying to the client (Dunnett & Miyaguchi, 1993). Additionally, reflexivity requires the therapist to relate to people on their own level, not from above or at a distance (Dunnett & Miyaguchi, 1993). This project was an action of flipping the mirror on myself as a psychologist in training and as a person.

This project highlights the ways in which EPCP is a relational post-traumatic growth model and validates EPCP theory by applying EPCP concepts to my life and developing clinical work. As a developing EPCP clinician, reflexivity requires the researcher to look at their involvement in ROLE relating both personally and professionally (Dunnett & Miyaguchi, 1993). Participating in ROLE relationships with clients requires that both participants be open to change, including therapist change which is often overlooked (Dunnett & Miyaguchi, 1993). Also, Leitner (1995) argues that, "the therapist is obligated to use the experience of being a therapist to continue his or her growth as a person" (p. 369). This project highlighted the ways in which engaging in ROLE relating with clients has not only created a deeper understanding of myself in relation, but also, how I have utilized this deeper understanding to make changes in my

personal interpersonal relationships and my ongoing relationships with clients (i.e., I understand myself more deeply, in part, due to my ROLE relating with clients and have been able to use that awareness to change/evolve/grow in both my personal and professional ROLE relationships).

Roller and Lavrakas (2015) write that a reflexive journal (i.e., the "soft data" for this study) is an invaluable resource as it can be used to review and judge the quality of the data gathering process as well as the researcher's interpretations during phases of analysis. Also, reflexive journals can provide details about what happened during the study for later use in defending the work (Roller & Lavrakas, 2015). In an example of a reflexive journal format, Roller and Layrakas (2015) provide questions for the researcher to answer after analysis that I used in my reflexive journal writing. Questions that I adapted and chose from Roller and Lavrakas (2015) to address specifically in my reflexive journals were:

- What do I think I know from this reading?

- How do I think I know it?

- Does this knowledge change or support my earlier assumptions and beliefs?

- And, to what degree are my emotions or feelings impacting the analytical process and my ability to interpret the data?

Over the course of seven months of data analysis, I wrote 52 reflexive journals as I completed the Listening Guide method for each time period. The length of the journals varied by the reflexive questions (above) being answered at the time; most were a half page to a page in length.

Arguably the same as autoethnographies according to Ellis and Bochner (2000), "in reflexive ethnographies, the researcher's personal experience becomes important primarily in how it illuminates the culture under study" (p. 740). In line with the purpose of the study, my experience of relational growth, through a human science approach to understanding people, and my ontological belief that relationality is what promotes living a full, meaningful life, aimed to illuminate the ways in which relational growth has allowed me to become more fully engaged in my relationships, and has brought meaning to my life. In more traditional approaches to post-traumatic growth, the relational component of growth is not taken into consideration as I believe it should. This is addressed in the ethnographic and narrative part of my results section as well as in the discussion section.

Step 2: Data analysis.

Research begins with events that turn us inside out (Adams, Holman Jones, & Ellis, 2015). In an attempt to maneuver through painful, confusing, and uncertain experiences, autoethnographers write with the intent to critique and change these events, both for the researcher and others (Adams, Holman Jones, & Ellis, 2015). Events that turn us inside out are those that prompt us to pause, reflect, and explore aspects of ourselves and others that we may not have explored prior to the event (Adams, Holman Jones, & Ellis, 2015). In other words, these events force us to look deeper into our taken for granted understandings, as they are often no longer useful in these inside out events. Using personal experience to understand more fully, deeply, and meaningfully (Adams, Holman Jones, & Ellis, 2015), autoethnographers focus specifically on "epiphany

moments" that are deemed to have particular influence on the researcher's life (Winkler, 2018).

Similar to Adams, Holman Jones, & Ellis's (2015) direction to use personal experience to understand more fully, deeply, and meaningfully, I used my course reflection assignments as an opportunity to apply concepts in the literature to my life and, more importantly, look deeper into the more challenging concepts. Often, with the deeper look, I found that the concepts I was struggling to understand and apply revealed taken for granted assumptions (i.e., those at a lower level of awareness or those rigidly construed) that were negatively influencing my ability to grasp and use the concepts. While the reflections for course assignments (i.e., the hard data for this study) did not explicitly express epiphany moments, my autoethnographic analysis revealed examples of subtle epiphanies happening at the time I was writing the course reflections (i.e., in the hard data) and while writing my reflexive journals (i.e., in the soft data). My experience of subtle epiphanies gained through deeper reflections is further elaborated in the discussion section.

Autoethnographic projects start from where the researcher is and begins to situate the researcher's story into existing writing and research on the topic as well as stories told by others (Adams, Holman Jones, & Ellis, 2015). Adams, Holman Jones, and Ellis (2015) suggest thematizing by reading through what they label as field notes, which I am referring to as my "hard data" (i.e., my reflection journals), searching for clues (repeated images, phrases, and/or experiences), and then assembling those clues into groups or categories. In addition to thematizing, analysis notices "characters" that appear and reappear (Adams, Holman Jones, & Ellis, 2015). Characters can be literal characters,

such as the researcher and others, as well as identities and subject positions (Adams, Holman Jones, & Ellis, 2015). The following section elaborates on how, specifically, I thematized and searched for subsequent character and subject positions.

   The Listening Guide. "An important assumption held by autoethnographers and qualitative researchers in general is that reality is neither fixed nor entirely external but is created by, and moves with, the changing perceptions and beliefs of the viewer" (Duncan, 2004, p. 4). As experiences are not frozen in time, Muncey (2010) also writes that researchers need creative devices for capturing growth and development. I believe that the Listening Guide (Gilligan et al., 2003) allowed me to capture the process of relational growth and development that I aimed to explore through this study.

   "The Listening Guide offers a way of listening that is designed to facilitate psychological discovery" (Gilligan, 2015, p. 69). Designed to be a way of coming to know the inner world of a person, this method of inquiry analyzes different voices that make up the collective voice of any given person, while recognizing that voices are always embedded within culture and in relationship with oneself and others (Gilligan et al., 2003). While sharing features with other qualitative research, the Listening Guide goes beyond by listening to the first person voice and for other different voices that apply to the research purpose, as well as how they interplay or offer a counterpoint (Gilligan, 2015).

   As indicated above, the Listening Guide explores the interplay of inner and outer worlds. It does so by establishing a contextual framework for understanding and interpretation (Gilligan, 2015). The contextual framework is provided by attending to internal voices and the interplay of these voices in an interview or text, the dynamics of

the research relationship, and the cultural setting of the research (Gilligan, 2015). In order

to examine qualitative text in more complex ways and give attention to the narrative, the

Listening Guide technique allows for multiple codings of a the same text (Gilligan et al.,

2003)."The Listening Guide method comprises a series of sequential listenings, each

designed to bring the researcher into relationship with a person's distinct and

multilayered voice by tuning in or listening to distinct aspects of a person's expression of

her or his experience within a particular relational context" (Gilligan et al., 2003, p. 159).

Engaging with unique subjectivity of the research participant requires an active presence

of the researcher (Gilligan et al., 2003).

Gilligan et al. (2003) write that the researcher refers to the analysis of the text as

"listening" (versus reading) because the process of listening requires active participation

of both the interviewee and the researcher. Additionally, listening guides the researcher in

tuning into the story as told on multiple levels (Gilligan et al., 2003). Each of these

multiple levels are tuning in to a particular aspect of the text (Gilligan et al., 2003). The

method comes from the assumption that the psyche, like the voice, is complex and that

multiple simultaneous voices are co-occurring (Gilligan et al., 2003). "The voices may be

in tension with one another, with the self, with the voices of others with whom the person

is in relationship, and the culture or context within which the person lives" (Gilligan et

al., 2003, p. 159).

While the Listening Guide traditionally follows a pattern of Listening for the Plot,

Listening for the I, and then Listening for Contrapuntal Voices (Gilligan, 2015), these

listenings were slightly altered for the purpose of the project, as described below. In

terms of the actual process, as Gilligan et al. (2003) state, "The listenings of each step are

rendered visual through underlining the text, using different colored pencils for each step," which is also how I conducted the process. The first listening, as in the traditional Listening Guide method, started by listening for the plot. For this step, I read through my journals to get a sense of what is happening, when, where, and with whom (Gilligan et al., 2003). As suggested by the creators of the method, I was paying particular attention to repeated images and metaphors and dominant themes. Gilligan et al. (2003) write that repeated images and metaphors, as well as dominant themes point to what is not explicitly expressed. Also as directed by the creators of the method, I listened for which larger societal context my journals were being told within.

Although I conducted the first listening as guided by traditional Listening Guide method, I adapted this listening to pay particular attention to relationality as it pertained to the plot. As my project was searching to uncover relational processes involved in growth, my first listening required a tuning into the story (i.e., plot) of my relational construing in order to set the stage for my subsequent listenings. As such, in the first listening, I looked for any moment of explicit reflection on concepts pertaining to relating, including examples of my approach and understanding of relating, as well as any reflection on how I construed the many different aspects of relating, hypotheses on why I construed a particular way, and how my relating affected me, my clients, and others in my personal life. I underlined these explicit moments with a purple colored pencil. After listening for relational construing and underlining, I typed the phrases underlined into a Word document and proceeded to the second listening of the time period at hand.

In addition to attending to the narrative as told through my reflection journals, I simultaneously attended to my responses to the narrative (i.e., reflexive journals; Gilligan

et al., 2003). I did this by typing quick reference notes in a Word document as I was listening. After completing the Listening Guide method on 2-3 reflection papers, depending on length and amount of data being underlined, I returned to my reflexive journal to complete thoughts from my notes and wrote about my reactions in relation to what I was writing. In particular, I attended to when I did and did not feel connected to a particular journal or topic, how I was or was not touched by the topic or journal, what thoughts and feelings came up and why I believed those thoughts and feelings were coming up, and how my responses may have been affecting how I was understanding what is being told in the journal (Gilligan et al., 2003). Although somewhat directed by the quick reference notes I had already typed in the Word document, the reflexive journals were written in a similar style as free association. By this, I mean I simply started typing my thoughts and feelings associated with the thoughts and/or topics I had noted quickly before. After freely writing and reflecting on feelings, as well as including those feelings in my journals, I referred back to my reflexive journal questions to ensure my reflexive journals were answering the questions I had adapted and chosen for that part of the analysis. I did this throughout the analysis of all time periods. In addition to detailing a tangible, personal process of post-traumatic growth from an EPCP lens, I found that the Listening Guide method itself and reflexive journal process promoted further growth.

Also consistent with the traditional Listening Guide method, the second listening was for the "I." As these are reflections of my own experiences, I listened for the part of me, or voice, represented by "I" statements in my reflection journals. The purpose of the second listening is to attune to the first-person voice and to hear how the person is

speaking about him- or herself and then to compile "I poems" (Gilligan et al., 2003). The

process begins by underlining each use of the word "I" within the journals along with the

verb or other seemingly important word within the I-phrase (Gilligan et al., 2003). Per the

original Listening Guide method, I underlined I-phrases that were followed by verbs in

order to capture how I was speaking about myself. I underlined I-phrases in a light blue

colored pencil. Depending on the content of the sentence, I also continued to underline

content that was helpful in revealing subjective construing. Per the Listening Guide

method, to create the "I poem," the analyzer pulls out the underlined phrases and placed

them on separate lines of a document, like a poem (Gilligan et al., 2003).

An important detail of creating "I poems" is to keep the "I" phrases sequential to

how they appear (Gilligan et al., 2003). To do this, I analyzed my journals in sequential

order, by date, from earliest to most recent. A sequential reading of my journals was

especially important for this project, as I wanted to highlight the growth as it occurred

over the time of my clinical training. Gilligan et al. (2003) write that this process of

pulling out and sequentially placing "I" phrases is meant to foster a free-fall of

association process. What often happens in doing this is that the "I poem" seems to

naturally reflect shifts in meaning and captures what is not being said explicitly (Gilligan

et al., 2003). Consistent with the process aim, as I was "listening" for I-phrases

(underlining text), I read the I-phrases out loud as I went, and I found that I had

emotional reactions to what I was reading aloud. When this happened, I typed a quick

reference note and later followed through in reflexive journaling as described above.

Prior to returning to my reflexive journal log to expand on quick reference notes, I typed

the I poems in sequential order as they appeared through the reflections in a Word document for later thematizing while I moved to listening three.

In a slight adaptation from the traditional Listening Guide method, I completed three additional listenings, one for each of the three levels of the EPCP conceptualization of human struggles, including trauma and development: structural arrests and self-other construing; dependency construing, distancing, and attachments; and the nine experiential components of optimal functioning. In the traditional Listening Guide method, the third listening is for what are called contrapuntal voices. Listening for contrapuntal voices aims to develop an understanding of different layers of expressed experience (Gilligan et al., 2003). Also, each additional listening, "brings the analysis back into relationship with the research question" (Gilligan et al., 2003, p. 164). Consistent with this, each of the three additional listenings was attuned to different layers of relational experience, as understood from an EPCP perspective.

Further, within each of these three listenings, there were also "contrapuntal voices" identified, meaning, at each level, experience is complex, so I "heard" multiple, sometimes contradictory, voices representing different aspects of my growth process. Gilligan et al. (2003) write that using the same document to listen for different contrapuntal voices allows the researcher to understand the ways in which multiple voices (multiple constructions) may be in harmony or opposition to each other. Consistent with this, at times I noticed a contradiction within my construing and was able to further explore and understand how my construing processes related or contrasted to one another, as well as how that affected how I approached ROLE relationships and the world. Additionally, many identical phrases from the listenings were representative of

many different kinds/areas of construing. Leitner, Faidley, and Celentana (2000) write of the many ways in which a person retreats from the terrors of ROLE relating among and within the three interrelated components of diagnosing human meaning making. This is exemplified in the results section (and is further elaborated in the discussion section) through phrases that repeat both across different listenings as well as within each listening. Further, as I used the same documents to underline markers of construing for each listening, there were many times in which the same section of text was marked by two or more colors (i.e., indicating different aspects of construing), highlighting the complexity and overlapping, interrelated nature of construing.

As noted in the paragraph above, the third listening was for structural arrests and self-other construing; the first level of diagnostic system proposed by Leitner, Faidley, and Celentana (2000). The literature review has already introduced the concept of structural arrests within EPCP as a freezing of the meaning-making process (Leitner, 1997, July). In this stage of analysis, I looked for both evidence of the freezing and the unfreezing of meaning-making processes that pertain specifically to self-other construing (i.e., construing of self versus other, self-other constancy, and self-other permanence). In this listening, I looked for evidence of structural arrests as well as the unfreezing of each kind of self-other construing in the process of growth. In describing the Listening Guide method, Gilligan et al. (2003) write that the researcher will also need to determine markers or decide how they will know when they hear a voice they are listening for. For the structural arrest listening, I began by looking for phrases or words that appeared to represent more rigid, simplistic construing, as it pertains to relationships and self-other construing, which represented "frozen" meaning-making. Consistent with this, the

markers, or kinds of things that might indicate a structural arrest or the presence of self-other construing were:

- For structural arrests: phrases that indicated an inability or unwillingness to do, agree with, or understand the topic at hand, especially those about relating.

- For self-other construing: phrases representative of how I construed myself, how I construed other, and how I construed moments/interactions between self and other.

- For evaluations related to permanence and constancy: phrases that represented evaluation of self or evaluation of other, including either/or type of construing as well as my ability to differentiate self-construing from other-construing and vice-versa.

While listening, I paid particular attention to the above markers and underlined them with a red colored pencil and made quick reference notes in my Word document when I felt a particular structural arrest or construing related to self or other was salient. Additionally, in subsequent time periods, I looked for phrases or words that represented an "unfreezing" of structural arrests already identified or thematized in some way that signified a new and elaborated way of construing self, other, or relationships. I typed the red underlined phrases in my Word document and, before proceeding to listening four, returned to my reflexive journals and elaborated on my quick reference notes.

As indicated above, in this adaptation of the traditional Listening Guide method, my fourth listening was for dependency construing (the second level of the EPCP diagnostic system, which builds from self-other construing; Leitner, Faidley, &

Celentana, 2000). Specifically, I listened for problematic interpersonal styles of under-dispersed dependency, excessively dispersed dependency, and dependency avoidance (Leitner, Faidley, & Celentana, 2000), which were reviewed above. I also listened for psychological and physical distancing struggles with insecure attachment and shifts toward less problematic distancing and more secure attachment experiences. Physical distancing was assessed by moments in which I wrote about a literal physical distancing of myself from others and psychological distancing was assessed by moments where I described an experience where I was being more cognitive or focused on personal reaction than actually connecting and relating. Here, I also listened for multiplicity of voices (i.e., evidence of all kinds of dependency construing as they pertained to different parts of my life and in relation to self-other construing). To identify moments of distancing and dependency, I paid particular attention to moments when I was reflecting on an interaction with another. Although not conscious at the time of writing the initial course reflections, when conducting the analysis, I had more awareness of what distancing and dependency construing was and how it affected my risk and retreat from ROLE relating. I underlined moments of risking and retreating from ROLE relationships with a green colored pencil and used these parts of the text as data exemplifying distancing and dependency construing. Consistent with all listenings, I made quick reference notes in my reflexive journal document as I listened, typed the underlined data in a Word document for later thematizing, and then returned to expand on my reference notes in my reflexive journals. Next, I proceeded the fifth listening.

Lastly, as indicated above, the final listening pulled from the third level of the EPCP diagnostic system, the experiential components associated with optimal

functioning (Leitner, Faidley, & Celentana, 2000). In this listening, I looked for markers that represent EPCP's definitions of all nine experiential components. As this listening looked for multiple experiential components, I approached this step a little differently by analyzing a paragraph at a time rather than a page or two at a time. To keep myself organized and be sure not to miss any important data, I created a reference document that provided a simple, two to three-word definition of each component. In my process, I read a paragraph and then referred to my reference document. If any experiential component was present in that paragraph, I returned to underline it in orange colored pencil. I also wrote on the actual hard data (i.e., course reflections), which of the nine experiential components was represented by the underlined text. Often, a sentence represented construing examples of two or more experiential components.

For discrimination, I looked for markers that represented the ways in which I construed others as all the same in regard to how they could validate or invalidate me in a relationship. Growth in discrimination was represented through phrases that indicated I could consider the risks and rewards of engaging in a relationship with different kinds of people, and the different implications of those considerations. Flexibility issues presented in text suggesting a rigid construing of self or other, whereas growth in this area was represented by new reflections on my construals of self or other, such as learning something new about myself in relation or being willing to construe other as something different than I had previously. Flexibility required both openness and creativity. In terms of creativity, I looked for evidence of loosening and tightening in the hard data. Loosening was represented by writing that presented and explored alternative constructions related to the topic of concern in the writing. Tightening was tied back to

the loosening process, and was reflected in the narrowing of alternatives related to the topic of concern resulting in a more certain, clear, and solid conveyance of new meanings that developed based on tested out new meanings. Issues with openness were marked by phrases that showed an unwillingness to re-construe the other and failed relationships, and growth in this area was represented by the willingness to re-construe other and prior failed relationships, as well as ongoing ones, when invalidation had been experienced. In the process of learning about myself and others, issues with responsibility were marked by phrases that indicated a tendency to hold the other or myself fully responsible for failed relationship, while growth was indicated by phrases related to taking personal responsibility, as well as allowing the appropriate amount of responsibility to the other, for the ways in which my relationships had failed or thrived. Problems with courage and/or commitment were marked by phrases suggesting an unwillingness to continue or re-engage in a relationship. Growth in the area of commitment manifested as statements reflecting an investment in the future and desire to continue to build ROLE relationships while growth in courage was represented by text indicating a willingness to risk ROLE relating despite the terror involved. Issues in forgiveness, intertwined with commitment, was exemplified by text indicating a retreat from ROLE relationships as a result of major invalidation in the past. Growth in forgiveness revealed data suggesting a re-construal of myself and others in such a way as to engage in ROLE relationships despite trauma or major invalidation in the past. Lastly, growth in the area of reverence was marked by moments where I described the "awe" of ROLE relating, with both my clients and in my personal relationships. Problems in this area were marked by instances of self-deprecation, lacking appreciation for others, and/or moments of focusing more on the

awful than "awe-ful" nature of relationships. Similar to my process in prior listenings, I typed quick reference notes in my reflexive journal document, typed the underlined phrases in my data document, and returned to my reference notes to expand in my journals.

After listening/underlining while reference noting, typing data in a document, and expanding my reflexive journals for all five listenings of one time period, I began thematizing and writing my results. As I wanted to avoid the possible impact of future time period analyses on how I thematized and wrote my results, as well as feeling overwhelmed with the amount of data, I decided to write each time period results section as I finished the listening for that time period prior to listening through the subsequent time periods. To write my results section, I began by reading back through my reflexive journals and pulling out themes that naturally formed. To clarify, they naturally formed through the reference notes, and later expanded reflexive journals, that came to be throughout the listening process. I did not have any pre-conceived themes into which I grouped the data, but rather, I used the data to create the themes. These themes were derived from topics I noted while listening and expanded on in my reflexive journals. After noting themes that appeared in my reflexive journals, I sorted the underlined phrases (tracked in Word documents) into the relevant themes. I then revisited each theme and expanded on how each data phrase was representative of the particular theme and what construing it represented.

Due to the nature of I-poems needing to be sequential, I thematized slightly differently for these listenings. As with the other listenings, I did not have themes in mind during the first time period but let themes organically come to be through the data and

reflexive journals. As I expanded on my emotional reactions through reflexive journaling, I was introduced to the non-explicit subjective voice, and the subjective voice's construing (i.e., my self-construing) was brought to my awareness. I used the emotionality within the subjective voice and moments of emotion reflecting on the subjective voice to capture shifts in meaning and thematize. I began by reading through my reflexive journals to comprise a list of themes. I re-read through the sequential I phrases and pulled out sections (usually between 4-10 lines long) that revealed something about the way I was construing. I then placed those sections underneath the appropriate theme and maintained their sequential order while organizing. As I organized and expanded on what the I-poems revealed about subjective construing, I eliminated some I-poems that did not appear to fit within a theme already established. While I could have likely used the deleted I-poems for an additional theme, I decided against writing about each theme, due to length, and provided data/themes for those that I deemed most important and relevant for this project. I also did this in other thematizing of listenings.

I followed the same process of analyzing and pulling data for the remainder of the listenings. For thematizing, I started by organizing the data into themes from prior time periods as well as new themes that emerged in my reflexive journals. For the most part, this way of analyzing and writing the results flowed without any problems. Through editing and ongoing discussion with my committee, I refined my original analysis in three ways. First, I reviewed and edited the I poems. Originally, in the first time period, I pulled shorter I phrases while in the second, I pulled longer I phrases, likely because that was the time period I was learning EPCP and a lot about my subjective construing. Through reviewing this part of my analysis and results, comparing I-poems with and

without the additional wording, I realized that the longer phrases I selected in the second listening still held their meaning if I eliminated some of additional words, consistent with the original Listening Guide method. As such, I went back through all I-poems in all time periods and eliminated wording not pertinent to the I-poem meaning.

Second, as noted earlier, the many phrases in the hard data were representative of several different types of construing within EPCP, leading to repetitiveness of phrases in the results sections, resulting in a much longer results section. My original method of presenting the results also did not include italicized explanations of how/why each data phrase was representative of a particular theme. With the guidance of my committee, while keeping some repetition when important, I reduced the number of data phrases under each theme to those most relevant. To further clarify how each data phrase was representative of different construing and among different themes, I also added the italicized explanations. I decided to provide the explanations rather than eliminate all overlap of data phrases that were repetitive in order to maintain and validate the complex nature of construing. Finally, I reviewed the phrases and corrected incorrect grammar and punctuation in the original to improve readability.

Step 3: Culture.

Adams, Holman Jones, and Ellis (2015) write that, following initial thematizing, the autoethnographer begins thinking about autoethnographic representations. The process of identifying and compiling the autoethnogaphic piece of this project happened through steps three and four. The third part of this project was to consider the ethnographic data of my research as it pertained to and continues to pertain to current culture and is followed by an autoethnographic narrative (described further below). To

build to part four of the research process, I decided to create an ethnographic section in my results sections. To compile explicit ethnographic data, the first listening of each period (i.e., listening for plot), was accompanied by listening for reflections about culture and how culture impacted how I construed self, other, and distress at the time. These phrases were underlined with a purple colored pencil and marked with an "E" to indicate the ethnographic content. The phrases were typed up in the data section along with the plot data. After completing the results sections for each listening, I returned to the ethnographic data and presented the ethnographic data in a similar format as other results sections.

This piece of my results ultimately influenced the story that I tell in part four. I used the data provided in the ethnographic section to help build my autoethnographic narrative of growth, which includes how culture influenced my construing and how holistic training allowed me to construe beyond what was limited as a result of culture and context. By pulling the EPCP and post-traumatic growth data from each time period and combining it with the ethnographic results section, I synthesized and validated my argument that culture and the medical-model driven field of psychology limits relational aspects of being and the opportunity for post-traumatic growth.

Step 4: The telling of growth.

A final step of the Listening Guide is composing an analysis (Gilligan et al., 2003). In this step, the researcher pulls together what has been learned about the narrative in relation to the research purpose (Gilligan et al., 2003). "In essence, an interpretation of the interview or text is developed that pulls together and synthesizes what has been learned through this entire process and an essay or analysis is composed" (Gilligan et al.,

2003, p. 168). As will be revealed in the results sections and later discussed, post-traumatic growth within this project was present in data that revealed constructive alternativism and increased levels of awareness among the diagnostic levels of EPCP and ethnographic topics. I relied on this data to complete step four of this study.

"Autoethnography is a method for putting theory into action" (Adams, Holman Jones, & Ellis, 2015, p. 90). One way to do this is living with story or story as theory (Adams, Holman Jones, & Ellis, 2015), which is based on the notion that "stories are theories that we use to understand experience" (Adams, Holman Jones, & Ellis, 2015, p. 90). To create a comprehensive and true autoethnographic study, I rounded out my results section with an autoethnographic narrative of personal post-traumatic growth based in the data. This part of the project also relied heavily on the ongoing reflexive journals that I created as I was analyzing data. In addition to growth within the data, reflexivity throughout the analysis brought awareness and deeper understandings of my current stage in the process of growth and opened up new ways of construing, and thus, new opportunity for growth.

In my story, I wrote about what I have learned through this research process (Gilligan et al., 2003), what the implications are based on the data, how the analysis shaped me, and what the new possibilities are as a result of the analysis (Ellis & Bochner, 2000). I created an autoethnographic, essay-like story at the end of my results section that showcased the process of my growth, both throughout training and the analysis. The final chapter of this project, the discussion, also takes a narrative form in that it provides examples of data and personal reactions to those examples to discuss the findings of this study. Additionally, the discussion section explores post-traumatic growth as a result of

the analysis process and my future projections for what I anticipate will be growth going forward.

Ethical Considerations

In light of research where actual harm was done to participants, such as the Tuskegee Syphilis Study, Willowbrook Hepatitis Experiment, and others, concerns revolving around issues of harm, consent, deception, privacy, and confidentiality are important to consider in any research study (Punch, 1994). Good ethical practice in psychological research protects the interests and well-being of research participants and considers the potential consequences of research on academic communities, wider society, and the researchers themselves (King & Brooks, 2017). Integrity, a component of ethical practice, refers to conduct in research that is fair and honest (King & Brooks, 2017). As this study did not have direct human participants, outside of myself, most of the issues listed above are not a concern. However, I do reference relationships in my personal and professional life. To protect their interests and well-being, I made sure to de-identify any information about an individual I was referencing and change characteristics that might reveal someone's identity. "Being critically reflexive involves continually reflecting on the autoethnographers' own responsibility and, while doing so, taking as much care as possible not to harm others, who become written into the text" (Winkler, 2018, p. 242).

Autoethnographers purposefully open up their life, which becomes examined and evaluated, to understand self and culture (Winkler, 2018). Being aware of this, Winkler (2018) writes that authethnographers should cautiously consider how vulnerable they would like to become. Autoethnographers fully embrace vulnerability in their field notes,

diaries, and memories but reconsider what to include about oneself or others when it comes to publishing (Winkler, 2018). In order to conduct this study, I placed myself in a vulnerable position, where, at bare minimum, my dissertation committee learned about the deepest parts of myself. In this way, I trusted my committee with my core construing, including that which may reflect poor attributes of my being. However, I embraced this vulnerability, as I believe it is important for not only how I want to continue to evolve as a person, but also, for how I want to create an impact for others in the same ways that I have been impacted by clinical work and EPCP theory.

Chapter 4: Analysis and Results

Analysis

In order to pull themes and examine changes in construing over time, I divided my reflections into five time periods. These time periods were Fall 2016 and Spring 2017 (Master's clinical training; 10 reflections); Fall 2017 (first semester Doctoral training; 35 reflections); Spring 2018 (second semester Doctoral training; 11 reflections); Fall 2018 (third semester Doctoral training; 9 reflections); and Spring 2019 (fourth semester Doctoral training; 9 reflections). I analyzed each time period completely before proceeding to the next.

First Time Period Results

Fall 2016 and Spring 2017 semesters comprised my clinical training year in my Master's program. In my clinical courses, we were learning and practicing from a relational psychoanalytic approach. Along with some intermittent articles supporting the text, we read *Interpersonal Process in Therapy: An Integrative Model* (Teyber & McClure, 2011). Fall 2016 was my first experiences of being a therapist. Additionally, it was my first time writing reflection journals. During Fall 2016, I thought I was going to

be finished with schooling that year and had planned to move back to Indiana following graduation. It was not until the Spring 2017 semester that I was encouraged to apply for my school's Psy.D. program. I had recently ended a long-term relationship and spent my free time hanging out with friends and casually dating. Although I was happy in my friendships at the time, I can acknowledge that I did not relate to them on as deep of a level as I do now. By this, I mean that I was less aware of how emotionally distant I was from them. I knew I loved and cared for them, but I am not sure I appreciated or allowed myself to fully indulge in ROLE relating, which sustained a barrier between being truly vulnerable and trusting the other, as well as feeling the joy of ROLE relating.

Listening one; relational plot.

Therapy as something to do (a set of relational skills to apply) rather than an experience of being with. The relational plot at this time in my training revealed construing that suggests struggling to apply old meanings associated with somewhat successful relating in a new role. These old meanings involved *doing* something to/for the other rather than *being with* the other. This type of construing was evidenced by repeated phrases about my ability to apply skills from the readings in my sessions. The phrases below indicate I am trying to apply the relational skills that I am reading at the time. However, the phrases also reveal that I am struggling to successfully apply these skills. I believe this is due to my construal of relating at this time. As will be seen in listening three of this time period, I construe self as the advice giver and fixer of other chaos. As such, I seem to approach relating as something I do to other (i.e., I fix others' chaos) rather than an experience of being with other. Conversely, the relating that I was introduced to in course readings, and how I understand relating now, is different than

how I construed it at that time. Additionally, as I struggle to apply *being with* by *doing to*,

I seem to begin to notice that how I approach relating is not working and seek guidance.

Relational skills I am trying to apply:

➢ "fascinated in continuing to develop my skill of being completely present with a client and letting go of my anxiety to help someone" *(construing being with as a skill through letting go of personal anxiety)*
➢ "still working to develop the skill of recognizing when a client is testing me and then reacting with a process comment" *(construing process comments as a skill I do to other rather than something I do with other)*

Evaluation and struggle of applying skills:

➢ "I lack the skill to clarify and understand on a deeper level" *(failing because I construe relational process as a skill I do to other rather than a relational process we do together)*
➢ "I have been getting frustrated lately because I feel like I am reading and learning about the skills I should be developing but have not been able to practice them in a way I find effective" *(expressing frustration because approaching therapy as solely a set of skills to develop is not making me an effective therapist)*

Requesting guidance:

➢ "discuss some ways that we can approach clients on being patient and allowing the process to happen as slowly or quickly as it needs" *(reaching out on how to be with rather than do to)*
➢ "I have found that we can make connections that give the client clarity. I have also had experiences where my observations were completely off. I want to work more on fine tuning this skill" *(I can cognitively piece things together for clients but sometimes I am wrong and need help)*

Separation of client meaning and my meaning. A common subject that

continued to resurface during reading for relational construing during this time period

was client meaning versus my personal meaning. Even though I had not been introduced

to Constructivist language yet, it is quite clear that I find it important to pay attention to

client subjective meaning making. Of the many skills that I reflect on during this time

period, differences in meaning making appear to be one of the "skills" I reflect on the most. I seem to be looking at how client meaning may be different than mine as well as considering how that changes how I conceptualize or understand my clients. Additionally, I seem to be exploring the idea that relating may have something to do with understanding the other's meaning. While I may not have known at the time what my theoretical orientation was, I did find it important to try to understand the other's meaning of an experience (e.g., how they were construing the experience) for successful therapy. In addition to noticing differences in meaning between myself and my clients, I notice how applying my meaning to a client's experience does not produce feelings of successful sessions (or feelings of successful relating). The phrases below show the development of my awareness of the importance of client meaning and the effects of assuming client meaning based on my own.

My meaning making:

➢ "find myself relating and wanted to talk about my experience" *(construing client experience through my own meaning)*
➢ "start to reflect on my own childhood and how stressful it was" *(not construing that client experience, although similar, could be different than mine)*

Client meaning making is different than mine:

➢ "I wasn't really listening to what she was saying in regard to how her experiences are meaningful to her" *(reflecting that I was not understanding my client's meaning)*
➢ "While the experiences may be similar, the meaning is different" *(elaborated construing that experiences may be similar, but construing/meaning is different)*

How that changes things:

➢ "I need to be careful not to force my meaning of my experience on to the client" *(realizing how much I am forcing my meaning on to my clients)*

➤ "most times, I end the session feeling like I suggested my hypotheses rather than help her explore and identify them herself" *(failing because I am not helping the client explore her own meanings*

There is something to this relating stuff…Although I focus heavily on relational skill development during the first time period, there were a few moments where I reflect positive feelings following relating. The phrases below indicate a moment of feeling for the other based on their subjective experience rather than my own and a feeling of excitement for what is to come if I continue to have moments like those. These examples are my first experiences of relating as I understand it now (i.e., ROLE relating).

➤ "By allowing myself to be immersed in her stories and experiences, my heart felt for her more than it did the first time I heard the stories" *(construing as the other did resulted in more affect and empathy)*
➤ "I have already felt an ounce of the difference it can make when you let the anxiety go and just be there, I'm excited for more!" *(reflection of joy following an experience of being with, rather than a reflection failure because I focused too much on doing a skill correctly)*

…but it is not as easy as it seems. Although I note positive feelings when relating/being with a client, there are also moments when I seem to revert to reflecting on cognitive strategies and skill development. While listening, I noticed that these moments appear to happen when I am feeling overwhelmed or unsure of my skill as a therapist. Additionally, these moments appear to be happening when my client is pulling me into a space of relating (by asking personal questions). The phrases below exhibit moments when I felt overwhelmed, felt I had failed, and felt pushed out of my relational comfort zone that seemed to cause me to return to prior focus on cognitive strategy and skill development.

Feeling overwhelmed:

➢ "I mostly sat there nodding my head the entire time, feeling overwhelmed"
➢ "so overwhelmed thinking about all the things we should be doing and considering when we are with our clients" *(unsure about my ability to do all the things I construed I should be)*

Reflecting feeling like a failure:

➢ "missed making a real connection with her" *(heightened awareness to missed connections)*
➢ "I just felt lost and so completely inadequate afterwards" *(stronger feelings of inadequacy after having small moments of connection previously)*

Out of my comfort zone and reverting to cognitive strategy:

➢ "I am extremely awkward in sessions when clients ask me direct personal questions" *(noticing I am uncomfortable when my relational boundaries are pushed)*
➢ "It makes me feel better to have a strategy to help me during sessions" *(I desire a skill to help me psychologically distance from personal questions as they make me uncomfortable)*

   Reflexivity. The final theme that appeared during the first listening was

reflexivity. Although I was not aware that I was starting to be reflexive at the time, I

know these were the first moments I began considering how I affect others and how

others affect me through my therapeutic relationships. With this, I seem to naturally

begin to look reflexively at my personal relationships in these ways too. The phrases

below were indications that I was beginning to reflexively look at how my way of being

and relating affects the other as well and how others' effects on me contribute to how I

was relating at the time.

   Reflexive wondering about my way of being:

➢ "am I not allowing myself to be open to the conflicting signs in the client out of a defense for myself?" *(loosening construing to ponder what I bring to the therapeutic process)*
➢ "I am being more cognitive than relational" *(heightened construing about my approach to relating)*

How I affect others:

> "I have discovered that in most relationships, that I am not authentically emotional. I have feelings for others and I genuinely care about them and their emotions, but I do not allow myself to be emotionally vulnerable with my own emotions towards them" *(heightened awareness that I am not fully authentically emotional with others)*
> "I recognized that the way I speak and respond to people may be eliciting responses in which they feel judged. I noticed on a few occasions that people respond to some of my comments defensively" *(understanding my lack of affect and approach to relating, as something I do to other, results in rejection, and invalidation)*

And thus, how others affect me:

> "I think it is important to reflect not only on how you 'act' or are perceived by others as well as how others make you feel" *(elaborated construing that I do not just affect others, but they affect me as well)*
> "I feel like 'cutting off' my family was necessary for my own personal survival" *(heightened awareness to how context may have affected me)*

Listening two; I poems.

Note the start of each I poem will be indicated by a (~) symbol.

Explicit struggle. There were multiple explicit I poems that revealed a struggle. I selected three that represent the theme. In these I poems, there seems to be an understanding of concepts and what I want to be doing, but the struggle comes in when I attempt to do them. These examples are evidence of construing that understands therapeutic relationships as constituted by skills I perform on the client. While there was some success at times, even in my earlier training, there seemed to be more failures. This appears to be because I was not yet construing relating as being with, which I now understand needs to precede skill and technique.

~ I was struggling	~ I told her
Whether I should	I am not happy
I wasn't able	I am not quite sure
I did	How I would
I am	If I could
While I do feel	I just know
I am starting	I would have liked to
I am still struggling	I am struggling

Implicit struggle; The back and forth. The I poem readings also revealed implicit

narratives about the challenge I was having in trying to relate. I heard implicit

experiences of a "back and forth" through 12 contradictions (e.g., I statements that

reflected one course of experience directly followed by the opposite course of experience

such as I can, I can't). As expected, the I poems reveal the narrative behind the content

through these contradictions. In the examples below, the content was generally about skill

ability. However, by taking the content out to listen for how my subjective voice was

speaking about myself, the back and forth experience is further exposed.

~ I was	~ I am	~ I am	~ I am
But I wasn't	I struggle	I am	I'm not
I was	I am not	I am not	I'm able

~ I do	~ I would not	~ I am not	~ I have not
I do not	I would have	I am	I have

~ I am	~ I cannot	~ I am with	~ I cannot
I think	I do	I have noticed	I have
I am not	I can	I am not	I can

Self-doubt. In addition to back and forth struggle, there were two I poems that

revealed explicit self-doubt. When focusing on content, there were many examples of

doubt in skill, but the I poems seem to further narrate my self-doubt about relating. The I

poems below are representative of my experience of relating at that time in that they tell a

story of an attempt to relate and a statement of the difficulty and doubt whether what I
was doing was, in fact, relating.

<div align="center">

~   I'm not ready   ~   I'm not sure
I have noticed   I would say
I have been better   I don't feel
I have been trying   I had a chance
I do not feel comfortable   I am not sure
I am not sure
If I did

</div>

Am I relating, and can I relate? Following self-doubt came a curiosity about
what it means to relate, especially as my prior construing about relating seems to be
different than what I was being taught and attempting to do at the time. As such, another
prominent narrative revealed by the I poems was my questioning not just what relating is,
but whether I was relating. In particular, the I poems below seem to unveil moments in
which I recognize I was thinking and/or being cognitive and not relating as I understand
and experience it now. In reviewing the data, I noticed that when I wrote about
experiences where I approached the other as something I could figure out and apply a
skill to rather than a being with whom to connect, the statement was followed by others
that suggested I was feeling like I was failing. The I poems below also reveal a pondering
of what it might look like to relate in a new, different way than I knew and did at the time
(cognitively).

<div align="center">

~   I feel   ~   I think   ~   I validated
I have not   I lack   I kept trying
I'm sure it is   I have noticed   I kept trying
I just have not   I am being more   I said
I wonder   cognitive   I tried
I have not   I think it is impacting   I was disappointed
Am I not?   I do not feel   I felt like we did not
I am failing   I struggle   I felt like she was
I am doing wrong   I do not feel   More than I did

</div>

Reflexivity. The I poems were not only representative of phrases of what my relational construing was at the time, but also seemed to reveal my first moments of reflexivity. During this time period, I not only began to reflect on what was happening in moments of relating or a lack of relating, but I was also able to begin seeing how my particular style of relating affects myself, others, and the actual act of relating. There were multiple I poems that revealed moments of reflexivity. In the I poems below, I am beginning to understand that there is something about me that may be affecting how I am relating with my clients and with others in my personal life. I begin to think about what type of psychoanalytic interpersonal style I used (moving-away) and what that might pull from others when I relate with a moving-away interpersonal style.

~ I recognized	~ I have discovered	~ I have been
The way I speak	I am not authentic	I think
I noticed	I have feelings	I have been
I was	I genuinely care	superficially supportive
I am moving-away	But I do not allow	I cannot allow

Hope for growth. Although there were a lot of self-doubt and statements of failure among my I poems, there were also I poems of hope. The I poems below showcase moments within this time period where I was hopeful that I could relate in a new way. Although I was still unaware of what this was going to look like in my future years, I could tell there was something that I liked about looking at myself, others, and my work relationally that I had not had the pleasure of experiencing up until that time period. The I poems below reveal moments of hope, optimism, and a little victory in the direction I was going.

~ I am furthering   ~ I feel so overwhelmed   ~ I took the risk
I am not sure   I am worried   I was feeling
I'm reflecting   I will not be able   I felt very proud
I picked up   I am still optimistic   I was able
I do see   I can
I am well on my way!   I feel
                                I will

Listening three; self-other construing and structural arrests.

Self-construing. In my attempts at reflexivity, I seem to learn a lot about my self-construing during the first time period. At that time, I explicitly state that I am an advice giver, I am not authentically emotional despite caring about others, and that I am a moving-away person. A moving-away person in the theory I was learning about at the time can otherwise be described, in EPCP terms, as a person who psychologically distances from ROLE relationships, due to terror (more of this will show up in the next listening). During this time in my life, I construe self as the person in relationships who is rational, gives advice, and does not rely on emotion. While that was beneficial for my childhood, structural arrests below will reveal how this construing was actually challenging my ability to relate in the new way that I was trying to understand and experience at the time.

➢ "I am often the advice giver"
➢ "I am not authentically emotional"
➢ "I do not allow myself to be emotionally vulnerable with my own emotions"
➢ "I am a moving-away person"

Other construing. Consistent with what is revealed below by a structural arrest in ability to construe other or as other does, there were minimal examples of other construing. While there are a few examples of difficulties in other constancy and other permanence construing, most of this time period showed that my construing revolved

around my understandings of self-experience (i.e., I understood the world only through my own experiential lens) which suggests a structural arrest early in my development.

Self-other construing. A theme within this listening is an inability or unwillingness to construe other or as other does. This type of construing is indicative of difficulty with self-other construing, or the ability to construe other as different and distinct from me, and as such, a structural arrest. The data of this time period revealed a difficulty in putting aside my own construing and an inability to understand the other's construing. In the examples below, I am trying to explore how I place my construing onto other and how my construing is not the same as other's. As self-other construing requires recognition that self and other are separate and distinct beings, the phrases below are examples of a lack of recognition and/or difficulty in recognizing the separation. While I am struggling to recognize the separation and distinction, especially in relation to construing, there are moments when I begin to notice that there needs to be a separation and distinction to relate in the way that I understand relating to be now.

Putting my construing onto other:

➢ "I can easily put what my main concerns are on to the client" *(I place what I construe the concerns are into my work with my client, rather than allowing them voice their subjective concerns)*
➢ "I have noticed recently that I am not very good at validating a client's main concerns" *(cannot validate other's concerns because I am only able to construe my own concerns)*

Acknowledging there is a difference between my construing and other construing:

➢ "I need to be careful not to force my meaning of experience on to the client" *(beginning to unfreeze and loosen rigid construing by acknowledging that my construing is not the only way to construe experiences)*

Self-other constancy construing. As was also revealed in the I-poems, I noted in this reading that there was a lot of back and forth in regards to how I viewed my ability to

be a therapist and do the things my training was asking of me. This "either-or" kind of thinking/experiencing is representative of difficulty in self-constancy construing, or a difficulty in a sense that I am a whole, integrated being despite having many changing and evolving aspects within. Surrounding my experiences with clients, the examples below reveal a back and forth tug between construing self as uncomfortable, unconfident, inadequate, and unhelpful and construing self, more positively, as a work in progress. Additionally, I seem to be comparing myself to others a lot. This reading hints that I construed other (therapists/supervisors) as skillful, experienced, knowledgeable, and able to pick up on other construing in a way that I could not at the time. This is reflective of an issue with self-other constancy, in which the all-or-none ways in which I construe others (i.e., supervisors as all good/knowing/perfectly skilled) impacts the all-or-none ways in which I construe myself (i.e., failure as a therapist). While I am aware that everyone in training goes through stages of development and that self and other are consistently evolving, I appear to be unable to recognize that during this time period and as such, feel like a failure rather than a work in progress for the majority of this time period.

Self as uncomfortable, unconfident, lost, and inadequate:

➢ "Again, I do not feel comfortable or confident"
➢ "I just felt lost and so completely inadequate afterwards"

Self as a failure, compared to other:

➢ "I wonder how I will ever get to a skill level in which I notice things that experienced therapists do" *(construing self as lacking experience/skill and other as experienced/skilled)*
➢ "I was worried that I could not be helpful in comparison to the experience and knowledge" *(comparing self as not helpful and other as helpful)*

Self as work in progress:

➢ "I'm not ready to start this yet but I have noticed that I have been better" *(construing self as not ready, but also as better than I have been)*

➢ "maybe I am well on my way!" *(optimistic that I will not always be unskilled/unexperienced)*

Self-other permanence construing. There was one example within the first time period that revealed difficulty in self-other permanence construing (i.e., a sense that I, as a separate and distinct human being, continue to exist when in the presence of other). In the example below, I express that I needed to distance myself from family in order to feel any autonomy in self. When with family, I seemed unable to maintain a sense of self and, as such, resorted to distancing self from other/family in order to construe/experience self as a separate and distinct human being.

➢ "I also have come to realize that I needed to implement an extremely disengaged relationship with almost all of my family members to gain my autonomy" *(raising awareness that I could not construe self as distinct and separate while in the presence of family/other)*

Structural arrests; the freezing. The listening for structural arrests, a freezing in meaning-making process, during the first time period revealed many phrases expressing inability or unwillingness to do something, some relating to experiences with others and some relating to my own ability to construe. The first two examples are direct statements of an inability to employ a therapeutic skill I expect to be able to do. At the time, I construed the skills as tasks for which I was fully responsible and did not understand that my technical difficulties were related to my struggle to construe the other. The additional examples are direct statements about a struggle to construe as the other does, which appears be indicative of a structural arrest in construing other as distinct from self. In other words, my construing at the time is stuck at a point of only being able to construe as I do and not as others do.

Inability to employ skill:

➤ "I wasn't able to read whether she was ready"
➤ "I have not grasped the ability to notice resistance yet"

Struggle to construe as other does:

➤ "I do not know how to explore these with her"
➤ "I am not able to have time or be patient waiting"

Although I construed self as the advice giver, something that I now understand requires an ability to construe as the other does, it is quite evident that I was also being challenged to avoid taking on the role of advice giver. Further, I was noticing that I did not know how/what to do when I could not be the advice giver. What I did seem to be noticing at the time was that my training was asking me to do something (construe as other does and be emotionally vulnerable) that I was unable to do. In these examples, my construing is stuck in a place that prevents me from being emotionally vulnerable, likely because I experienced a trauma in early childhood that necessitated a need to shut down the process of relational construing in order to protect myself emotionally.

➤ "It is very challenging for me to step out of this role during sessions"
➤ "fighting the urge to fix or help solve another's problem is extremely difficult"
➤ "I lack the skill to clarify and understand on a deeper level"
➤ "I cannot allow myself to try to understand or explore emotional vulnerability"

   Structural arrests; some loosening. The below excerpts reveal reflexive moments that seem to be the beginning of loosening of rigid construing. While my construing in relation to the statements below has grown since this time period, these excerpts show where I began to try to understand my own construing and how it may be affecting my ability to construe the other or as the other does.

➤ "am I not allowing myself to be open to the conflicting signs in the client out of a defense for myself?" *(opening up to the possibility that my rigid construing may be preventing me from construing other construing)*

➤ "I am not sure that I would have ever recognized that I was doing it or that I was allowing a client to continually move-away from me" *(raising awareness to psychologically distancing)*

➤ "My thought is that I do sincerely want to know people's thoughts and feelings but the way I try to engage in conversation about it could be taken as judgmental" *(raising awareness to how my construing and approach to "fix" others gets in the way of sincerely knowing other's construing)*

Structural arrests; some hope for unfreezing/growth. As I was loosening my construing, especially as it pertained to my ability to construe the other or as the other does, the listening also revealed that I was hopeful that I could learn/experience this new construing. While the examples below are representative of a hope to be able to explore the client's construing, I still appear to be stuck, as evidenced by reflecting need to do and trying to do things that will progress me towards unfreezing of this construing.

➤ "I need to explore what the client's meaning of experience is, collaboratively"
➤ "I also am more aware of how I need to be more aware of client's feelings"
➤ "I am trying very hard to work on a better way to start exploring hypotheses"

Structural arrests; why? In this first time period, most of my statements were in relation to my professional relationships. However, there were a few moments when I reflected a little on my personal relationships. The examples below suggest some of why I may have had difficulty construing the other or as the other does, or why I experienced a structural arrest in construing other. These phrases begin to help me understand why I was relating the way I was and, although it was not put together at the time, they seem to be important experiences that contributed to self-other construing issues and the biggest structural arrest present during this time period. With the awareness I have gained over my training, I can now recognize that I experienced a structural arrest related to

construing of others' experience because I felt extreme invalidation in my family relationships. Instead of continuing to evolve my construing of other as a unique and distinct being, it was safer for me to stop elaboration of other as separate (i.e. other needs became my needs) in order to protect myself from further invalidation, which manifested in the intense guilt I felt, fostered by my family, for not taking care of them (i.e., solving problems and preventing chaos).

➢ "my family tries to make me feel guilty that I am not home helping out" *(beginning to raise awareness to why I stopped elaborating other as separate and distinct)*
➢ "I needed to implement an extremely disengaged relationship" *(raising awareness to my inability to construe other as separate from me until I was physically distant)*

Listening four; distancing and dependency construing.

Psychological distancing. There were three explicit examples that express that I was not listening to my client. Although I did not have the language for this at the time, I now interpret these examples as ways in which I was psychologically distancing myself from relating with my clients. Psychologically distancing is marked by inability or unwillingness to see other as an evolving and subjective being and as such, uses other as a means to an end or other as an object to meet self needs. At the time, I was very anxious about being a good therapist and implementing the skills I was learning. One of those skills was active listening. However, I begin to realize that I was not listening. I also began to notice the effects that not listening to my clients created. In addition to beginning to understand how I was missing connections and important meanings my clients were making, I was also feeling inadequate. The inadequacy was likely because I was not making real connections as I interpret them to be now and because my prior strategy of solving problems and preventing chaos was not an approach that was working

in therapeutic relationships. The excerpts below tell the above story of my construing at the time.

Not listening to my client:

➢ "I felt myself thinking on this often during the session and not really listening to the client"
➢ "I had not really been actively listening"

The effects of not listening to my clients:

➢ "I have noticed that I am being more cognitive than relational during some sessions and I think it is impacting how my clients feel about me"
➢ "missed making a real connection with her"
➢ "I just felt lost and so completely inadequate afterwards"

Dependency avoidance. At this time in my training, the data suggests that I was not emotionally vulnerable and was a moving away person. With how I understand dependency construing now, these statements reveal dependency avoidance, or an approach to relating that avoids allowing others access to my core construing so as to protect myself from invalidation. While I was writing about not being emotionally vulnerable, moving away, and feeling awkward with clients, I know that I was like this in my personal life at the time as well. Someone may interpret my feelings of awkwardness as being anxious about boundaries and sharing personal information in a professional relationship, but I know that awkwardness was there in all relationships, including personal ones. As such, I was dependency avoidant at this time in my life, tending not to let anyone in, versus having under-dispersed or over-dispersed dependency construing (i.e., objectifying others as means to meet needs for validation).

➢ "I am not authentically emotional"
➢ "I do not allow myself to be emotionally vulnerable with my own emotions"
➢ "I am a moving away person"

Trying to figure out "something more." In EPCP, it is written that we employ distancing and different dependency construing as a result of the terror we feel when we have engaged in and been deeply invalidated by relationships. However, as ROLE relationships are the basis of how we create meaning and purpose in life, we will also inevitably have moments that "something more" exists (i.e., joy of ROLE relating). While this was not my language at the time, the statements below are perfect examples of "something more." These are moments when I am able to put aside my anxiety and strategies (a psychological distancing in reaction to terror) to fully be with the client. In doing this, I experience "something more."

➢ "I am happy that, by just letting go of my want to say the right thing or fix a problem, a natural, more helpful approach/skill has started to develop in me"
➢ "I have already felt an ounce of the difference it can make when you let the anxiety go and just be there, I'm excited for more"

Psychological distancing and dependency avoidance; why? Although this listening seems to reveal psychological distancing because of anxiety about being a good therapist, my written statements also illuminate other personal reasons for psychological distancing and dependency avoidance. Towards the end of this time period, I begin to look back at my childhood and what that means for how I engage in relationships. For example, I recognized that I suppressed emotion around family. The purpose of suppressing emotion was to prevent invalidation of my construing as well as focus on the other, as means of self-protection, as the other was often in chaos and need. Although not explicitly aware, I learned at a young age that my parents were not nurturing of my experience and feelings. I appeared to develop dependency avoidance as a strategy resulting from learning that I could not rely on my parents to nurture my needs, and I

psychologically distanced from my own and others' emotions as another strategy that allowed me to focus my attention on preventing or solving their chaos. The statements below show an awareness of dependency avoidance and psychologically distancing. Although these are general statements, I can remember many moments in my childhood when I solved problems for my caregivers, as that meant I could avoid being yelled at or punished for something that often had nothing to do with me. As I grew up and became more independent, I also physically distanced myself from family by moving away and limiting visits and interactions with them. Lastly, I acknowledged patterns in current relationships as a result of my tendency to avoid dependence, psychologically distance, and approach relating to other as a problem to be solved.

➤ "I am very good at detaching my emotional side to rationally figure out a realistic solution to a problem" *(raising awareness to my ease of detaching from emotions)*
➤ "I feel like 'cutting off' my family was necessary for my own personal survival" *(raising awareness that my caregiver's relational needs were going to prohibit me form growing or becoming happy)*
➤ "I can obviously conceptualize why I developed a moving away coping style, and I can also see how I play out this style in current relationships" *(raising awareness to how my construing developed and how it affects my current relationships)*

Listening five; experiential components.

Discrimination. This time period showed the beginning of understanding my discrimination construing, the ability to evaluate differences of other and their impact on me, with some reflexivity about the importance of reflecting on how others make me feel.

➤ "I think it is important to reflect not only on how you 'act' or are perceived by others as well as how others make you feel"

While not aware that I was directly reflecting on discrimination, as I did not have the language at the time, there were examples showing that I did not like when others did not listen to me or induced feelings of guilt.

➢ "I have mentioned that I no longer go to her for advice or supervision, unless it is absolutely necessary, because I do not feel like she is really listening or helpful"
➢ "I feel like my family tries to make me feel guilty that I am not home helping out with their issues"
   (both phrases reveal discrimination construing that I do not engage in relating with people who do not listen to me or make me feel guilty)

Partly due to feeling like they did not care about my feelings or listen to me as well as the guilt for not being at home solving their problems, I overly-discriminated (i.e., determined that the other was too different from me to trust in any way, and thus distanced as well).

➢ "needed to implement an extremely disengaged relationship with almost all of my family members to gain my autonomy" *(overly-discriminate construing in that I distanced myself from all family members, rather than just the ones that invalidated me)*

These examples explain over-discrimination with my family because, with my knowledge now, I realize that I did not need to cut ties with all family members, as not all of them made me feel this way. Additionally, I know I discriminated quite harshly with others that made me feel judged or guilty at that time (e.g., others who were not family members).

   Flexibility. Flexibility is the ability to construe alternative constructions regarding self and other. This time period showed some signs of flexibility. The below phrases revealed rigid construing about how self is not an emotional person.

➢ "I am not authentically emotional"

While the above statements showed rigid construing of self, there was also a statement that began to show some flexibility in self-construing when I could realize that I do have emotions and care for others, but tend to hide my emotions and not show them around others (i.e. construe myself in a new, more complex way).

➢ "I have feelings for others and I genuinely care about them and their emotions, but I do not allow myself to be emotionally vulnerable with my own emotions towards them"

The only example that I found related to flexibility of other came in a statement where I seemed to acknowledge the importance that context plays in understanding a person's experience. The acknowledgement of context was a new way of construing a person's experience for me. Up until this point in my life, I tended to construe a person's actions as solely the responsibility of the individual, especially if those actions hurt me personally in some way. I know I did not consider context when trying to understand my family. The following example may have been the first time I was willing to consider how context may play a part in what someone does or use context to understand a person's experience.

➢ "I do think it is important as therapists to get ourselves to a place where we can look at an individual and see more than just a bad internal quality as a cause for our client's problem."

Creativity. Creativity, or the ability to loosen and tighten construing in order to create new experiences, and thus, new ways of construing, was revealed through examples of loosening of construing related to exploring and trying to grasp what it is like to experience someone else's meaning. Moments of loosening were marked by recognizing the difference between mine and others' experience as well as curiosity about something I had not previously been aware of about myself. Previous to this, and as

revealed in structural arrests above, I was not always able to be open to alternative

meanings of experience outside of my own.

➢ "While the experience may be similar, the meaning is different" *(loosening that others' construe similar experiences differently than me)*
➢ "I am not sure that I would have ever recognized that I was doing it" *(loosening that others understand me differently than I do)*

Additionally, examples of creativity seemed to come in the form of reflexivity. In these

moments of reflexivity, I am becoming aware of my construing, and thus, approach to

relating.

➢ "I feel like I wind up giving them some sort of advice or direction to proceed in a non-directive way. I correlate this with my process of moving-away" *(construe other as something to fix, rather than a unique being, as a way to psychologically distance)*
➢ "Not allowing myself to be emotionally vulnerable with others is my defense mechanism" *(raising awareness to my psychologically distancing)*
➢ "I may be eliciting responses that I am not meaning to because I am still using my outdated coping mechanisms from unmet developmental needs" *(raising awareness to how my construing developed and plays out in my current relationships)*

I did not explicitly know at the time, but my increasing awareness of relational styles and

the impact I have on others and vice versa was opening up space to create new

experiences and new meanings (i.e., I was being creative).

➢ "Reflecting on my struggles and even just typing them out is helping me identify exactly what I am struggling with so I can be more aware when these moments happen" *(raised awareness allows us to construe differently, and approach ROLE relating differently)*

 Responsibility. Responsibility, the ability to examine my construing and its

impact on other, was the most frequently appearing experiential component of this time

period. As the data of analysis are my personal reactions, it makes sense that there were

the most examples of assessing self and impact on other. Responsibility awareness comes

first by acknowledging that I affect others and others affect me.

"I think it is important to reflect not only on how you 'act' or are perceived by others but how others make you feel"

Following general statements about how people affect each other, like above, I begin to

look more personally to how I affect others.

➤ "I have noticed that I am being more cognitive than relational during some sessions and I think it is impacting how my clients feel about me"

Below are two examples of how my personal way of relating creates specified responses from others.

➤ "Everything I said she disagreed with and every suggestion I tried to explore she stated she had already tried, and it did not work. I was disappointed after the session because I felt we did not go anywhere. She must have felt we did not go anywhere either because she did not show for her next session" *(my approach to relating by pushing my subjective construing on to the client's experience resulted in the client likely feeling invalidated, and thus did not return)*
➤ "I had a few moments this weekend while interacting with friends where I recognized that the way I speak and respond to people may be eliciting responses in which they feel judged" *(raising awareness to how my approach to relating by fixing or solving chaos may be invalidating to others)*

While not explicitly stated, the examples above also seem to hint at construing that takes

excessive responsibility for how others react/behave. With my awareness of self now, I

know that my construing in relationships at the time exemplified excessively

responsibility (e.g., every outcome is a result of my construing, and I do not consider how

other or environment may play a role in construing).

Openness. Openness, the ability to re-construe when invalidated, in the first time

period was revealed in an example with a client. At this time, I construed client

disagreement with my conceptualization as invalidation.

➤ "I tried some process comments with her"
➤ "She kept shutting me down"
➤ "she would disagree"

Although negative feelings coincide with invalidation, I was able let go of those negative

feelings to re-construe and understand client construing more accurately and with more

complexity.

➢ "I was extremely frustrated because I felt I was right, and I had it figured out"
➢ "this week we focused more on her internal thoughts"
➢ "While it is true that she does not feel she can be open and honest in new
   relationships, it is not just because she cannot be open and honest with her mother but
   also because she does not feel good enough" *(went from my original construing that
   my client does not engage in new relationships because she cannot be open and
   honest with her mother to more complex construing based on my client's subjective
   experience that she does not engage because of prior experiences with her mother
   and feelings of low self-worth)*

At this time in my training, it was difficult for me to put aside invalidation or feeling like

I did not do a good job with a client. This example seemed to be one of the first in which

I was able to put my own negative feelings aside, produced by invalidation, to re-construe

and understand the other better.

Commitment. The only construing revolving around commitment, the willingness

to validate the other's process over time, came in a few statements about a need to stop

commitment with family members and that staying disengaged forever might be

unhealthy. This shows a willingness to cognitively construe commitment as important but

not a willingness to fully experientially commit yet.

➢ "I needed to implement an extremely disengaged relationship with almost all of my
   family"
➢ "I do not think it will be healthy for me to stay disengaged forever"

Courage. Courage, the willingness to risk ROLE relating despite terror of

invalidation, in this time period was shown in statements where I expressed worry, fear,

and timidness about "developing skill" or doing something correct, which, at that time,

meant relating. While I do not explicitly state that I am terrified to engage in ROLE

relating, I can say with awareness now that I know I experienced quite a bit of terror about ROLE relating. These examples also reveal optimism, excitement, and willingness to pursue relationships with my clients despite that terror.

➢ "I am worried that I will not be able to develop the skill well enough to be a good therapist, but I am still optimistic that I can"
➢ "Even though I am excited, I am scared"
➢ "I am still pretty timid about it, but I am finding myself taking more risks"

Forgiveness. Forgiveness, the willingness to re-construe self and other so as to prevent major invalidations from prohibiting future ROLE relating, was shown in a statement where I was able to recognize that major invalidation, and thus distancing, from my family may not be appropriate forever.

➢ "I do not think it will be healthy for me to stay disengaged forever"

Additionally, despite major invalidation with family that resulted in construing self as advice giver and fixer and other as chaos to be managed, I still seemed to show a desire and willingness to develop deep connections with others (i.e., *be with* others).

➢ "I have already felt an ounce of the difference it can make when you let the anxiety go and just be there, I'm excited for more"

Reverence. There was a phrase during this time period that revealed a difficulty in ability to have reverence for other when I noticed I was not listening to a client or trying to understanding her meaning, which is necessary for reverence and ROLE relating.

➢ "I wasn't really listening to what she was saying in regard to how her experiences are meaningful to her"

Although I did not have the language at the time, there were some phrases that were clearly moments of reverence with clients (i.e., an awareness that I was validating the other's construing process). The following examples are moments when I made deep connections with clients and felt proud that I had finally been able to validate the other's

construing. Although I use the word proud to describe the feeling of what I now understand to be reverence in the below examples, I know that feeling I was describing was the "awe" of ROLE relating (deep, intimate connection with other). What makes these excerpts examples of reverence is that they describe feelings of the process of being with other rather than trying to apply a skill to other.

➢ "I felt very proud that I was able to bring the here-and-now relationship into conversation" *(I was required to be in the here-and-now in order to bring the process to conversation)*
➢ "I felt proud that I was able to create a space of comfort and trust with the client" *(in reflection, I also realized how bringing the conversation into the here-and-now furthered progressed more here-and-now relating)*

I understand moments of reverence to correlate with hints of "something more" and the "awe" of ROLE relating. So, naturally I also begin to express an excitement to have more of these moments of reverence, "something more", and "awe."

➢ "I am fascinated about continuing to develop my skill of being completely present with a client and letting go of my anxiety to help someone. I have already felt an ounce of the difference it can make when you let the anxiety go and just be there. I'm excited for more"

Second Time Period Results

Fall 2017 was my first semester in my doctoral program. My two main courses were Clinical Fundamentals, aimed to help experientially learn helping skills and explore the personal and professional challenges those in a helping role often face, and an internal Clinical Practicum in which I learned Experiential Personal Construct theory and psychotherapy. The main books used in the Clinical Fundamentals course can be found in reference section (i.e., Duncan, 2014; Duncan et al., 2010; Goodheart et al, 2006; and Hill, 2014). Much of the EPCP literature used for my internal practicum course is cited throughout this document and detailed in the reference section. Additionally, I took a

weekly, one-hour course in which we read and reflexively assessed our personal and professional development in reference to Jeffrey Kottler's, *On Being a Therapist* (2017). For each of these classes, I was required to write 2-3 page reflections per week. Additionally, I attended and participated in weekly case conferences. My external practicum placement at the time was at my university's counseling center, where I was supervised by a licensed psychologist contracted to provide weekly supervision. My supervisor practiced from an integrated feminist and psychoanalytic perspective. I had made the decision to stay in Pittsburgh until I finished training, and the plan was to move to Indiana following the completion of my doctoral degree.

The program was quite time consuming and most free time was spent doing homework. However, I was bartending at a friend's bar at the time and, as such, was able to socialize during my work hours. I also began dating a bar patron with whom I am currently in a long-term, committed relationship. As will be revealed in the data, this first semester brought a lot of my previously unknown construing into awareness, including how, why, and to whom I authentically related. As mentioned in the last time period, I was not emotionally present or ROLE relating with others. However, as I reflected on my construing, my relationships began to change. Reading and learning EPCP, as well as more intensive supervision, helped me learn a lot about my construals of self, other, and how I approached ROLE relationships, or rather, how I retreated from them.

Listening one; relational plot.

Beginning to understand therapy and relating as a two-way process rather than an application of skills. The first time period revealed that therapy and relating was construed as application of skills or planning in order to prevent chaos for other. In this time period, I began to apply the concepts from my courses to my therapeutic work and

in my personal relationships, which demanded the process of being with other. As I

started to experience being with other/clients, my construing on what therapy is and what

it means to relate begins to elaborate.

The phrases below show the opening of construing about being with clients:

➤ "I am also starting to understand that it is not about what you do in the room with a person but who you are that produces understanding and meaning for a client"
➤ "it is not just someone telling them what to do, it is someone being with them with whatever their problems are"

With the recognition of being with other comes the development of construing

relating as a two-way interaction.

➤ "Even in training, I focus so much on my development of skills that I neglect to consider the client. It is like I forget that the client has their own part to play in our relationship and work together. I assume all the responsibility for providing positive change in their symptoms and life in general" *(raising awareness to taking all the responsibility in relationships)*
➤ "it gives me relief to know that development of the therapeutic alliance does not fully fall under my responsibility but is something the client and I have to work together on" *(loosening and implementing alternative constructions that it is not all my responsibility)*

As I began to negate myself of all of the responsibility to apply skills and prevent

chaos for other with my clients, I also seem to begin to do so in my personal

relationships, as can be seen in the below phrases:

➤ "Being able to identify and verbalize my needs to others in my life as well as recognize who can or cannot help in fulfilling them has allowed me to live a happier and more fulfilling life"
➤ "I have become significantly happier in my personal life once I started reflecting on personal relationships and identifying my needs within them"
(both statements represent raised awareness to my elaboration from overly discriminate construing)

However, old construing still surfaces. Although my construing was changing as

I experienced new ways of being with other, I still seemed to want to rely on application

of skills to validate myself and my work with other. The two phrases below express fear, anxiety, and discomfort as I approached therapy and relating in a new way that was unpredictable and uncertain even though I was beginning to construe, and know now, that risking is part of ROLE relating.

➢ "Still, I have a fear that I will never be able to identify what I do or who I am as a therapist that makes a difference in my clients' lives" *(revealing prior construing that needs to construe self as fixer and responsible for difference in others' lives)*
➢ "It causes me a lot of anxiety and uncomfortableness to not have structure or something with steps to be working towards. I like having obtainable goals and knowing exactly how to get to that point" *(revealing prior construing of self as removed from emotions and able to prevent chaos)*

Continuing to separate client meaning and my meaning. In this time period, I continued to notice a difference in client meaning and my meaning. Thus, I seemed to more fully understand how assuming client meaning affects the development of therapeutic relationships as I get more experience with clients.

➢ "I just always assume what it is based on my experiences and assume its meaning as well. This means I am going about my sessions with clients and filling in a part of meaning in a construct with my own definitions and not the client's. I feel like I could really improve my therapeutic relationships if I explore and gain a better understanding"

In the previous section, I wrote that I did not identify with a theory yet, but my construing still always seemed to reveal importance of other meaning making. As I began to learn and use EPCP, the importance of client meaning making further solidified.

➢ "I agree that it is important to slow down and really try to understand what the client is asking or telling us"

While I had always appreciated differences in meaning making, the phrases below reveal admiration that other is willing to risk revealing their construing with me; something I know I had not previously appreciated.

➢ "I always appreciate when clients share their darkest secrets with me, but I am not sure I allow myself to fully appreciate the courage it takes to do this" *(going beyond appreciating what the other does to admiring the other's courage)*

➢ "I should not just appreciate courage in sharing of the content of the 'bad' experience but also appreciation for the risk the client is taking in allowing me to validate or invalidate their central meanings surrounding those experiences" *(construing elaborates to solidify the importance of not just understanding other construing, but validating it)*

There is something to this EPCP stuff…There were many examples within this time period that expressed an appreciation for and an agreement with EPCP. As can be seen in the phrases below, EPCP gave me language I connected with about what it means to relate (i.e., brought it in to my conscious awareness).

➢ "it has been really nice to get to know a theory that helps me articulate what I have been thinking about human life all along. It has provided me with wording and a way of understanding what it is to be a human that fits with my construct of meaning and suffering in life"

➢ "EPCP makes sense as an explanation for my experience"

Additionally, I expressed hope and motivation as I began to understand and become cognitively aware of what truly gives life meaning and fulfillment. The "awe" moments referred to below are examples of construing that suggests I knew, at an experiential level, that ROLE relating felt good and made me happy. It was not until I was provided EPCP language around that time in my life that my awareness of what that was came to a cognitive level.

➢ "With the better understanding, I am feeling hopeful and willing to start taking risks, even in the face of terror, by engaging in ROLE relationships in my personal life as well as with my clients" *(raised awareness to how the terror I felt stopped me from risking ROLE relating)*

➢ "Just that knowledge of how I might be playing a part in my suffering was enough for me to be mesmerized and motivated for change" *(raised awareness to what was contributing to my suffering; rigid retreat from ROLE relating)*

➢ "there is hope and optimism surrounding the 'awe' of ROLE relationships" *(experiential knowing of how good "awe" felt in ROLE relating)*

➢ "I feel I have more meaningful and purposeful experiences to look forward to having with clients and others in the development of ROLE relationships" *(with raised awareness to my terror and retreat from ROLE relating, I can elaborate construing and relate in new ways that promote more "awe"ful experiences)*

With hope and excitement, I expressed desire to be different and even began to reflect

changes in my approach to relating.

➢ "I want to BE with others in my personal life and clients instead of shying away from that connection. I am terrified of ROLE relationships in my personal life and it has shown up in my work with clients. I have also suffered emptiness and meaninglessness in my personal life due to this terror and have a hard time risking invalidation even with my clients" *(raised awareness to how my retreat has caused emptiness in personal life and affected my ability to connect with clients)*

➢ "I have started to practice risking validation and invalidation in my personal relationships because I know it is my responsibility to start the reconstruction of my ROLE relating risks. I know that my relation to my clients can help in my reconstruction of ROLE relating, and most likely will, but I also realize it is not their responsibility to do so" *(elaborated construing about the differences between professional and personal relationships, and when/how I am responsible for change)*

     …but it is not as easy as it seems. Although I appreciated EPCP and data

revealed elaboration (i.e. growth) in construing, I still expressed difficulty while trying

out EPCP concepts and ROLE relating.

➢ "I am feeling overwhelmed at how complex and ongoing constructions can be"
➢ "Just because everything can be re-construed, does not mean it will be an easy task"
➢ "It is quite exhausting to be vulnerable and a new experience for me"

     Reflexivity. Reflexivity during this time period was very prevalent. Most of my

writing took the form of applying the literature or concept/content to my own personal

experiences. Since EPCP is relationally focused and I was trying to understand by

applying it to personal experience, my relational construing was naturally brought into

awareness. The reflexive phrases below are formed in to subthemes that reveal construing

of things I do not like about myself, uncomfortable feelings about understanding the

content as it applied to my life or work, things I am learning about myself, things I am wondering about myself, awareness of compassion for self and others as it pertains to the difficulty of risking core construing, and some longer phrases that reveal something about my construing.

Revelation of my construing that I do not like:

➤ "hopefully this realization and overarching feeling that I was an asshole will help me be more conscious and cautious of generalizing people based on their appearance in the future" *(raised awareness to rigid construing that assumes something about someone based on appearance)*

➤ "I always want to treat my clients ethically and keep their best interests at heart but there may come a time in which the law will force me to keep my personal best interest at heart. Realistically, I have to and will protect myself when it comes to the law. I did not like having to face this thought" *(raised awareness that ultimately, I will always choose myself over my clients or the relationship when it comes to laws/liability)*

Uncomfortable feelings about content applied to my life or work:

➤ "The most frightening part of experiential personal construct psychology for me is in common with what was expressed in the article; we have to be open and willing to share our constructs with clients" *(raised awareness to the terror I feel towards risking ROLE relating but also knowing that risking is a requirement if I want to develop and grow)*

➤ "It is pretty miserable not having a real connection with anyone and not being willing to even give it a shot" *(raised awareness to the suffering I experience because of my terror)*

Phrases of reflexivity about myself:

➤ "I am not as forgiving or patient with people in my personal life as I am with my clients" *(raised awareness to how I engage in ROLE relating based on context of the relationship)*

➤ "I am more likely to blame myself when therapy is 'bad' over blaming the client" *(raised awareness to the responsibility I hold when therapy is not progressing as I desire)*

➤ "I struggle with others not noticing when my feelings are hurt or thinking about how I may be feeling in a situation as this often happened in my childhood" *(raised awareness invalidation I felt to my core construing as a child)*

Wondering about myself:

➢ "I wonder if I am inviting my clients to engage in a ROLE relationship at all and what that would look like if I did" *(loosening construing about ROLE relating with clients)*

➢ "I am wondering if part of what is holding me back on relating to clients is that I cannot see myself or I will not allow myself to see myself at risk of not being okay" *(raised awareness to the terror I feel and how I retreat from ROLE relating to prevent not being okay)*

Finding compassion for self and other as I began to experience vulnerability and

understand the courage it tasks to risk.

➢ "Being vulnerable with a client allows me to be more empathic to how challenging it can be to explore core constructs and the risk they are taking if in fact invalidation happens"

➢ "helped me find compassion for the difficulty of change for my clients and self" *(both phrases reveal appreciation for the difficulty of risking core constructs and helped elaborate construing that lack of progress is more than just not wanting to)*

Bigger reflexive statements about how I relate:

➢ "I do not feel as if many people in my life actually know and understand me. I am constantly disappointed by my friends and family when they do not pick up on what is really going on for me. I am so good at hiding my emotions that people in my life just assume I do not have them. Also, family not picking up on my emotions and caring to nurture them has been a lifelong that I have faced" *(raised awareness that I started hiding my emotions because my caregivers could not validate them, which progressed in to adulthood and prevented others from knowing or being able to validate my core)*

➢ "allowed me to look at my responsibility in ROLE relationships and how my choices have intertwined with that, being that I guess I feel I have a better understanding of my reasoning behind retreating from ROLE relationships as well as an understanding of how I am continually playing a part in my retreating" *(elaborated construing to take responsibility for the part I play in my retreat and thus, prevention of validation of core construing and "awe")*

➢ "I am very quick to put people in boxes in which I can be on the defensive after they have hurt me even one time. I have not allowed myself to take people out of these boxes even when they prove that their intention was not to hurt me or if they have actually cared for me in another way" *(raised awareness to rigid construing about others who hurt me, intentionally or not)*

➢ "I think I have been disembodying myself for a very long time and did it as a means of survival. It is very easy for me to push away my bodily sensations of sadness, anxiety, anger, etc. in order to not feel them" *(raised awareness to structural arrests and lack of attunement to my body/experiential construing)*

In each of the subthemes, many of the phrases are examples of construing that was coming into more cognitive/conscious awareness. It is important to reiterate that although construing is coming into a higher level of awareness (i.e., at a cognitive/verbal level), the construing was there experientially and pre-verbally. My training provided me with the opportunity and guidance that started the process of bringing it to a higher level of awareness and the language to verbalize my experience. Construing that comes into higher levels of awareness, as well as elaboration of construing when that happens, constitutes growth in EPCP, as I have written above. With construing at a higher level of awareness (i.e., often resulting in the ability to verbalize meanings), I was able to separate my construing versus other construing, bracket it out, and relate differently than I had previously.

Motivation. As this time period was the first semester of my doctoral program, a lot of my training required me to look at my motives and understand why I chose the profession I did. In order to go beyond the usual response, "to help others" that is often the answer to why helpers chose their professions, I had to really look at what exactly it was about psychotherapy that I was drawn to. This began by some generic wonderings about my motivation:

➢ "am I here to help others or does this unconsciously help me and that is why I am here?"
➢ "am I choosing to become a therapist because that is a part of my life that I can use to feel good about myself, as a person?"

There were some selfish reasons revealed:

➢ "I think part of my reasoning for becoming a therapist is to feel good about myself"
➢ "There is no doubt that I have some unresolved prolonged trauma from childhood that needs processing and I wonder how much of that is my motivation for wanting to help others (or rather myself)"

As well as some non-selfish reasons:

➢ "I do not think my selfish side is the only reason I want to become a therapist because I do generally care about people and their well-being"
➢ "there is more than helping others find meaning that brings me meaning in my life"

Which eventually rounded out to realizing that my motivation is both selfish and non-selfish:

➢ "Becoming a therapist is my way of forcing myself to risk making a connection with another, which will hopefully ease my anxiety surrounding doing it with others in my personal life all while satisfying my curiosity and getting to learn new things about the human experience"

The theme of motivation for my career, which closely correlates with my innate

human drive to connect, continued to resurface throughout the different listenings. It also

continues to resurface as I progress on to independent practice and ongoing interventions

with clients.

Listening two: I poems.

Explicit Struggle. The prior I poems revealed construing that relating was a set of

skills I applied to other. As I have developed and grown, I now construe relating as being

with other. The I poems of this time period show a shift from understanding relating as a

set of skills I apply to other to what is internally happening for me and what that means

for how I am relating or understanding relating. Although I experience struggle, there is a

difference in what the struggle is about. The I poems below reveal the difficulty of

becoming self-aware and about theoretical concepts. Although not quite where I wanted

to be or where I am now, the I poems below suggest a development in understanding self

and understanding theory as a way of moving myself towards learning how to be with others, rather than just understanding how to apply skills.

Struggle with self-awareness
~   I struggle with in the moment
I do think
I learned
I was made
I had feelings
I struggle
I am curious
I am rounding
I am suddenly realizing
I have become more self-aware
I struggle at becoming self-aware

Struggle with understanding theory
~   I am still struggling
I am hoping class helps
I feel like I am understanding
I do agree
I think it can be a good way
I am having a hard time grasping

Implicit Struggle; The Back and Forth. Implicit struggle in the last time period was revealed by contradictions. While some of the I poems below have contradictions within them, the contradictions in this time period came with more complexity. Consistent with post-traumatic growth in EPCP (i.e., elaboration to less rigid, more complex construing), I begin to construe relating as more than a set of skills applied to other. Thus, the understanding of my struggle becomes more complex. The I poems below show a back and forth in understanding concepts as well as things I am beginning to understand about myself.

~   As I am re-reading
I feel even more lost
Than I did starting out
I am so up and down
I feel
I understand
I am lost again

~   I did not completely
understand
I thought to myself
I understand
But I am not sure
I am not
I believe
I think
I see
I am not sure
I like the idea

~   I am
I can
I could
I am wondering
I cannot see myself
I will not allow myself
I wonder
If I might
I do not want
I am not sure

Self-Doubt and Imperfection. Rather than doubt whether I was able to relate (e.g., apply skills that I was reading at the time) as I did in the last time period, my I poems of this time period were about imperfection of my ability to relate in the new ways I was aspiring to experience at the time. When compared with last time period, the I poems below show doubt and imperfection in my experiences of relating as I construe it now. Each of the I poems below reveal self-doubt or expressions of imperfection while with or about other. In addition to understanding self in relation to other, I also seem to allow myself to ponder about what is behind those imperfections and be less rigid with negative construals of self in general.

~ I made an assumption	~ I disclosed	~ I know
I wonder	I am not realizing	I am overly
I may have overstepped	I did not in order to	criticizing
I do truly believe	comfort	I do not mean to
I wonder	I wanted to ease her	I understand
I am wondering	I am wondering	I may need to be
If I pushed	I am wondering	more forgiving
I would feel	I essentially "normalized"	
I am thinking	With what I perceive	
I may have	I wonder	
	I may have invalidated	
	I have not had a session	
	with her since	
	But I have a better	
	understanding	

Am I relating, can I relate? The last time period noted failure in trying to apply cognitive strategies as a means of relating rather than being with other. In this time period, although I still struggled to understand what it meant to relate and whether I could, there was more exploration into what exactly the struggle was and what was behind the cognitive approach to relating.

~   I have never
I have noticed
I get nervous and uncomfortable
I knew
But I never really thought about why
Why I do not

~   I think
I struggle
I may be feeling
I wonder
Because I assume
I realize
I may be playing a part
I have found it helpful to think
I notice
I may not be feeling as empathic
Maybe I disembody
I have noticed
When I feel overwhelming hurt

~   I was so focused on finding a solution
I could not understand the problem
I have now started
But I find I get anxious
I find
I get very anxious and impatient
When I am having a hard time
I feel more comfortable
I have identified
My anxiety and impatience
When I am with clients
I recognize
I did not
I am going back
I think
I used to
I have started to
I guess in a way
I am letting go
I also think

Reflexivity. Reflexivity in I poems during this time period pulled the same themes as the first period. Consistent with prior themes and sections, there was evidence of more complex and in-depth construing, including how that construing came to be and how my construing affects myself, others, and relating. The I poems below are examples of more complexity and in-depth construing (i.e., development/growth).

~   I have used
So that I can avoid
I think
This is not how I want to be
I want to BE with others
I am terrified
I have also suffered
I think
I have engaged
I have
I want to BE with others

~   I need some more
I may be confusing
I am trying to figure out why
I refused to re-construe
How I view others
I am aware
I will play a part
I am motivated
I may need to look in
I am not sure
I can develop
I may not

> ~ I sometimes feel extremely selfish
> When I write
> Because I am starting to recognize
> Things that I do that are actually
> Just about my feelings
> But I have kept out
> Of my conscious awareness

Hope for growth, even though I still struggle. I poems in this time period continued to reveal hope for growth. Again, however, the I poems revealed more complexity. First, I reflected an understanding of how I construed, and thus, related, which provided me to opportunity for hope that things could change, and I could do things that would allow me to live a happier, more meaningful life.

> ~ I have a better understanding
> I am continually playing a part
> In my retreating
> I am feeling hopeful and willing
> I feel
> I have more meaning
> I am able

Although hopeful, I also revealed that risking ROLE relating and growing was not always as easy as it seemed. At the same time, I also acknowledged that my prior way of approaching relating left a void in meaningfulness.

> ~ I have been feeling pretty hopeless
> I wonder what the hell I am doing
> I cannot even trust myself or others
> It is something I can do
> I can learn how to
> I really want to
> It is pretty miserable not having a real connection

The I poems below integrate the hope and the struggle that I was experiencing at that time.

~   I am feeling
I feel both the joy
I also feel the pain
I feel
I have experienced
As I would like
I also think
I have developed
I guess
I could say
I find joy in being with others
And being there for them

~   I am still getting comfortable
I am trying to dig deeper
I am having a hard time
I am wondering
Why I have a hard time
I think
I still question
I think
I wonder if
I take a part
I cannot think
I am feeling overwhelmed
I feel extremely excited

Listening three: self-other construing and structural arrests.

Self-construing. My listening for self-construing in this time period continued to reveal that I did not allow myself to feel emotion as experientially as I wanted to. Beyond construing self as someone who does not authentically feel, my self-construing during this time period suggested that I did feel but that I had a hard time expressing or allowing others to see it.

➢ "I am so good at hiding my emotions"
➢ "it is not that I do not feel these things but more that I do not verbalize them well"

I also acknowledged construing that I was different with my clients than I was with others in my personal life.

➢ "I am not as forgiving or patient with people in my personal life as I am with my clients"
➢ "I want to carry the compassion I feel for my clients into my personal relationships"

Other phrases during this time period showed that I construed myself as someone who makes mistakes and pondered whether I was a good person, with good intentions.

➢ "shocked me into realizing that I will miss things and I actually will make mistakes. This thought scares me"
➢ "I think we have all pondered whether we are good people and I am not always sure that I inherently am"

Although I pondered my intentions and admitted selfishness in them, I also expressed

motivation for the other as well.

➢ "I do not think my selfish side is the only reason I want to become a therapist because
   I do genuinely care about people and their well-being"
➢ "I sometimes feel extremely selfish when I write my papers because I am starting to
   recognize how many things I do that are actually just about my feelings but I have
   kept it out of conscious awareness. It sucks to feel so selfish, but it is also so eye-
   opening and helpful to realize what I am doing/thinking and what that means about
   me"

Lastly, phrases during this time period showed changes and challenges in self-

construing. I previously construed self as a person who just does what needs to be done

without acknowledging or allowing difficulty to interfere. But as I tried to be different, I

also expressed that I was struggling and scared.

➢ "My style is to just pick myself up and get things done when I have a challenge in
   life"
➢ "I struggle every day to ignore my defense mechanisms and allow my feelings or
   sense of vulnerability out"
➢ "part of me fears that I will not be able to pick myself back up if I allow all of those
   hurtful feelings back in"

I understood myself as someone who was responsible for my retreat from ROLE

relating because I avoided authentic emotions and repressed my core self. I made sense of

my retreat while reading literature about how terrifying change is. In conjunction with

raising awareness to my retreat, I also saw myself as someone who did not avoid or

repress all feelings anymore.

➢ "I also know it will be a challenge for me to engage in ROLE relationships with my
   clients due to my own construing process" *(process of retreating from ROLE relating
   through avoidance and repression)*
➢ "We consistently talk about the terror clients feel toward change and I am feeling that
   terror because it is apparent that I will change throughout my training and work"

(raised awareness to the terror people feel towards ROLE relating after invalidation, myself included, and how terror makes it difficult to change)

➤ "I could not imagine living my life as I used to when I avoided and repressed all my feelings"

Other construing. The prior time period revealed a structural arrest in construing other or as other does. This time period showed unfreezing of this arrest (more in next section). While there is still little revealed about how I construed other at the time, there were a few phrases that exposed what likely contributed to a structural arrest in construing other or as other does. The phrases below expressed construing that other did not notice my feelings and that other perceived perfection and stability from me, which was not authentic to my experience. These phrases highlight moments of invalidation I was experiencing at the time of the reflections. They also represent experiences I had long before that time of my life. I know now that deep invalidation from being unnoticed and construing that I needed to be okay for other likely contributed to a freezing in the development of other construing.

➤ "I struggle with others not noticing when my feelings are hurt or thinking about how I may be feeling in a situation as the often happened in my childhood" *(other cannot construe my core)*
➤ "Since others perceive me as being perfect and stable, I do not feel I can go to them and vent about my problems or if I do, I feel I need to present it in a way that I have managed" *(other is not someone I can count on to validate me unless I am perfect and stable)*
➤ "I do not feel as if many people in my life actually know and understand me" *(others do not know and understand me because I fear revealing my core)*

Self-other construing. As mentioned above, I experienced deep invalidation by other such that I froze my construing of other. In particular, my construing was stuck at lower developmental construing such that I struggled to construe (experientially) self and other as separate and distinct beings. As a means to protect myself from invalidation by

other, self and other remained experientially fused in some ways (i.e., other needs

became self needs, as preventing other chaos prevented self-chaos, though also

invalidated true self needs). Unfreezing of this arrest began with phrases indicating that I

had different needs than other.

- ➢ "I have become significantly happier in my personal life once I started reflection on personal relationships and identifying my needs within them"
- ➢ "It has been really monumental to get a sense of myself and what is going on for me"

    Also, this arrest was unfrozen when I acknowledged that self and other construing are

different.

- ➢ "I think I have finally grasped that words said by my client can be interpreted differently by me"

    As I began to be able to construe difference in self and other, I began to feel empathic

to others' experience of challenge and difficulty.

- ➢ "Sometimes I get frustrated with clients when they do not just do something that they already realistically know would be the better choice but I need to stop and think about how difficult it is to re-construe"
- ➢ "chapter helped me find compassion for the difficulty of change for my clients and self"

    Self-other constancy construing. My listening for self-other constancy construing

continued to reveal an "either-or" kind of thinking in phrases where I expressed an

inability to forgive myself for hurting others as well as an inability to forgive others when

they hurt me (i.e., I am all bad for hurting others and others are all bad for hurting me).

- ➢ "I still replay experiences all the time when I know I have hurt others or treated them wrong and I cannot forgive myself for that, even if others have" *(continual construing of self as all bad for hurting others, even though I can cognitively understand that other has forgiven me)*
- ➢ "I am very quick to put people in boxes in which I can be on the defensive after they have hurt me even one time. I have not allowed myself to take people out of these boxes even when they prove that their intention was not to hurt me or if they have

actually cared for me in another way" *(continual construing of other as all bad if they hurt me, intentionally or not, and even if they showed care for me in another way)*

However, there was one moment of elaboration and more complex construing that acknowledged that it was not "either-or," but maybe both.

➢ "I find that instead of getting mad at myself for not understanding something or blaming the client for not explaining it well, I try to take a step back and recognize what both of us are doing that may be causing some misunderstanding" *(construing that self and other may both play a part in invalidating the other rather than construing self as all bad for not understanding the other or construing other as all bad for not explaining it well)*

Self-other permanence construing. The prior time period showed difficulty in self-other permanence. As a result, I felt I needed to completely disengage contact with other (family) in order to feel I was a separate and distinct being (i.e., so that I would not lose myself in connection with my family). The phrase below showed continued struggle in my ability to be with other and not lose my sense of self as separate.

➢ "I am struggling to grasp how I can be able to create a space where my 'self' can disappear in a way that is not therapeutic unity" *(unable to construe how I can allow space for other in relating without completely losing a sense of self as distinct and separate)*

Structural Arrests. The first time period revealed a structural arrest in being able to construe other and as other does. While I began to unfreeze and develop this construing, as evidenced in above sections, I continued to reveal challenges during this time period per the phrases below.

➢ "I focus so much on my development of skills that I neglect to consider the client"
➢ "I still seem to be stuck in actually considering them in my work"
(both phrases represent continued difficulty in construing other in the presence of my own construing)

Despite continued difficulty construing other and as other does, I also began to unfreeze my construing of self as a distinct being from other. The above sections reveal that I likely froze self-other construing due to invalidation of being separate and having individual needs over other (family). Although I seem to only be able to construe through my own lens, self-construing was heavily influenced by other needs. As such, I seem to have a hard time construing what is authentically my experience differentiated from enmeshment with other. I reveal a structural arrest in authentic self-awareness during this time period.

➢ "I am really not very self-aware"
➢ "I am trying to dig deeper into this, but I am having a hard time"
(following elaborated construing that self and other needs are different, these phrases represent inability to construe authentic self needs)

The phrases below show my continued unfreezing and development of self-other construing when I pondered what might be behind my construing and approach to relating.

➢ "I am wondering if I am unconsciously stopping myself from really trying to be self-aware because it is too much of a risk" *(terrified of knowing authentic self because it risks invalidation)*
➢ "I learned to stop myself from being self-aware because not only would no one nurture the feelings but I was made to look like an idiot if I had feelings" *(authentic self was invalidated by lack of nurturing and being made fun of)*

The phrase below displayed continued hope that I often expressed at that time that I can continue to develop and grow. It suggests a specific hope towards the continued unfreezing and elaboration of rigid self-other construing.

➢ "I have become more self-aware about why I struggle at becoming self-aware, which has to be a step in the right direction" *(raised awareness to the invalidation I felt and why I am terrified to know authentic self)*

Example of content reflection as it pertained to unfreezing and development of self-other construing. The progression of phrases below from one of my reflections is an example of how my conceptualizations and approach to relating changed as my self-other construing unfroze and developed. Although this is one example, there were many examples during this time period that followed this similar pattern of reflection about the topic of the week, how it applied to me, and then how it might apply to others. This type of loosening in construing allowed me to learn a lot about my own construing on different topics as well as learn how to bracket that construing so I could begin to understand other construing.

➢ "I have noticed that I get nervous and uncomfortable when clients even mention that they are going to try something new during the week or if they ask me for homework"
➢ "I get nervous that they will try my homework and it will not work"
➢ "That leads me into the thought of what they might then think about my capabilities as a helper and my credibility"
➢ "If they doubt me as a helper, I will start to feel self-doubt in my ability as a helper"
➢ "I want to be able to help all my clients, which I know is unrealistic in some ways, but that does not take away my want to do the best by my clients"
➢ "I start to wonder if I made the right choice getting into this profession and doubt that I will ever be able to get to a point in which I feel competent enough to be a helper"
➢ "I am recognizing that I have contemplated homework all in relation to what it will mean for me if it is not helpful. Hill writes that we need to explore homework assignments with clients and what it will mean for them"
➢ "Instead of avoiding it or advising the client that I do not typically do that, I am motivated to give it a try with the client because that is what they want right now"
➢ "I am now thinking that homework can be helpful if I can focus back on what the client is requesting and why they are thinking that homework will be helpful for them"
➢ "This also gives the client more responsibility on the outcome. If it does not work, it will not be me to blame. I also would not blame the client"
➢ "It is easing my anxiety to recognize that the homework assignments do not have to be about me and my abilities as a helper but can be about our work together"

Unfreezing via EPCP. Specific structural arrests were less explicit during this time period. However, there was a lot of evidence of unfreezing and elaborating prior construing that was rigid or at lower levels of awareness. Specifically, the awareness in construing that opened was a result of learning EPCP. The phrases below are moments of applying EPCP to my own experiences, which allowed me to understand how I was construing at a lower level of awareness and gave me insight into how I was contributing to my own suffering. EPCP also instilled hope that I could do things differently in order to decrease suffering (i.e., I no longer felt "stuck" because elaboration of meaning making is always possible).

- ➢ "I am also starting to understand that it is not about what you do in the room with a person but who you are that produces understanding and meaning for a client as well as possible symptom decrease" *(elaborated construing that therapy is being with rather than doing to)*
- ➢ "It also allowed me to look at my responsibility in ROLE relationships and how my choices have intertwined with that, being that I guess I feel I have a better understanding of my reasoning behind retreating from ROLE relationships as well as an understanding of how I am continually playing a part in my retreating" *(unfreezing and elaborating that I am partially responsible for my suffering, via my personal retreat from ROLE relating)*
- ➢ "With the better understanding, I am feeling hopeful and willing to start taking risks, even in the face of terror, by engaging in ROLE relationships in my personal life as well as with my clients" *(with raised awareness and acknowledgement to how I contribute to my own suffering, I am hopeful that I can make changes and risk ROLE relating)*
- ➢ "I feel I have more meaningful and purposeful experiences to look forward to with clients and others in the development of ROLE relationships" *(rather than remaining stuck in my retreat from ROLE relating, I am hopeful I can re-construe and risk for more meaning and purpose)*

While awareness allows one to re-construe (i.e., develop/grow), it does not mean that re-construing is easy. Below are some phrases indicative of the difficulty.

➢ "EPCP has given me a better understanding of why I retreat from ROLE relationships but actually articulating that is incredibly difficult"

➢ "Actually letting those feelings back in in order to try to symbolize them in a way that I may be able to communicate about them is extremely difficult"

➢ "It makes sense that it is a feeling that is not able to be articulated yet and that the feelings are somehow probably related to preverbal constructions but I am getting hopeless that I will ever be able to understand them fully" *(although I am learning and making sense of my suffering, I have moments where I feel overwhelmed and hopeless that change will happen)*

Listening four: distancing and dependency construing.

Psychological distancing. Listening four in this time period continued to show evidence of psychological distancing, but there were also moments of growth. With reflexivity, I became aware of how I hid my emotion in personal relationships and focused so rigidly on solution in my therapeutic relationships, both of which were a way to psychologically distance.

Personal relationship psychological distancing and effect

➢ "I am so good at hiding my emotions that people in my life just assume I do not have them"

Therapeutic relationship psychological distancing and effects

➢ "I think it caused a big problem with me not understanding the client. I was so focused on finding a solution that I could not even understand what the problem was"

I also expressed fear at what it might mean to allow myself to be vulnerable and emotionally present with a client.

➢ "I like that disclosures of insight humanizes us, but something also seemed very scary about this"

Despite fear, I did push myself to remain emotionally present and explore revelations of intimacy with my clients, which was more than I had been able to do in prior personal

or therapeutic relationships. Below are a few phrases from a reflection of one of my first moments of present intimacy with a client.

➤ "I immediately froze up because I did not know how to respond or work through the intimacy with the client. However, I pushed myself to explore it more"
➤ "He expressed that he has never struggled through his thoughts and feelings in front of someone. He reported that I am the first person who has seen him do that and he was feeling intimate with me"

Physical distancing. My listenings for self-other permanence construing have shown that I had trouble maintaining a sense of self while in the presence of family. This difficulty was due to invalidation from family, as they were not attuned to my needs, but rather, I was attuned to their needs, which became my needs, as a way to prevent further invalidation. As such, physical distancing can be seen as a response to blurry boundaries between self and other. This time period provided additional examples of how I used physical distancing self-protectively (to avoid further invalidation) and as a communication of my relational experience (having been invalidated). The following is an example of how I physically distanced myself from people during that time for not meeting my needs (i.e., in response to invalidation).

➤ "I was frustrated with the whole experience and felt that she was not listening to my experience and request based on my needs. I did not go for a second session"

Dependency avoidance. The two phrases below indicate a continued dependency avoidance relating style with clients during this time period, although there were moments of growth that will be provided below.

➤ "I assume all the responsibility for providing positive change" *(construing that other cannot be depended on for change)*
➤ "I still seem to be stuck in actually considering them in my work" *(raised awareness that I was avoiding depending on other in my work, even though the work is for/about them)*

The prior time period revealed dependency avoidance mostly through my professional relationships. The below excerpt is further evidence of dependency avoidance in my personal relationships.

➢ "I am very quick to put people in boxes in which I can be on the defensive after they have hurt me even one time. I have not allowed myself to take people out of those boxes even when they prove that their intention was not to hurt me or if they have actually care for me in another way" *(rigid construing that prevents self from depending on other after they have hurt me)*

Though this is an example of old patterns of dependency avoidance as a means of protection, there were also phrases that were evidence of growth in dependency construing. Each of the phrases below express a change in complete dependency avoidance towards construing that began to understand that there are differences among others' ability to meet my needs (this also applies to discrimination construing) and that relationships are a two-way process, which negated self from assuming the full responsibility of relating, as I had done previously.

➢ "Being able to identify and verbalize my needs to others in my life as well as recognize who can or cannot help in fulfilling them has allowed me to live a happier and more fulfilling life" *(raised awareness to authentic self and who could validate or invalidate me)*
➢ "I think it gives me relief to know that development of the therapeutic alliance does not fully fall under my responsibility but is something the client and I have to work together on" *(raised awareness that relationships rely on two people working together)*

   Therapeutic versus personal relationships dependency construing. A new theme emerged during this time period that still seems to have influence in my current construing. This change first began through recognition that therapeutic and personal

relationships are different, which included some reflexivity on what that means for my

life.

➢ "If we took risks and requested risk taking of those we are in relation with in our
personal lives as we do our clients, how would that influence our relationships?"
➢ "To me, it feels like it would be lonely to consistently have the types of relationships
we have with our clients with our personal relationships too because there would not
be much focus on me" *(raised awareness to how lonely it could be to maintain other
focused relationships, therapeutically and personally)*

More specifically, I began to realize that my psychologically (and at time physically)

distant and dependency avoidant retreat from ROLE relating in therapeutic versus

personal relationships differed in some ways.

➢ "I am a stranger in many ways in my personal relationships and as a result, most
likely display this in my work with my clients"
➢ "I may play out therapeutic separateness from my client because I am so prone to do
it in my personal life"
*(both phrases represent raised awareness to how my retreat in personal relationships
is affecting others in therapeutic relationships)*

"Something more." In the first time period, there was evidence that I was

experiencing "something more" even though I did not have the language at the time. This

time period continued to reveal moments of "something more."

➢ "Sometimes I feel I have to contain my excitement because a part of me wants to
jump up and gasp when I make a connection" *(joy when connecting with other)*
➢ "I guess I could say that I find joy in being with others and being there for them"

Although I continued to express terror at the potential of invalidation of my core

construing, I also expressed that exposing core construing provides the opportunity to

experience "something more."

➢ "The threat of reflecting on my core constructs and potentially having them
invalidated by the experience of the client sounds extremely challenging but also
provides great opportunity for my clients and I" *(raised awareness to the joyful yet
terrifying nature of ROLE relating, and a willingness to risk)*

As a follow up to the previous section, I also express a desire for "something more" with those in my personal relationships, as I had only experienced it thus far with clients. Experiencing "something more" with my clients motivated me to possibly have "something more" in my personal relationships.

➤ "I want to BE with others in my personal life and clients instead of shying away from that connection"

Psychological distancing and dependency avoidance; why? Similar to other themes and sections, this time period revealed more complexity and a deeper understanding into why I construed as I did. The below four phrases give some insight about why I psychologically distanced and developed a dependency avoidant relational style.

➤ "I learned to stop myself from being self-aware because not only would no one nurture the feelings but I was made to look like an idiot if I had feelings" *(psychologically distanced and stopped depending on others to validate my authentic self after invalidation)*
➤ "I think I disembodied because invalidation was a constant follow up to expressing my feelings. I eventually got to the point where I learned that I was better off to disembody" *(learned it was less invalidating to disembody which resulted in a struggle to embody my authentic self when I tried)*

This time period also revealed more about the struggle I was faced with when trying to grow and develop from psychologically distancing and dependency avoidance.

➤ "I have been feeling pretty hopeless lately, as in I wonder what the hell I am doing trying to be a therapist if I cannot even trust myself or others enough to take a risk and make a connection with another"
➤ "I can make it through most life struggles without any major challenges but also do not put myself in a position of risk that I could not be okay. I am wondering if part of what is holding me back in relating to my clients is that I cannot see myself or I will not allow myself to see myself at risk of not being okay"

More specifically, I began to understand how I engaged in ROLE relating. As will be mentioned below, reflexive phrases like the ones below brought construing into awareness, and thus, allowed me to approach relating differently, both with my clients and in personal relationships.

➢ "With the better understanding, I am feeling hopeful and willing to start taking risks, even in the face of terror, by engaging in ROLE relationships in my personal life as well as with my clients"

➢ "I am able to think of the risk of ROLE relating as less of a risk which may help in the development of personal and professional ROLE relationships"

Listening five; experiential components.

Discrimination. The prior time period revealed overly discriminate construing as I cut ties with family and others, some of whom did not necessarily deserve it, due to feeling unheard and feelings of guilt brought on by caregivers. In the prior time period, I construed any person different than me (i.e., basically everyone) as too risky of invalidation to allow them access to my core construing due to those invalidations I had experienced. There was one phrase of reflexivity in which I continued to wonder about ways I may overly-discriminate, even with clients, due to prior experiences.

➢ "I wonder how much of that was me just not wanting to take responsibility for change in a client's life, because if that change proves to be more harmful or invalidating for client, I do not want to feel the guilt of it" *(raised awareness about my sensitivity to guilt and how it may contribute to overly-discriminate construing in the present)*

I also reflexively wondered how I might be able to engage in ROLE relationships with anyone who is religious. Although not explicitly known at the time, I now know that I construed religious others as hypocritical and fake due to my experiences of invalidation by religious others, and thus, applied overly discriminate construing with anyone that was openly religious.

➤ "I am aware that I will play a part in the struggle of developing a ROLE relationship with a client who is religious"

As I began to more deeply understand my discrimination construing, I also began to be less overly discriminate (i.e., elaborated my construing) when I explored the differences I was then able to understand between my clients and others in my personal life, thus opening the door for more relational risk-taking with my clients (as I could construe them as different from others who had injured me in my personal life). The four phrases below reveal moments in which I was able to construe differences between clients and personal others in my life in varying ways.

➤ "To me, it feels like it would be lonely to consistently have the types of relationships we have with our clients with our personal relationships too because there would not be much focus on me. It also appears lonely to not be open to the risk of finding more meaning within our personal relationships" *(elaborated construing that I need more validation from personal others than I am currently getting, or clients could provide)*
➤ "When I am helpful with my friends, there does not need to be words of appreciation or feelings of being helpful. I do not feel a need to know specifics, but with my clients I do" *(raised awareness to the differences between what I need from clients versus personal others)*

I also began to directly show growth in my ability to discriminate when I revealed that I was noticing differences between others and evaluating how those differences might impact me. In other words, discrimination construing that was not limiting of ROLE relating potential was developed. As a result, there were expressions of happiness.

➤ "Paying close attention to people in general, as well as the interpersonal relationships I have with people in my life has allowed me to navigate and prioritize my needs. Being able to identify and verbalize my needs to others in my life as well as recognize who can or cannot help in fulfilling them has allowed me to live a happier and more fulfilling life"

Flexibility. The last time period revealed some rigid construing about self as not emotional and moving away. This time period saw developed construing that self has feelings and appreciated the attunement to them.

➢ "I could not imagine living my life as I used to when I avoided and repressed all my feelings" *(self is no longer one who avoids and repressions all feeling)*

My listening for flexibility of other during the last time period showed awareness of context as a means of understanding the possibility that a person's actions may not be solely their individual responsibility, as context also plays a part in how people act. I continued to deepen this new construing, as exemplified in the phrase below.

➢ "we talk about the importance of recognizing what the client and therapist come into the room with as well as what is going on in the room in the present time. I understand a little better the importance of paying attention to these things" *(realizing the multiple factors that contribute to how people develop their construing and what construing is revealed in the room)*

Additionally, in regards to self and other re-construing, I revealed a willingness to take a step back and consider multiple factors that may be influencing a present moment (including construing the self-other intersection).

➢ "I find that instead of getting mad at myself for not understanding something or blaming the client for not explaining it well, I try to take a step back and recognize what both of us are doing that may be causing some misunderstanding"

This time period more fully introduced the idea for me that at no point is a person stuck in a particular way of being and that, when we listen to our "symptoms" or look deeper in to our "pathologies," we can learn about ourselves, and then explore alternative ways of being that may reduce the necessity of those "symptoms" and "pathologies." As such, I also heard increased flexibility in the phrase below.

➢ "I have found in my personal life and with client revelations, that when we listen to what our 'symptoms' or 'pathologies' are, we can often gain a lot of information

about ourselves. In my mind, this sense of awareness promotes thought of alternative ways of being that might not bring about those 'symptoms' or 'pathologies'" *(appreciation for raised awareness in self and other, as well as how raised awareness promotes loosening and elaboration)*

Creativity. Creativity during this time period continued to be revealed in moments where I was "wondering" or "curious" about something about myself of which I had not previously been aware. The phrases below showed moments of loosening construing, which is central to creativity.

➢ "I am wondering how I may have been invalidated by someone who is religious and now my actions of constructs are hostile towards developing a relationship with religious others, or how I may be being hostile towards having religious views because I cannot see a way in which I can be validated in having those views"
➢ "I wonder if I am inviting my clients to engage in ROLE relationship at all and what that would look like if I did"

This time period also revealed moments of tightening new construing, also part of creativity. The phrases below showed moments of tightening around new construing about client input, responsibility in relating, and what it means to relate, both with my clients and others in my personal life. The phrases below are newly elaborated and tightened meanings in reference to rigid construing that has been previously written about in the results section.

➢ "I have to expand my conceptualization to include client input" *(previous construing that only understood through my own meaning)*
➢ "I think it gives me relief to know that development of the therapeutic alliance does not fully fall under my responsibility but is something the client and I have to work together on" *(previous construing that self was solely responsible for successful therapy)*
➢ "I am also starting to understand that it is not about what you do in the room with a person but who you are that produces understanding and meaning for a client" *(previous construing that relating what doing something to other, rather than being with other)*

Although I have phrases indicative of increased creativity during this time period, there are also phrases that continue to express the challenging nature of re-construing and engaging in ROLE relationship despite terror (i.e., struggles with courage, and thus, limiting creativity).

➢ "I am feeling overwhelmed at how complex and ongoing constructions can be"
➢ "I am wondering if part of what is holding me back in relating to clients is that I cannot see myself or I will not allow myself to see myself at risk of not being okay"

   Responsibility. Time period one showed growth in awareness of responsibility (e.g., I became aware of how my particular construing and ways of relating impacted others). The listening for responsibility in time period two also resulted in reflexive phrases about how I affect others.

➢ "I think about where my clients might be not feeling empathy from me because I cannot always verbalize it"
➢ "I am a stranger in many ways in my personal relationships and as a result, most likely display this in my work with clients"

   As I begin to become aware of how I affect others, especially how my construing could negatively affect my clients, my construing becomes more complex. The phrases below look more specifically at something I do as a therapist that likely had and would continue to affect clients, possibly negatively.

➢ "Our clients will take what we say very seriously because we are the 'experts' and so what we say will probably be what the client believes. There is a lot of room for error around these actions as we will most likely not know a client well enough or understand their experiences empathically based on an intake interview with them" *(raised awareness to how my words and actions will be held by the client)*
➢ "I also know it will be a challenge for me to engage in ROLE relationships with my clients due to my own construing process, but also, I may be preventing them from happening with my clients due to my own rigid personal retreat from ROLE relationships" *(raised awareness to how I may be preventing growth for clients due to my own retreat from ROLE relating)*

With this, I also explicitly note how I assume excessive responsibility for my clients' lives.

➢ "It is like I forget that the client has their own part to play in our relationship and work together. I assume all the responsibility for providing positive change in their symptoms and life in general"

As I continue on in my training, I appear to be able to use this awareness about how I typically assume excessive responsibility to begin to be able to let go of some of the responsibility and allow my clients to hold their own.

➢ "I think it gives me relief to know that development of the therapeutic alliance does not fully fall under my responsibility but is something the client and I have to work together on"

Openness. The first time period showed openness when I was able to re-construe and engage in relating with a client that I construed had invalidated me at the time. In the second time period, there was one longer phrase that revealed the start of new construing open to the exploration of invalidation. Prior to this, I would have cut someone off when I felt invalidated (as in the physical distancing example above, for instance). In this time period, I began to be open to invalidation in ROLE relating because I was experiencing the "something more" as well as meaning and fulfillment through ROLE relating as worth the risk.

➢ "The most frightening part of experiential personal construct therapy for me is in common with what was expressed in the article; we have to be open and willing to share our constructs with clients. It is scary because just as we challenge and potentially invalidate their personal core constructs, we also have to put ourselves in a position in which our core constructs may be invalidated for the sake of the relationship and work together. The threat of reflection on my core constructs and potentially having them invalidated by the experience of the client sounds extremely challenging but also provides great opportunity for my clients and I. Being vulnerable with the client allows me to be more empathic to how challenging it can be to explore core constructs and the risk they are taking if in fact invalidation happens"

This time period also provided an example of reflexively working though hostility (the unwillingness to re-construe even when invalidated).

➤ "I need to keep in mind what could be viewed as my hostility to develop a ROLE relationship with someone who is religious"
➤ "I am wondering how I may have been invalidated by someone who is religious and now my actions of constructs are hostile towards developing a relationship with religious others"
➤ "I am trying to figure out why I refuse to re-construe how I view others that are religious"
➤ "I am aware that I will play a part in the struggle of developing a ROLE relationship with a client who is religious"
➤ "I am not sure I can develop a ROLE relationship with someone that is religious; not that it is not possible to develop a ROLE relationship with someone who is religious, but how that might look for me"

At that time in my training and currently, I am not a religious person. Previously, I could not find a way to have a relationship with a person who was religious. However, I can now understand how religion is important for others and can put aside my own beliefs about religion to ROLE relate despite differences in construing.

Commitment. A statement during the prior time period revealed difficulty with commitment. The only phrase pulled during time period two regarding commitment is below. Although I desired to be able to ROLE relate with others, which necessitates commitment, this phrase is an example only of desire (versus action), suggesting ongoing challenge with commitment.

➤ "However, this is not how I want to be personally or in my work with clients. I want to BE with others in my personal life and clients instead of shying away from the connection. I am terrified of ROLE relationships in my personal life and it has showing up in my work with clients. I have also suffered emptiness and meaninglessness in my personal life due to this terror and have a hard time risking invalidation even with my clients"

Courage. Results from the first time period revealed some willingness to engage in what I construed as relating at the time, despite fear of invalidation. The analysis of the current time period showed some moments where I seemed to lack courage (i.e., I was having trouble ROLE relating due to terror of invalidation). The three phrases below reveal difficulty with courage in the face of potentially invalidating experiences. After each phrase is a description of the specific fear of invalidation implicit in the excerpt.

➢ "I know it will take some time to let go of the notion that I need to have a concrete predicting factor of help for client as I am still getting comfortable with this idea;" *(potential invalidation by not having a predicting factor to 'fix' other, and thus, invalidation of effectiveness as a therapist, which is closely tied with core sense of self)*

➢ "I like that disclosures of insight humanizes us, but something also seemed very scary about this. I am not sure it is related to disclosures of insight but maybe disclosures in general;" *(potential invalidation by client if I disclose something about me, and thus, invalidation of core sense of self)*

➢ "I struggle every day to ignore my defense mechanisms and allow my feelings or sense of vulnerability out;" *(potential invalidation if I allow myself to be vulnerable with other, and thus, core invalidation of emotional experience)*

Although I expressed difficulty at times, there were also phrases suggesting courage. For example, the phrase below showed a willingness to engage in ROLE relating with clients, and hopefully personal others, despite being terrified.

➢ "Becoming a therapist is my way of forcing myself to risk making a connection with another, which will hopefully ease my anxiety surrounding doing it with others in my personal life"

There were also longer phrases that induced courage through learning about my approach to ROLE relating. Below is one of those phrases.

➢ "With the better understanding, I am feeling hopeful and will start taking risks, even in the face of terror, by engaging in ROLE relationships in my personal life as well as with my clients"

Forgiveness. There were a few phrases in the first time period that were representative of willingness for forgiveness. My listening in time period two revealed difficulty with forgiveness but also awareness and hopefulness that I could re-construe self and/or other in order to engage in ROLE relationships going forward.

Difficulty in ability to re-construe self in order to ROLE relate:

➢ "I still replay experiences all the time when I know I have hurt others or treated them wrong and I cannot forgive myself for that, even if others have"

Willingness to try to re-construe self in order to ROLE relate:

➢ "I wonder if I am inviting my clients to engage in ROLE relationship at all and what that would look like if I did"
➢ "I am wondering if part of what is holding me back in relating to clients is that I cannot see myself or I will not allow myself to see myself at risk of not being okay"

Difficulty in ability to re-construe other in order to ROLE relate:

➢ "sometimes the information is presented as if it is easy to just have empathy or confront a client, but I do not always find it so easy"
➢ "I am not sure I can develop a ROLE relationship with someone that is religious; not that it is not possible to develop a ROLE relationship with someone who is religious, but how that might look for me"

Hopefulness and willingness to forgive self and other (i.e., re-construe) in order to begin ROLE relating:

➢ "I also like that in constructive theories, clients as well as therapists are able to feel hopeful in that our meanings can be re-construed to make more sense of our worlds"
➢ "I feel I have more meaningful and purposeful experiences to look forward to having with clients and others in the development of ROLE relationships"

Reverence. There were some phrases during this time period that revealed difficulty with reverence through lack of appreciation for and difficulty with understanding process of other. As reverence represents the pinnacle of health in EPCP, building from the other elements, problems in construing at the self-other level would suggest limited experiences of reverence.

➢ "I always appreciate when clients share their darkest secrets with me, but I am not sure I allow myself to fully appreciate the courage it takes to do this"

➢ "I am hoping that by paying attention to the courage it takes to risk validation or invalidation of central meanings, I can start to recognize and appreciate the process, or person as construing"

However, as I continued to develop and learn, I seem to begin to understand the

importance of validating others' construing processes, as well as appreciate the

experience of validation myself.

➢ "I feel like people can heal through validation of their experiences and an awareness of their emotions surrounding those experiences"

➢ "I think it is imperative to honestly struggle through people's experiences with them and not invalidate them"

I also continue to express moments of "something more" and "awe" as I did during

the previous time period.

➢ "Sometimes I feel I have to contain my excitement because a part of me wants to jump up and gasp when I make a connection that helps me understand her"

➢ "I think that excitement is more of a personal excitement about feeling that I understand her better and thinking that I am doing a good job with her."

Third Time Period Results

Time period three was the second semester of my doctoral program. During this

semester I was in a second internal Clinical Practicum where I was re-reading

Interpersonal Process in Therapy: An Integrative Model (Teyber & McClure, 2011),

which I had read during my Master's training as well as various articles and literature on

relational therapy approaches. I was also taking a course in Statistics and Quantitative

Research, beginning to brainstorm about dissertation topics and reading, attending and

participating in weekly case conferences, and meeting weekly with peers and a licensed

psychologist to consult on external practicum clinical work. I was required to write 2-3

page reflections for my internal practicum course. My external practicum continued at

my university's counseling center under the same supervision described in the last time period.

I had begun to adjust to the workload, although the requirements of the program still consumed most my time. I continued working at my friend's bar and engaging in a committed relationship. This time period reveals a retreat back in some ways and some growth in others. Although I was already familiar with the interpersonal approach and supervisor, as both were the same as in my Master's training, I had a much higher level of anxiety and fear. I attribute this to the particular therapy style of my supervisor at the time. While I have come to appreciate and understand the benefits of that approach, I was fearful of the level of self-insertion in that approach, which appeared to cause me to retreat, doubt myself, and have trouble understanding the theoretical base. This retreat is consistent with the EPCP perspective that a person may retreat back to previous ways of being/construing and/or halt elaboration/growth when the experiential circumstance does not appear safe.

Listening one; relational plot.

Therapy and relating as a two-way process; the push into process. Over the past two time periods, the data revealed elaborative construing regarding therapy and relating as more than a set of skills I apply to other. This time period continued to reveal an appreciation for process (i.e., what it means to *be with* other in the room) as well as the anxiety that surfaced when pushing myself to be with other.

Appreciation for process:

➢ "I am excited to continue working in supervision on keeping things in the here and now" *(here and now represents using client and therapist relationship to understand relational process)*

The anxiety integrated within appreciation:

➢ "Although it is still anxiety provoking to talk about how a client may be projecting on to me and vice versa, I do think it is important and I am motivated to speak about it because I believe it is helpful in deconstructing and normalizing how we project on to one another" *(anxiety represents terror of risking and simultaneous appreciation for ROLE relating)*

➢ "As much as it makes me anxious and I still am unclear about how to go about change by working toward more of an awareness of mutual recognition, I am excited to try" *(mutual recognition can be understood as ROLE relating in EPCP)*

There was also a statement that showed the growth in construing from therapy and relating as something I do to other to therapy and relating as an experience of being with other, as I now construe it to be.

➢ "find it more beneficial to have an open and honest dialogue, respectively, and see how things may change as I continue to do this with my clients; after all, it is the experience of this, not just what I am doing to a client" *(elaborated construing that relating is an experience of being with, not something I am doing to other)*

Old construing continues to surface; a qualitative retreat when I construe the heightened risk of invalidation. While I continued to appreciate *being with* other and the benefits of relating authentically, which necessitated elaboration of this construing in some ways, there are still moments where I seem to retreat as a result of risk. The supervisor and therapy approach of this time period required me to insert myself into the therapy room and openly dialogue about the process between self and other in a more directive and vulnerable way than I had previously done. While EPCP also uses process and the here and now therapeutic relationship, it was more of a credulous and "safe" approach to which I was warming up and with which I was becoming comfortable. As I felt the interpersonal therapy approach of this time period put me in a more vulnerable and "unsafe" space (i.e., risked my core construing too much with the unknown other), I

retreated back to curiosity about how I "apply" these relational skills in the therapeutic setting.

➢ "When I read the material, it makes sense theoretically but I feel like I need concrete examples to truly understand"
➢ "I wonder if examples of how exactly these theories are used in therapy might help in my understanding"
(both phrases ask for example of how to apply what I am learning as a skill)

Although my reflections reveal some retreat due to risk of invalidation, there is still growth in my construing, as I am able to notice that I am focusing on "what" I am doing to a client rather than focusing on the process of being with other.

➢ "I think I may jump too quickly to figure out how we get our clients and ourselves to a place of recognizing each other's strengths and vulnerabilities. I may find it more beneficial to have an open and honest dialogue, respectively, and see how things may change as I continue to do this with my clients; after all, it is the experience of this, not just what I am doing to a client" *(able to recognize old construing re-surfacing and move forward to elaborated construing)*

There continues to be something about this relational stuff. In the present time period, I continued to acknowledge the benefits of relating, especially concerning my clinical work. However, note that this is also evidence of a retreat, as I focus much of my relational reflexivity on my therapeutic relationships (they are construed as safer) rather than my personal relationships when I feel my core construing is at risk of invalidation with the push into a more directive, self-disclosing therapeutic approach.

➢ "I am excited (and also nervous) to focus this semester on relational approaches to therapy because I feel I have room to grow in this area"
➢ "Although it is anxiety provoking for me to use my own emotions and communicate openly in relationships, I can see how beneficial it could be for my work with clients" *(most phrases during this time period are about therapeutic relating and less about personal relationships, as they are construed as safer to explore in the directive approach)*

…and it continues to be harder than it seems. The statements below reveal the difficulty I expressed with relating authentically in two ways: through my difficulty being in the moment, and in my ability to recognize if/when it was appropriate to bring the focus into the present moment, which also further reveals terror, manifested as appropriateness of bringing self into process, when I feel vulnerable with the more directive therapeutic approach.

Difficultly with being in the moment:

➢ "It is most anxiety provoking to think about our relationship and is hardest for me to face" *(referring to being in the present moment in the therapeutic room)*
➢ "I think I am grasping the concepts in theory pretty well, but actually doing it seems more difficult than I anticipated" *(difficulty being directly present as the approach I was learning was needing at the time)*

Wondering about when it is appropriate to bring awareness into the present moment:

➢ "Not only am I worried about how I can engage in relational therapy, but now I am worried about when it is appropriate to use my countertransference" *(reverting to "skill" when the process required being more directive by bringing self into conversation)*
➢ "I think I need to spend more time thinking about how a client may be testing or eliciting behaviors form me as well as what transference and counter-transference experiences may be happening" *(reverting to "thinking" about how to strategize process)*

Reflexivity. Reflexivity during this time period revolved around what part I play in hindering or prohibiting relating. Each statement below builds on the prior statement. At first, I began to realize that I may struggle to grasp relational approaches, as I have never fully experienced relationships, although I do have glimmerings that intimate, healthy relationships exist and can be positive.

➢ "Maybe the reason I am having a hard time feeling like I completely grasp relational theories is because what I need to do (how I could shape my work) pushes me in to vulnerable honest relationships, which I have actively tried to avoid my whole life. I think that I learn best by doing and this is potentially something I have never done.

Avoiding honest vulnerable relationships has protected me from the risk of being invalidated and has worked well for me so far." *(raised awareness to my retreat from ROLE relating in present time)*

➢ "I feel I only know how to be in a relationship where I stay guarded for protection and I am not even sure I know how to engage in vulnerable honest relationships. I realistically know that there is much more to be desired when it comes to interpersonal connection and I can only think that glimmer of hope that something better is possible must come from a time (even if only a moment) in which I experienced a vulnerable honest relationship" *(elaborated construing that I can move beyond my retreat from ROLE relating, despite being terrified of being vulnerable)*

As I look deeper into my retreat, I realize that I am willing to take risks (i.e., be open and vulnerable) but only do so for another, as it means that I am not risking my own core construing.

➢ "This makes me realize that my fear of risk taking is mostly self-centered. I typically do not have a problem stating my opinion or feelings when I feel someone else is being injured but I do when the risk is around more personal experiences"

➢ "I am known among my friends to be the most considerate and the one that stands up for people when I feel they are being victimized but I am unwilling to take a risk when it is something personally hurtful to me"
(both phrases are elaborated construing that I am willing to make myself vulnerable when I am standing up for another, but less likely when I the vulnerability revolves around my own construing)

I continued to explore this and acknowledge the ways in which my personal retreat from risks prevents me from developing into a better clinician and affects my work.

➢ "my own personal fear of feelings associated with risks have gotten in the way of being a better therapist"

➢ "I do feel pretty terrible about not being able to get out of my own way or being aware of how much my personal issues are affecting my work"

The example below is a reflexive account of my construing being brought into awareness and what I am doing about it regarding how my retreat was affecting my development and my clinical work.

➢ "Holding a client's distress seems to be one of my biggest struggles in my development"

➢ "Not to make excuses, but Teyber and McClure point out that therapists with avoidant or dismissive attachment styles seem to have the hardest time holding a client's distress, which is an attachment style that I easily fit in to"

➢ "my personal reaction to distress and discomfort is to avoid and this seems to play out in my sessions"

➢ "I feel guilty for not being able to hold this client's distress"

➢ "I am unsure if it is my presence in the room and possible unconscious effort to avoid feelings that I need to address on my own or if it is something that can be developed and improved on with the help of supervision; maybe it is both"

➢ "I do feel like I have improved over the course of my training and I have successfully held a client in their distress, but something I feel needs more development"

➢ "I obviously contribute to the relationship by allowing her to play out a repeated relation because I, as a person, find it easy to dismiss feelings"

➢ "On one hand, I feel guilty that I cannot hold the space for her and it makes me nervous to have to face that I may not be doing that. On the other hand, if that is the case, I feel it is my responsibility to recognize and correct the repeated relational problem"

➢ "I am also thinking that maybe I am playing out my dismissive style in my hesitation to talk openly and honestly with my client"

➢ "I have to seriously consider and evaluate my part in dismissing and recognize that I am restricting the relationship probably more so than she is"

Responsibility. With awareness into the ways in which my relational approach

was preventing my development and negatively affecting my work, I began to admit the

ways in which I may be responsible for preventing growth for my clients, and thus, felt a

need to change.

➢ "I think I have a duty to my clients to put aside my personal reasons for limiting risks because in the end, the risk is not really about me"

➢ "if I want to truly help my clients, then I need to be aware of when I am hesitating on risk for personal reasons which may limit the mutual relationship"

Motivation. As I took responsibility, I also looked at my motivation. In the

excerpts below, I considered my hesitation with self-disclosure. As will be shown, I

worried about how to avoid making the therapy about me due to my self-perceived track

record of selfish motivations. As I began to realize that my hesitation may be more about

me than my clients, I found comfort in the fact that self-disclosure could be helpful if

done responsibly by considering process and what it means for the client and the

therapeutic work.

➢ "My criticism has more to do with wanting to be sure that I am doing the best I can
for my clients and not making our time together or self-disclosure about my own
processing" *(worry about self-disclosure because it could be for selfish reasons)*
➢ "I like that we can create that space by allowing our own feelings to emerge but only
with consideration of the implications for the analytic process. I am a little confused
why this feels so comforting for me but for some reason, it makes me feel less scared
to self-disclose from this way of thinking" *(loosening construing about what it could
mean to self-disclose)*
➢ "the consideration of self-disclosure seems less 'anything goes' when we are
responsibly considering our feelings and what disclosing them might mean for the
analytic process" *(elaborated construing that self-disclosure could be helpful at times
if done responsibly)*

Hope. In this time period, while I continued to feel guilty for the ways in which I

approached relating selfishly, I also felt hope through my realizations that I could take

more risks, be and do better, and learn and grow.

➢ "having these realizations has motivated me to take more risks"
➢ "I am willing to work hard at this 'relational stuff' because I want to be better and do
better for my clients"
➢ "As much as I hate to think about how impactful and inflexible my strategies have
been thus far, I do believe it is the beginning of helping me learn and grow"

Listening two; I poems.

Explicit struggle. This time period continued to reveal my struggle as I attempted

to learn about myself, understand theory, and discover how to be with others.

~ I struggle
I try
I need
I now
I feel
I am asking
I also struggle
I have found
I find process
I wonder
I feel

~ I was thinking
I differentiated
I would
I agree
I also thought
I also thought
I struggled
I also struggled
I think
I understand
I had a hard time
grasping
I guess

~ I reflect
I easily fit
I think
I struggle
I am not sure
I am thinking
I seem to keep failing

Implicit struggle; the back and forth. Implicit struggle also continued to be

evident during this time period. The I poems below continued to reveal the back and forth

in understanding concepts and myself.

~ I feel
I have been
I try
I know
I want
I do not know
I think
I do think
I agree
I think

~ I think
I have
I try
I am
I understand
I am struggling
I am not
Maybe I am not
I think
I am unsure

Self-doubt. While I still doubted myself at times, it was much less prevalent than

prior time periods. There were only two I poems that revealed self-doubt narrative.

~ I wonder
Why I strive
I did not feel
I belonged
I do not want
I did not feel
I do not believe
I am not really sure

~ What I hate most
I do not
I can never
I am not
If I am
I need to

Am I relating and can I relate? The last time period showed reflexivity in the reasons behind my struggle to relate and how I was relating. While I continued to express difficulty in relating as I construe it now, this time period seems to show a more hopeful outlook on how and when I was relating, or at least the possibility of continuing to relate in new ways.

~ I have been trying
I am relatively
comfortable
I try
I think
I could
I tend to get anxious
I am still unsure
Where I stand

~ I do feel
I have improved
I have successfully
I feel
I am thinking
I need to start
I create
I think
I have
I will

~ I have actively tried
I think
I learn
I have never
I feel
I only know
I stay guarded
I am not
I know
I realistically know
I can
I experienced
I am wondering
How do I?
I want to

Reflexivity. Two I poems from this time period demonstrate a realization and recognition of things I was learning about myself and that I feel.

~ I am wondering
I am recognizing
I also wonder
I am viewing
How I could
I have
I am learning
I think

~ I had realized
I was truly feeling
I would
I typically
I feel
I do
I am known
When I feel

I also looked deeper into my dismissive style and elaborated construing around why and how my dismissive style plays out in my life and therapeutic relationships.

~   I obviously contribute
I, as a person, find it easy to dismiss
feelings
I address
Would I self-disclose
I feel
I am not
I think
But I also wonder
I am hesitant
I feel guilty

~   I feel
I guess
I feel
Maybe I am missing
I am also thinking
I am playing out my dismissive style
I can be
I have to
I am restricting

Hope for growth. In conjunction with the decrease in self-doubt, there appeared

to be an increase in my excitement, desire, willingness, motivation, and belief that I had,

can, and will continue to grow.

~   I am excited
I feel
I have room to grow

~   But I do
I am passionate
I am willing
I want to be better

~   I feel
I need
I appreciated
I was excited
I felt

~   I try
I do think
I am improving
I am finding
I am excited

~   I am unsure
I find myself getting stuck
I also
I do think
I am motivated
I believe

~   I do not think
I am not feeling
I would rather
I will not
I am not really sure
I am
But I believe

~   I feel
I know
I have
I suppose
I think
I was
I finally did
I think
I was able

~   I believe
I could
I am aware
I am not
I am
I am becoming
I am finding

Listening three; self-other construing and structural arrests

Self-construing. During this time period, I dug deeper into things I do not like about myself, which began by observing things in others that I did not like and realizing that I was also capable of those things.

➢ "in order to see my fellow classmates could do that to someone, I had to recognize that I can (and have) done that to other people" *(raised awareness to when I do hurtful things to others)*

But this observation and acknowledgment allowed me to compare myself equally to others rather than as someone consistently less than.

➢ "I often feel 'less' than them and this situation made me recognize that maybe they are not perfect, just as I am not" *(elaborated construing that self is not less than other)*

I also construed myself as someone who would not make others feel like they did not belong or like they were not of value because I knew the pain of those feelings.

➢ "I did not feel I belonged"
➢ "I did not feel valued"
➢ "I do not want anyone to feel that way"

I revealed that I am someone who did not take risks for myself, although I did for others.

➢ "my fear of risk taking is mostly self-centered. I typically do not have a problem stating my opinion or feelings when I feel someone else is being injured but I do when the risk is around more personal experiences" *(raised awareness to my unwillingness to risk my core construing but I was willing to stand up for others when I thought they were being hurt)*

But with that, I started to realize that how I construed which risks were worth taking versus retreating from may have negative impacts for my clients.

➢ "I have never been the person to let personal issues get in the way of my work and it is hard to realize that I have and it makes me feel bad for my clients, like I am not being the best I can for them" *(raised and elaborated construing that keeping*

"personal issues" to myself is actually preventing therapeutic growth for my clients; elaborated construing that it is not possible to keep my "personal issues", or construing, out of my work because it influences how I relate to my clients; note that keeping "personal issues" out of my work was informed by medical model culture)

As earlier phrases indicate, I was passionate about making sure that people did not feel the negative emotions I had felt, at least not as a result of relating with me. Therefore, I had to open up my self-construing to acknowledge those things about myself that I did not like and change them because of the passions that I felt for other.

➢ "This is a personal thing with only feeling comfortable to speak or express something when I am certain about what I am saying or what a response will be. Ultimately, waiting until I am comfortable is not necessarily the best for the client, and I know that if I can present my hypothesis on what might be happening in a tentative manner, whether I am right or wrong, it can be fruitful for work" *(raised and elaborated construing to how my need for predicting outcomes prior to expressing self is not how I can be most helpful for my clients, or others)*

Other construing. While I had experienced a structural arrest in self-other construing that came to light at the beginning of my training, I seem to have been able to unfreeze and elaborate construing around other as I progressed through training. During this time period, I appear to move beyond getting stuck or having a difficult time understanding other construing. The statements below are general phrases that acknowledge the other is a unique being who has their own ways of construing.

➢ "Obviously what we say can also be interpreted in many different ways depending on our differing clients as well" *(raised awareness to the uniqueness of other)*
➢ "I also like his argument from a constructivist point of view that a therapist cannot assume they know the 'truth' because each person, client and therapist, create their own perspective realities based on their own experiences" *(elaborated construing that everyone is unique, myself included)*

Self-other construing. Self-other construing continued to reveal the unfrozen and elaborated construing that self and other are different and distinct human beings and that

both contribute uniquely to what is happening in the relationship, rather than assume all the responsibility for what happens in the relationship.

➢ "I am viewing and taking responsibility for how I could rupture a relationship and am ignoring ways in which a situation like this could be co-created" *(raised awareness to how I was neglecting client contribution to process)*

➢ "What 'object' we play or how we co-create change in the room depends on both the client and the therapist and should consider implications for external relationships" *(elaborated construing to the many contributors of what is brought into the relationship, inside and external to the therapy room, by both the client and therapist)*

    Self-other constancy construing. Prior data revealed a jump from construing self as a consistent failure in relation to other (who was construed as better than) and self and other as all bad when responsible for hurt to acknowledging that self was a work in progress and that self and other could be more complex (versus all good or all bad). While I continued to view self as someone that does bad things, elaborative construing about the complexity of self and other allowed me to re-construe such that self was not "less than" other, and other was not "perfect" in comparison to me, and I was able to grow and develop (i.e., become better) despite having parts of myself that were "bad."

➢ "I often feel 'less' than them, and this situation made me recognize that maybe they are not perfect, just as I am not" *(elaborated construing of self and other as complex, good and bad)*

➢ "I am willing to work hard on this 'relational stuff' because I want to be better and do better for my clients" *(raised awareness to my retreats from ROLE relating and willingness to grow)*

    Self-other permanence construing. My self-other permanence construing up until this point revealed a struggle to hold onto self as a separate and distinct being in connection with family, which resulted in a need to completely disengage with family. This time period provided some phrases that revealed continued difficulty in self-other permanence construing. In the phrases below, I appear to struggle to insert myself in my

therapeutic work (via self-disclosure and process comments) for fear that I will lose the

construing of the other. As I had worked so hard to unfreeze and elaborate self-other

construing, my fear of losing the ability to construe other or as other construes seems to

further demonstrate the difficulty I had with self-other permanence construing. In this

case, however, the fear, in part, was related to wanting to protect my clients. In other

words, I was scared to insert myself into the work because I worried I may lose the other

in focusing on my own self-construing.

> "but when she asks me about my day, I tend to get anxious because I am still unsure
  on where I stand with self-disclosure"
> "I find process comments and here and now focus very helpful in sessions but I
  wonder about the risk of talking about the therapeutic process when it turns in to
  focus on the therapy and not the client"

However, the literature I read during this time helped me to loosen my construing

such that I started to see that self-disclosure and insertion of self into process can be

therapeutic if done responsibly. With that, I seem to feel comforted by the possibility that

I can be authentically myself and allow my client to do the same in ways that remain

about the client, and thus, calms my fear that other construing can remain distinct and

separate with responsible self-disclosure. I know that I had read EPCP literature

regarding this concept in the prior semester, but I did not appear to experience the

elaboration of construing until this point.

> "I like even more that we can create a space by also allowing our own feelings to
  emerge but only with consideration of the implications for the analytic process. I am a
  little confused why this feels so comforting for me but for some reason, it makes me
  feel less scared to self-disclose form this way of thinking" *(loosened construing to see
  the possibility of self and other being distinct and sharing a space)*
> "the consideration of self-disclosure seems less 'anything goes' when we are
  responsibly considering our feelings and what disclosing them might mean for the
  analytic process" *(raised and elaborated construing that it does not have to self-*

construing does not have to overpower other and self can remain present while other construing is the focus)

> ***Structural arrests; the freezing.*** Although I had been given comforting direction around how to engage in two-way relating, where I did not have to lose a distinct sense of self and other while doing so, it appears as if most of this time period was spent working through a structural arrest in self-other permanence construing (i.e., I now recognized the separation and distinction between self and other, via an unfreezing of self-other construing structural arrest, and began unfreezing and elaborating construing on how I can exist while in the presence of other and how other can continue to exist as a separate being while with me and outside of the therapeutic relationship). Evidence of the structural arrest began by acknowledging that I had potentially never related (at least not in a way that I was fully aware of) in the moment, subject to subject, versus subject to object.

> ➢ "I think that I learn best by doing and this is potentially something I have never done" *(referring to subject to subject relating in the theory at that time, or ROLE relating in EPCP)*

I often expressed that I did not know when to focus on the present relationship or on the current feelings in the room. This came through reflexive phrases about what I was doing in the room that may be affecting how the other was coming to be in the room. My fear was that my self-construing would consume other construing if I let it be in the room, but ultimately, it was a self-fulfilling prophecy such that my fear perpetuated what I was fearful of to begin with. My fear was so prevalent that it prevented the other from bringing themselves fully into the relationship.

➢ "Holding a client's distress seems to be one of my biggest struggles in my development"
➢ "Maybe I am not creating a space in which she is comfortable enough"

(both phrases represent raised awareness to how my construing is prohibiting others from risking their construing with me)

Structural arrests; some loosening. Although challenged, I knew there was something desirable and gratifying about being able to be in an honest, open relationship in present time (i.e., in the here and now).

➢ "I realistically know that there is much more to be desired when it comes to interpersonal connection and I can only think that that glimmer of hope that something better is possible must come from a time (even if only a moment) in which I experienced a vulnerable honest relationship" *(raised cognitive awareness, based on an experiential knowing, that I must have had a pleasurable experience of ROLE relating in order to feel hope for future ROLE relating)*

As I began to notice the ways in which I was responsible for the limiting of growth, due to my previous inability to get outside of my self-construing and terror of risking invalidation, I start to feel motivated to put aside my past experiences with others that have led me to retreat (i.e., to not trust that others will not consume me) in order to work on construing other as distinct and separate while with me.

➢ "If not for the sake of my personal relationships, at the very least I want to and feel obligated to do this for my clients"
➢ "I have a duty to my clients to put aside my personal reasons for limiting risks because in the end, the risk is not really about me"
(both phrases represent desire to ROLE relate with clients despite prior personal invalidations)

Structural arrest; the continued hope for unfreezing/growth. The phrases below express moments of anxiety about being myself in the presence of other and about holding the other's construing as separate and distinct when I allow myself to be present. They also express the benefits and excitement I have about being with other, as distinct and separate beings.

➢ "Although it is anxiety provoking for me to use my own emotions and communicate openly in the relationships, I can see how beneficial it could be for my work with clients"

➢ "As much as it makes me anxious and I still am unclear about how to go about change by working towards more of an awareness of mutual recognition, I am excited to try"
(both phrases represent elaborated construing about risking and retreating from ROLE relating)

I also provide two statements regarding the improvement in being able to be with

other, although there is always the opportunity for more growth.

➢ "I do think I am improving at focusing the client inward in the here and now though"

➢ "I do feel I have improved over the course of my training and I have successfully held a client in their distress, but something I feel needs more development"
(both phrases represent successful and positive risk of ROLE relating)

Structural arrest; why? There were some reflexive phrases during this time

period that helped me gain insight in to why I had a difficult time being in the presence of

other while maintaining a sense of self and why I struggled to understand others'

construing as separate and distinct from mine.

➢ "Maybe the reason I am having a hard time feeling like I completely grasp relational theories is because what I need to do (how I could shape my work) pushes me in to vulnerable honest relationships, which I have actively tried to avoid my who life"
(raised and elaborated construing to my dependency avoidance and retreat from ROLE relating)

➢ "I feel I only know how to be in a relationship where I stay guarded for protection, and I am not even sure I know how to engage in vulnerable honest relationships"
(raised awareness to the terror I feel towards ROLE relating, such that I do not know how to stop retreating)

Listening four; distancing and dependency construing.

Psychological distancing. As I continue to learn about myself, I have more

insight in to moments that are representative of psychological distancing. The phrases

below represent an unwillingness to acknowledge distressing emotions or let them affect

me.

➢ "I have never been the person to let personal issues get in the way of my work"
➢ "I, as a person, find it easy to dismiss feelings"

With psychological distancing in my awareness, I expressed a need to stop

psychological distancing for, at the very least, my clients. Both phrases represent desire

to stop retreating from ROLE relating with clients because of prior invalidations that

caused me to psychologically distance.

➢ "if I want to truly help my clients, then I need to be aware of when I am hesitating on
   risk for personal reasons"
➢ "my own personal fear of feelings associated with risks have gotten in the way of
   being a better therapist"

I even revealed some moments in which I was psychologically present with clients.

➢ "I was willing to explore and be there with her in her suffering" *(did not retreat from
   distress)*
➢ "I think it will be important to continually allow space for him to express and
   dialogue about his feelings as he never has before. It could be a really beneficial
   experience for him I think and for me as well" *(raised awareness to how staying
   present while exposing core construing could promote growth for both my client and
   I)*

Dependency avoidance. Similar to psychological distancing, this time period still

reveals dependency avoidant construing, but there is more insight into the moments when

I am avoiding and what may be behind the avoidance.

➢ "Maybe the reason I am having a hard time feeling like I completely grasp relational
   theories is because what I need to do (how I could shape my work) pushes me into
   vulnerable honest relationships, which I have actively tried to avoid my whole life"
   (raised awareness to dependency avoidance)

I expressed dependency avoidance through worry and anxiety about therapy focus

being too much about me.

➢ "Not only am I worries about how I can engage in relational therapy, but now I am worried about when it is appropriate to use my countertransference or distancing?

➢ "I think I could stay comfortable in the silence but when she asks me about my day, I tend to get anxious because I am still unsure on where I stand with self-disclosure"

I also expressed dependency avoidance through my struggle to stay present with distress.

➢ "therapists with Avoidant or Dismissive attachment styles seem to have the hardest time holding a client's distress, which is an attachment style that I easily fit in to" *(avoidant and dismissive attachment styles are similar to dependency avoidance in EPCP)*

➢ "I think I struggle because I am not sure what to do to hold a client's distress. Obviously, my personal reaction to distress and discomfort is to avoid, and this seems to play out in my sessions" *(raised awareness to how I avoid client distress because I avoid my own distress)*

But I did show some ability to be present and not avoid all emotionality with others

despite fear of vulnerability and risk of invalidation.

➢ "I do think I am improving at focusing the client inward in the here and now though. I am finding it much easier to do with some clients over others"

➢ "I do feel like I have improved over the course of my training and I have successfully held a client in their distress, but something I feel needs a lot more development" *(both phrases represent willingness to risk ROLE relating with client's who are in distress, which I previously would have retreated from du to my own terror)*

"Something more." There were phrases that continued to express the "something

more" that I was striving for was still worth pursuing and something I was working

towards. Below is one of those phrases.

➢ "I realistically know that there is much more to be desired when it comes to interpersonal connection and I can only think that that glimmer of hope that something is possible must come from a time (even if only a moment) in which I experienced a vulnerable honest relationship"

Reflexivity. There were a lot of reflexive statements in this time period, which

were helpful in bringing my distancing and dependency construing into awareness so that

I could recognize and begin to make steps towards elaborating/growing.

Wondering about my part that I play in distancing and dependency avoidance with clients.

➢ "how do I tap into that moment to start to break my habits of protection?" *(wonder about new ways of relating that are not distancing or dependency avoidance)*

➢ "I have to consider what I briefly mentioned as criticizing relational theories as a way to keep my comfort of avoiding and not relating" *(being open to how I may retreat from relational theories because I had spent my whole life retreating from relating)*

With raised awareness, I was also considering my responsibility to take steps towards change.

➢ "I need to seriously consider my own relational patterns and continue to put the effort into bettering these relations, which will include holding my own and my client's distress"

➢ "I have to seriously consider and evaluate my part in dismissing and recognize that I am restricting the relationship probably more so than she is"
(both phrases represent holding myself responsible for my part in distancing or avoidance in therapeutic relationships)

Psychological distancing and dependency avoidance; why? There were a few phrases that provided some reasoning for psychologically distancing and avoiding dependency. First, I note that I have avoided being psychologically present because I feared invalidation.

➢ "Avoiding vulnerable honest relationships has protected me from the risk of being invalidated and has worked well for me so far"

Although I did not explicitly state that the phrase below was a reason for avoiding dependency, I know that avoiding dependency with a caregiver who was male, made snap judgements, and that had anger problems played a large part in my motivation to be completely independent and avoid any type of dependency on him, as well as anyone else.

➢ "I think he is intimidating to me because he makes snap judgements of others and is male. Being male, making snap judgements, and having anger struggles are all characteristics that tend to make me feel inadequate and make me want to disappear

out of any type of dialogue with someone showing those characteristics" *(more complex construing about how/why I was intimated by certain characteristics of a client that reminded me of an invalidating caregiver)*

Listening five; experiential components.

Discrimination. Discrimination construing during this time period continued to reveal elaborative construing regarding differences in others and the implications of those differences to my engagement in ROLE relating with others. Although using language of the theory I was learning at the time, the phrase below indicates that I was learning to understand how different clients construe differently and uniquely retreat or risk ROLE relating so that I could assess how to engage in ROLE relating with my clients.

➢ "this would mean that we need to try to think about how a person adapted (ex. with self-assertion or submission) for the sake of attachment, right? With that understanding, we can better become aware of a person's strength and vulnerabilities (as well as our own) to aim for mutual recognition" *(looking at how a client risked or retreated from ROLE relating based on prior experiences that caused either an assertive or submissive attachment to others, and what that would mean for my work and own ability to ROLE relate with them)*

I was also learning how my own discrimination construing plays out in the therapeutic room.

➢ "I think I need to spend more time thinking about how a client may be testing or eliciting behaviors form me as well as what transference and countertransference experiences may be happening" *(looking more complexly at how I discriminate with clients who may or may not remind me of prior invalidating experiences)*

There was one phrase that indicated growth in discrimination construing when I was able to acknowledge that staying in the present moment with the other was easier with some clients over others (i.e., others' construing impacts the terror I feel and willingness to risk invalidation). Here, there is an implicit recognition that not all others are the same—some are riskier than others.

➢ "I do think I am improving at focusing the client inward in the here and now though. I am finding that it is much easier to do with some clients over others"

Flexibility. There was one statement during this time period that revealed that I was continuing to re-construe self and other as I was developing and learning. The phrase below shows an ability to re-construe self as "less than" and other as "perfect" as a result of a particular experience I had with other. I know that this way of construing myself and others prevented me from being able to authentically ROLE relate with others previously.

➢ "I often feel 'less' than them, and this situation made me recognize that maybe they are not perfect, just as I am not" *(re-construing self as not less than and re-construing other as not perfect, re-construing self and other as alike rather than vastly different)*

Creativity. Similar to the last time period, during this time frame, there were statements that were representative of loosening construing, especially regarding how I contribute to retreats from ROLE relating and how the literature afforded me some alternative construing possibilities that I considered viable.

➢ "I am also thinking that maybe I am playing out my dismissive style in my hesitation to talk openly and honestly with the client" *(loosening construing about how my dismissive style in personal relationships plays out in the therapeutic room; also, loosening construing that I can keep my personalness out of my work)*
➢ "I think that may be where some of my hesitation to self-disclose comes from. But as stated earlier, Mitchell's argument makes the consideration of self-disclosure seem less 'anything goes' when we are responsibly considering our feelings and what disclosing them might mean for the analytic process" *(new construing that self-disclosure can be about the client)*

With alternative construing available, I was able to tighten construing on new possibilities of ROLE relating, especially regarding the ways in which I can engage in ROLE relating but not risk making the work solely about me.

➢ "Throughout this train of thought, it makes taking risks seem less risky. I think that I have a duty to my clients to put aside my personal reasons for limiting risks because in the end, it is not really about me" *(tightening construing that not all people, especially clients, necessitate a retreat from ROLE relating)*

➢ "As much as I hate to think about how impactful and inflexible my strategies have been thus far, I do believe it is the beginning of helping me learn and grow" *(tightening construing about the possibility of growth and moving beyond feeling stuck and guilty for playing out my personal strategies of retreat from ROLE relating with clients)*

   Responsibility. As I continued to train, I continued to elaborate responsibility construing by acknowledging how my construing impacted others in ways that I did not like.

➢ "I have a really hard time with hurting people's feelings or disrespecting them, which I know is sometimes necessary and beneficial. Regardless, I hate thinking about the part of myself that has done these sorts of things and the part of me that will do so in the future" *(raised awareness to how my construing may have invalidated or negatively impacted others)*

   I also grew in this domain with the recognition that I needed to make changes based on that awareness.

➢ "if I want to truly help my clients, then I need to be aware of when I am hesitating on risk for personal reasons which may limit the mutual relationship"
➢ "I have to seriously consider and evaluate my part in dismissing and recognize that I am restricting the relationship"
   (both phrases represent holding myself responsible for changing/growing from retreat)

   Although disheartening at times, I was still hopeful that I could continue to grow and reduce the negative impact of my construing on others.

➢ "I like even more that we can create that space by also allowing our own feelings to emerge but only with consideration of the implications for the analytic process" *(raised awareness and elaborated construing that I can risk ROLE relating with clients that is safe for both client and I)*
➢ "Ultimately, waiting until I am comfortable is not necessarily the best for the client and I know that if I can present my hypothesis on what might be happening in a tentative manner, whether I am right or wrong, it can be fruitful for work" *(elaborated construing that I can present interpretations as questions which reduce possibility of invalidating the client, and thus invalidating self for not being perfect)*

Openness. There were many phrases indicative of openness during this time period. The two phrases below are an example of my willingness to continue learning and grow, despite feelings of invalidation about not recognizing what others could.

➢ "Often when conceptualizing with supervisors and peers, they point out the potential for some of these things happening in my work that I had not recognized before"

➢ "I know this is helpful and part of the process of learning how to conceptualize"

I also showed an openness to be invalidated and continue to use that invalidation to learn and grow.

➢ "As much as I hate to think about how impactful and inflexible my strategies have been thus far, I do believe it is the beginning of helping me learn and grow" *(raised awareness to feelings of invalidation because of how my construing negatively affects others, but being able to acknowledge that the awareness is allowing me to change/grow)*

The example below illustrates my experience of being invalidated such that I generally construed others as not to be trusted with my core construing, but I started to be open to the possibility that my protective construing may actually be limiting my happiness, rather than protecting me from pain.

➢ "I feel I only know how to be in a relationship where I stay guarded for protection, and I am not even sure I know how to engage in vulnerable honest relationships. I realistically know that there is much more to be desired when it comes to interpersonal connection and I can only think that that glimmer of hope that something better is possible must come from a time (even if only a moment) in which I experienced a vulnerable honest relationship"

Another important example of openness is shown in the phrase below where I state that therapy is not what I do to a client but is the experience of being with. I had previously construed therapy and relating as a set of skills I could apply to other, which was quickly invalidated once I started my training. This example illustrates the process of loosening and tightening around new construing that leads to change.

➤ "I think I may jump too quickly to figure out how we get our clients and ourselves to a place of recognizing each other's strengths and vulnerabilities and may find it more beneficial to have an open and honest dialogue, respectively, and see how things may change as I continue to do this with my clients; after all, it is the experience of this, not just what I am doing to a client"

Commitment. There was one phrase that showed a willingness to validate the

other over time. Similar to prior time periods, the lack of data in this area suggests that I

may continue to struggle with commitment in ROLE relating during this time period.

➤ "I think it will be important to continually allow space for him to express and dialogue about his feelings as he never has before. It could be a really beneficial experience for him I think and for me as well" *(willingness to struggle with client in their distress rather than avoid in the future)*

Courage. I continued to express willingness to engage in ROLE relating despite

terror during this time period. This was revealed in few general phrases.

➤ "I am excited (and also nervous) to focus this semester on relational approaches"
➤ "I am excited to try the open and honest dialogue we discuss in class"

It also came in some more specific examples. Although willing to engage, I also

acknowledge the terror I face when doing so (hence, I was being courageous).

➤ "Although it is still anxiety provoking to talk about how a client may be projecting on to me and vice versa, I do think it is important and I am motivated to speak about them because I believe it is helpful in deconstructing and normalizing how we project on to one another in order to have a true two-person relation" *(revealing terror about what may be happening between client and I, as I may be invalidated, but willing to because with raised awareness, comes the possibility to re-construe and elaborate construing, and ROLE relate)*
➤ "I do not think it is going to be easy, but I do think that taking risks is necessary and important in my development, which you already know I have passionate about" *(admitting terror but willingness to risk ROLE relating)*

Forgiveness. These statements above, which demonstrate courage, also show

forgiveness, which is a willingness to re-construe and engage in ROLE relating despite

major invalidation. Without forgiveness, I could not reconstrue in such a way as to face

the terror of taking relational risks with others.

➢ "Although it is still anxiety provoking to talk about how a client may be projecting on to me and vice versa, I do think it is important and I am motivated to speak about them because I believe it is helpful in deconstructing and normalizing how we project on to one another in order to have a true two-person relation" *(re-construing self as not all bad when I relate badly in order to raise awareness to what is going on, and change in order to ROLE relate)*

➢ "I do not think it is going to be easy, but I do think that taking risks is necessary and important in my development, which you already know I have passionate about" *(recognizing how prior invalidations are going to make it difficult to risk but willing to ROLE relate despite that)*

     Reverence; all experiential components in one reflection. There was one

reflection during this time period (broken up in the statements below) that revealed hints

of all experiential components in one relationship with a client. In the example below, I

was assigned a client with whom I had previously worked, and with whom, I construed,

work did not go well. However, I worked with this client again and was able to build a

strong, authentic, successful relationship, based in my newly elaborated construing and

approach to risking and retreating from ROLE relationships.

➢ "it is easy to recognize that I had given up on this client (I had ambivalent feelings when I was assigned her). To say that I was annoyed to begin working with her again would be an understatement in this case. I think it is very possible that I felt therapeutic despair last year during our work together which carried over to our work this year before we even actually began" *(this statement is representative of discrimination, flexibility, openness, commitment and reverence issues but shows responsibility, courage, and forgiveness)*

➢ "I feel like she is looking to me for advice on how to ease her suffering which easily makes me feel inadequate because I know I have no advice that will ease her suffering quickly. Something about saying that to her felt uncomfortable; I suppose because most therapists are thought of to give advice and to help" *(discrimination, creativity, responsibility)*

➢ "I think it is a new experience for her to have a therapist that sits and listens with no advice and to explicitly tell her that I did not have any magic words to make her

suffering disappear, but that I was willing to explore and be there with her in her suffering was a way to be there with her as well as get her to think about her autonomy in relation to her suffering" *(flexibility, creativity, responsibility, openness, commitment, courage, forgiveness, reverence)*

➤ "What I think was so powerful about this moment is that we had spent some time discussing about how she felt she had tried every technique and multiple medications with no results. I was able to easily tie in that maybe having a therapist tell her what to do was not what was going to help" *(flexibility, creativity, responsibility, openness, courage, forgiveness, reverence)*

➤ "my empathy for her grows each time we meet and I feel she has stopped asking for advice and is looking for alternative ways of understanding her suffering" *(discrimination, flexibility, creativity, responsibility, openness, courage, forgiveness, reverence)*

Fourth Time Period Results

Fall 2018 was my third semester in my doctoral program. During that semester I wrote reflection papers for a one-hour course where we were reading Richard House's (2003) *Therapy Beyond Modernity: Deconstructing and Transcending Profession-Centered Therapy* and reflexively assessing our personal and professional development. During that year, I also took a course in psychological assessment and began a community practicum course. Both had reflective components that required me to look at ways in which society and culture influence behavior and how we think about and/or conceptualize illness, disorder, wellness, etc. (for coursework literature, see Cushman, 1996; Fisher, 1994; Girard, 1996; and Watkins & Shulman, 2010). As such, these topics were present in my reflections of this time period. My external placement during this semester was at a community mental health organization, providing individual and group therapy for clients in residential and intensive outpatient programs. My work as a group facilitator required me to use specific therapeutic approaches assigned by the supervisor at my practicum, which rotated between Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Interpersonal, and Eclectic. I

was also employed by my university's counseling center as a graduate assistant for twenty hours a week, which allowed me to continue working with a few long term clients, get experience with intakes and consultations, and collaborate on developing a group therapy manual for the center.

While I was still open to the possibility of moving back to Indiana, I was also open to moving anywhere for and after internship. The workload and time commitment for courses, my practicum, my assistantship, and community practicum was quite intense. I decided to take time off my bartending job to accommodate the amount of time I needed to devote to these things. I continued to be in a long-term, committed relationship. While I was quite avoidant of developing ROLE relationships due to terror of invalidation of my core construing in my first year of the program, during my second year in my program I did begin to develop closer relationships with other cohort members and felt more intimacy in relationships with older friends. This time period provided a lot of information about my construing of professionalism and ethics in relation to the field of psychology's idea of professionalism and ethics. Within that information was awareness into my construing about self and other, including confirmation of the unfreezing of a structural arrest in self-other construing, as well as elaboration of self-other construing and self-other constancy, although there still appears be some difficulty with self-other permanence construing. This time period also revealed the beginning of my construing about my argument for this study, which will be added in the ethnography section.

Listening one; relational plot.

This time period did not produce data explicitly representative of my construing of relating and therapy or how old construing re-surfaces in times of unsafety. While

relational construing and some retreats from growth were still happening, this time period

seemed to be geared more toward how my new way of being was changing my

construing about self, other, and the field of psychology. Additionally, there was not any

data explicitly representative of my admiration and desire to relate in the ways I was

reading about as there were in prior time periods. It seems as if I had moved to having

experiences of relating and no longer construed relating as something I was striving to

do, but rather, as something I was actually doing. Although I know I still desired more

ROLE relating and was not without the difficulty of wanting to retreat when terrified,

there seemed to be a qualitative shift from desire for experience to reflecting on actual

experience.

　　　The separation of client meaning and my meaning. Prior time periods have

revealed elaboration of my construing about the difference between client meaning and

my meaning, how my assumption of construing affects relationships, and the importance

of not assuming others' meaning. This time period provided the below excerpt validating

all of these continued elaborations about the separation between client meaning and my

meaning.

➢　"Truth is recognized as something that cannot be organized and especially cannot be
　　organized for you. This holds 'true' for me because I value subjective truth and resist
　　assigning meanings to others' experiences. I believe that when meanings are assigned
　　to a person from another, such as diagnosing, any sort of meaning or 'truth' that was
　　meant to be given does not hold anywhere. I also agree that it (giving meaning) is
　　more for the convenience of the person giving the meaning rather than actually
　　finding a 'truthful' meaning for the individual"

　　As I could now separate client meanings from my meanings and was aware of the

undesired effect of assuming others make sense of things in the same way I do, I was able

to start thinking more deeply into what it might mean to find similarities in meanings,

despite different experiences, including the implications and motivations behind finding similarities. The growth in my ability to recognize differences and then try to relate despite them shows my developing (though still a challenge) ability to construe other and as other does and my efforts to relate with other as a unique and valued being.

➢ "I recognize that they are not the same as what my clients are going through. Is there a way to find similarities in those differences? A lot of me wants to say not but I also am at a loss of how to validate and comfort a client when they are telling me about this distress in their life outside of these personal experiences"

➢ "I struggle to know when it is appropriate to find similarities in differences because I wonder if finding the similarity is more for my sake personally, rather than professionally and for the client"

Reflexivity. As mentioned above, there were more reflexive statements during this time period about self, other, and the field of psychology (focused on in the ethnography section). My reflexive awareness during this time showed more complex construing of self and other than was revealed in prior time periods. For self-reflexivity, I began to see how I am influenced by professionalism and ethics of the field and wondered about the ways in which my personal ideas about professionalism and ethics are the same or different, as well as what effects there may be.

➢ "House also deconstructs boundaries as a protection for the therapist rather than a useful tool for the client. I absolutely agree that boundaries are often set out of therapist needs over clients' and recognize the potential harm in this but there is a part of me that recognizes that there is a need for us to recognize boundaries" *(figuring out how my personal beliefs fit or do not fit within field ideas about importance of boundaries)*

➢ "I could easily cut down my time by typing notes in session (which they are basically forcing us to do anyways) but it goes against my personal ethics. So, do I run myself completely ragged or do I collaboratively document and feel guilty for not being able to be there for the client in a way that I find is important and validating" *(figuring out how my personal beliefs fit or do not fit within field ideas about collaborative documentation)*

Reflexive wondering also required a deeper look at motivation, including additional ways of understanding my motivation.

➢ "Both of the articles had me reflecting on what I am doing and my reasons behind seeking out this profession. There are selfish reasons and there are reasons that I have told myself are for the other, but are they really? Are they purely selfish because it personally feels good to be helpful to someone else and be successful; both are selfish but I am also considering how embedded that selfishness is with cultural drive to be successful and emphasis on independence. How much of my selfishness culturally embedded, how much is really me, and how could a balance fall?" *(figuring out if my motivation is selfish or culturally embedded)*

➢ "I cannot see me outside of employing and being a part of this profession centered 'regime of truth'. This is a pretty scary reflection and makes me seriously question if/how I might be abusing my clients. Am I just using my clients as objects to fulfill my own needs and not recognizing them on a deeper level?" *(understanding how my motivation may affect my clients and work)*

Self-reflexivity ultimately ends with understanding that I am influenced by the field but I also have personal values about human dignity and purpose, which are relationally based.

➢ "For me personally, I think yes, I am integrated in to this professional world and have cultural views embedded in me that should be monitored and reflected on but there is also a part of me that truly values the person for the person, not for the fulfillment I get for being 'helpful' because I genuinely believe that clients have a purpose"

Other complexity was shown in statements where I could acknowledge the multiple parts of someone, both good and bad, that influence their approach to others.

➢ "I have been thinking a lot recently about how I privilege humanistic orientations and process approaches to therapy over traditional medical model epistemologies and therapy techniques. There are some obvious ways to recognize how medical model psychology dehumanizes and abuses individuals, which we have repeatedly discussed and critiqued but with that, I feel I have missed seeing how some individuals that were taught by and practice within the medical model are not 'all bad'" *(understanding and loosening my rigid construing about other that is trained via medical model)*

➢ "Any thoughts the therapists gave regarding justification of care or any sort of subjective account of what was going on for their clients, this supervisor dismissed.

Literally every single client that was discussed was reduced to their 'deviant' behavior as means for the client to be discontinued for services. She has no hope for the consumers, literally none at all. I know it is probably part of her job to move people along, but it was quite disheartening" *(ability to see other as complex; trying to successfully meet demands of her job that potentially influences her approach to clients)*

Listening two; I poems.

Explicit struggle. This time period continued to reveal explicit struggle in the four

I poems below. These I poems continued to reveal struggle around understanding self,

theory/concepts, and how to be with others, similar to prior time periods.

~ I was struggling	~ I sometimes struggle	~ I also acknowledge
I could	I agree	I guess
I realize	I was given	I just struggle
I wonder	I was left	How I go about it
I can	I did not leave	I could
I feel	I left	I am struggling
		I have worked

Implicit struggle; The back and forth. Also similar to prior time periods, there

was implicit struggle revealed in the I poems of this time period. The I poems below

show back and forth narrative about concepts, relating, and understanding myself.

~ I know	~ I have	~ I keep going back and
I cannot	I am	forth
I have	I do not have	I find
I can	I can	I was reflecting
I do not	I am	I had to
I do	I ultimately	I defend
I could	I also try	I sort
I have some	I cannot	I was wondering
I recognize	I might be	Do I feel
I also am at a loss		I really do
		Do I feel
		I really choose
		I could be
		I can
		I still feel

Beyond self-doubt and imperfection. There were still two small I poems that continued to show my self-doubt and imperfection.

~   Obviously I cannot
I was hoping
I'm cautious
And I guess fearful

~   I am unsure
Where I stand
I also
I do not
I would be able

There were also two I poems that showed confidence and ability. The I poems below express a more positive narrative about myself.

~   I say
I am
I want
I am
I am
I have
I am

~   I thought
I actually do
I think
I continue to develop
I can think
I began
I understand

Am I relating and can I relate? As discussed earlier, there was less reflexivity about how/if I was relating during this time period and more about what the experience was like and what it meant. As that was the general theme during this time period, there was only one I poem that revealed construing about if I was relating, how I could, and my excitement for relating.

~   I have always thought
I have never really understood
I believe
I have not had much experience
I am wondering
I cannot recall a moment
I recognize
I am having a hard time
I have not had the experience
I suspect it will not be long
Before I have an experience
I am sad
But I am excited
I think it will help me grow

Reflexivity. There was also only one reflexive I poem during this time period. The I poem below showed a navigation through understanding my own privilege.

> ~   As I go
> I understand
> I agree
> I also wondered
> I am critical
> I think
> I think
> I am integrated
> I get
> I genuinely believe
> I have always
> I would have never
> I see the looks
> I get
> I am a privileged
> I will admit

The experience of relating, even though I sometimes struggle. Building off of curiosity about how/if I can relate, there are also I poems that express what it had been like to relate and the need I have for it going forward.

> ~   I want to be valued
> I do not fear the loss of professionalism
> I fear the loss of being
> I feel in therapeutic relationships

> ~   I deeply admired
> I felt
> I wanted to
> I had to
> I needed to

Listening three; self-other construing and structural arrests

Self-construing. Self-construing during this time period revealed more complex construing about who I was and where I stood on some particular topics relating to my profession. The two phrases below represent this complex construing about self in regard to things such as professionalism and duty to warn. The phrases represent more complex construing because they note the ways in which I am both not completely aligned with the field's directives for how I should approach these topics but also influenced by them.

> "As much as I say I am getting my doctorate because I want to be able to do therapy without all those rules and expectations of professionalism by essentially rejecting and deconstructing professionalism, it still feels good when I am perceived as successful and doing well within the ideals of professionalism" *(self as someone who wants to move beyond field guidelines because of my beliefs while also being influenced by those field guidelines)*

> "I do not think I would be able to easily proceed with my life if one of my clients were threatening another person in session and I did not warn or protect the person and then the client wound up harming or killing the person. On the other side of that is client confidentiality and the therapeutic relationship. How could I build a relationship with someone or even be engaging in good psychotherapy if I am revealing what a client discloses during therapy because of possibly selfish liability reasons?" *(self is someone that wants to do right by my clients but also might protect myself over the other or therapeutic work)*

In opposition to prior self-construing that I was not an authentically emotional person and someone that retreats from vulnerability and others, there were phrases that represent a shift in self-construing. The below phrases show construing that I am worthy of being valued and that I feared losing the connection and fulfillment that I had experienced with clients when I was able to be vulnerable and *be with* other.

> "I want to be valued as a person, as a being"
> "I fear the loss of being that I feel in therapeutic relationships"

Self-construing during this time period also showed a heightened responsibility as a professional in the field of psychology. I began to see myself as someone who needed to do more than just deconstruct dominant discourse. I became someone that needed to fight larger systemic, cultural, and social issues.

> "The more I get into this field and reflect on what we are really doing, including where our ideas come from, the more I feel motivated to get involved in at a larger level. If we do not fight dominant discourse about psychology and bring in awareness about issues that we face, we are doomed to continually perpetuate what is happening today"

I also began to adjust my self-construing as it pertained to my transition in to new, dominant identities (non-marginalized financial and educational identities that were new to me). Prior to my training, I identified in non-dominant categories of these identities and attributed a lot of how I came to be because of the adversity I suffered as a first-generation college student from a low socioeconomic background. I expressed difficulty with my changing identity and some resistance against being perceived, now, in those particular privileged identities (i.e., highly educated with the potential for high earnings).

➤ "I have always been the underdog in this area, and it has been a transition to step into my role as a doctoral level trainee. This is a level that I would have never thought would be for me. I see the looks I get from the clients that assume I am a privileged white girl who was afforded any and all opportunity, which I can admit is true in some ways, but off in many others"

➤ "I am struggling with this because every part of my being does not want to associate with being privileged which is paradoxical because I have worked so hard to climb out of hardship towards privilege"

Other-construing. Similar to changes in self-construing, data related to other-construing during this time period suggested that I was able to not only construe other or as other does but to construe other with complexity. Examples of other construing are provided in the next sections with self-other and self-other constancy construing.

Self-other construing. Again, in this time period, there is evidence of unfreezing of a structural arrest and elaboration of self-other construing. As I was able to now see other as distinct and separate from me, I was able to understand and validate their construing without imposing mine. I was also accepting and willing to be open to alternative ways of construing and to understand how other is complex and has value, even if they construed differently than I did.

➤ "Truth is recognized as something that cannot be organized and especially cannot be organized for you. This holds 'true' for me because I value subjective truth and resist

assigning meanings to others' experiences. I believe that when meanings are assigned to a person from another, such as diagnosing, any sort of meaning or 'truth' that was meant to be given does not hold anywhere. I also agree that it (giving meaning) is more for the convenience of the person giving the meaning rather than actually finding a 'truthful' meaning for the individual" *(my construing is no longer the only way to construe and in fact, assuming other meaning solely by my own is harmful to my clients)*

➢ "I think that those that are trained and work within medical model (i.e. many, many community therapists) did not enter counseling training to dehumanize or abuse individuals, and although there can be argument about their responsibility to be aware of these things, I feel that I should be more open to their practice and accepting of their way" *(medical model trained therapists are not "all bad" and help clients, if done responsibly)*

   Self-other constancy construing. This time period also revealed more developed self-other constancy construing. The examples below show my ability to simultaneously construe both the good *and* bad parts of myself and others (versus tending to see myself as all bad and others as all good, as is characteristic of a struggle with self-other constancy).

   Self as not either/or, but complex:

➢ "For me personally, I think yes, I am integrated in to this professional world and have cultural views embedded in me that should be monitored and reflected on but there is also a part of me that truly values the person for the person, not for the fulfillment I get for being 'helpful' because I genuinely believe that clients have a purpose"" *(self is someone that uses client to fulfill needs and recognizes the unique dignity of the individual as more than an object to fulfill my needs)*

➢ "I absolutely agree that boundaries are often set out of therapist need over clients' and recognize the potential harm in this but there is a part of me that recognizes that there is a need for us to set boundaries" *(self is someone that does not want to prioritize my needs over the clients and recognizes that there are times when it is necessary)*

   Other as not either/or, but complex:

➢ "I feel I have missed seeing how some individuals who were taught and practice within the medical model are not 'all bad'"

➢ "While I cringe when I hear other therapists tell clients that their brain chemicals do not distribute effectively and that they will always need antidepressants, I can see,

through other conversations I have with these therapists, the same passion for helping with human suffering that I hold" *(medical model trained therapists believe things that I fundamentally disagree with and also hold the same passion and drive for the clients as I do)*

Self-other permanence construing. The last time period revealed the beginning of unfreezing a structural arrest in self-other permanence. Throughout my training, I had a difficult time maintaining a sense of self in the presence of family and feared losing a sense of other (e.g., clients) when I allowed my authentic self to be present in my therapeutic work. There were a few phrases in this time period that continued to show the difficulty I was having in self-other permanence construing. At this time in my training, I was still trying to understand where I stood with self-disclosure and how to work with clients that have some similar experiences as I had in my past. As mentioned above, I had developed the ability to construe self and other as separate and distinct, and to value other as a unique being, but I was still having some difficulty with holding the separation of self and other when trying to intimately relate (i.e., something that caused anxiety/threat for me).

➢ "I struggle to know when it is appropriate to find similarities in differences because I wonder if finding the similarity is more for my sake personally, rather than professionally and for the client" *(self previously used to be someone that found similarities for personal gain and is having a hard time allowing myself to intimately related because I did not want continue doing that with my clients)*

➢ "Is there a way to find similarities in those differences? A lot of me wants to say no but I also am at a loss of how to validate and comfort when they are telling me about this distress in their life outside of these personal experiences" *(understanding that there is a way but I need to figure out how to be present without consuming client uniqueness)*

Although this time period did not provide an ideal example of growth in this area, there was one phrase that indicated I was on my way to elaborating self-other

permanence construing. The phrase below represents my sense that my construing and others' construing can co-exist in a way where one does not dominate (i.e., eliminate) the other and that they can actually work together, indicative of an unfreezing of a structural arrest in self-other permanence construing.

➢ "I was struggling to fantasize how I could identify with my subjective while incorporating something seemingly so oppositional. After reflecting on it, I realize that the democratic allocation of different knowledge/power does not have to be completely even. I wonder how I can use their knowledge/power to transcend the opposition I feel towards behaviorist ideals while privileging my subjective perspective" *(construing does not have to be my way or their way; I can use their construing to understand my construing more fully and without rigid denial of other construing)*

     Structural arrests. There were not any explicit structural arrests identified during this time. Prior sections indicate unfreezing of structural arrests in self-other construing, and thus, elaboration of self-other construing and self-other constancy. As indicated above, there still appears to be some difficulty with self-other permanence construing, although I appear to be unfreezing this structural arrest as well. There will be more about the complexity of this particular structural arrest in the following time periods.

     Listening four; dependency construing and distancing.

     Psychological distancing. Prior time periods have revealed a tendency to psychologically distance myself from intimacy in multiple ways. This time period provided a few phrases that express the desire to not psychologically distance and be intimate with other, despite risks of invalidation.

➢ "I strive for legitimacy because I want to be valued as a person, as a being. So, I do not fear the loss of professionalism, I fear the loss of being that I feel in therapeutic relationships" *(I have felt intimacy in my therapeutic relationships and I am willing to risk invalidation of some core beliefs about legitimacy and professionalism in order to continue to have that intimacy)*

➢ "Similar to interpersonal processes and constructivist interpretations of resistance, I believe that resistance is saying something about the client but also about the relationship going on in the therapeutic room. If not used to dismiss therapist annoyance or fear, resistance can be conceptualized and used in a positive way to understand what is happening therapeutically" *(I am willing to risk invalidation that I am always a helpful therapist in order to more fully understand and be intimate with my client)*

Dependency avoidance. This time period also showed a transition towards understanding that some others may be worth risking dependency, rather than avoiding dependency all together, which I had previously done. The phrases below are about dependency with colleagues in the sense that I am construing differences between myself and colleagues alongside a willingness to engage with them (i.e., risk invalidation) anyway.

➢ "I can use their knowledge/power to transcend the opposition that I feel about behaviorists ideals while privileging but not asserting pure opposition with my subjective perspective" *(I am willing to have my prior construing partially invalidated by engaging with other professionals that construe differently than me, rather than dismissing them completely)*

➢ "While I cringe when I hear other therapists tell clients that their brain chemicals do not distribute effectively and that they will always need antidepressants, I can see, through other conversations I have with these therapists, the same passion for helping with human suffering that I hold" *(Prior construing that medical model trained therapists are "all bad" was invalidated when I engaged with them and learned that they are also passionate about helping with human suffering)*

Reflexivity; trying to figure it out. Listening four during this time period revealed a lot of reflexivity about distancing. The examples here suggest more awareness and questioning of my distancing construing. Here, I seem to be trying to figure out when it was no longer necessary to distance and when it could be worth the risk of staying psychologically present.

➢ "I struggle to know when it is appropriate to find similarities in differences because I wonder if finding the similarity is more for my sake personally, rather than professionally and for the client" *(wondering when/how I can allow self to be psychologically present without construing client meaning through my own meaning)*

➢ "I absolutely agree that boundaries are often set out of therapist need over clients' and recognize the potential harm in this but there is a part of me that recognizes that there is a need for us to set boundaries" *(wondering when/how to have appropriate distancing, physically and psychologically)*

Listening five; experiential components.

Discrimination. During this time period, my reflections suggest an increased ability to understand others' construing that was different from mine and the impact that had on me. The phrases below also indicate an ability to understand how/when I could work with someone who construes differently than me, which represents growth from the first time period where I over-discriminated—viewing anyone/everyone that construed differently than me as too different, and thus, too threatening.

➢ "I think that those that are trained by and work within medical model (i.e. many, many community therapists) did not enter counseling training to dehumanize or abuse individuals, and although there can be argument about their responsibility to be aware of these things, I feel that I should be more open to their practice and accepting of their ways" *(other that theoretically construes different than me is not "all bad" and as such, is not as threatening as I had previously construed)*

➢ "While I cringe when I hear other therapists tell clients that their brain chemicals do not distribute effectively and that they will always need antidepressants, I can see, through other conversations I have with these therapists, the same passion for helping with human suffering that I hold" *(other that theoretically construes different than me is actually similar to me in some ways and as such, is not as threatening)*

Flexibility. The data for this time period also continued growth in flexibility. Flexibility is shown in the phrases below through the expansion of the notion of self as someone who wants to be valued as a person and fears the loss of authentic connection. Previously, I had construed myself, fairly rigidly, as not authentically emotional and as

someone who avoids dependency and intimacy. Here, I am making room for additional or alternative meanings.

➢ "I want to be valued as a person, as a being"
➢ "I fear the loss of being that I feel in therapeutic relationships"

Although I showed increased flexibility growth related to self-construals, I continued to have difficulty re-construing self, with my changing identities, to accommodate how I was noticing others were perceiving me (i.e., financial and educational identities). In the examples below, I express that I still heavily identify with my non-dominant identities, despite knowing that others perceive me as privileged.

➢ "I have always been the underdog in this area and it has been a transition to step in to my role as a doctorate level trainee; a level that I would have never thought would be for me. I see the looks I get from the clients that assume I am a privileged white girl who was afforded any and all opportunity, which I will admit is true in some ways, but so off in many others" *(having a hard time re-construing self as privileged, although other likely construes me this way)*
➢ "I am struggling on this because every part of my being does not want to associate with being privileged which is paradoxical because I have worked so hard to climb out of hardship towards privilege in a way" *(self is scared to let go of non-privileged identities because they were so core to my sense of being for so long but self has also worked really hard to overcome the challenges of previously being those non-dominant identities)*

The phrases below represent the continued willingness to re-construe other as well. Previously, I had construed others who theorized and practiced from non-human-science perspectives as "all bad." However, when I began working with such individuals, I realized that, although I believed these individuals were minimizing experience and invalidating people by using cognitive and behavioral approaches to reducing suffering, I also recognized that they were influenced by their training, and it was not that they intentionally wanted to minimize or invalidate their clients.

➢ "I feel I have missed seeing how some individuals who were taught by and practice within the medical model are not 'all bad'" *(re-construing other that is medical model trained as not "all bad")*

➢ "While I cringe when I hear other therapists tell clients that their brain chemicals do not distribute effectively and that they will always need antidepressants, I can see, through other conversations I have with these therapists, the same passion for helping with human suffering that I hold" *(re-construing other that is medical model trained as someone that also desires to help, no longer as a person that is completely dehumanizing or abusive)*

I also showed flexibility when I highlighted the importance of continuing to pay attention to multiple factors that may be influencing what a client brings into the therapy room.

➢ "I think it will be important to continue to consider her struggle from multiple perspectives and with complexity. It may not become something we talk about or discuss explicitly but I cannot deny developmental, social, and familial contexts that tie into her presenting problem" *(re-construing other as someone influenced by multiple factors and that they may not the only source of blame for their presenting problem)*

Creativity. In this time period, creativity was reflected in data that suggested an increase in my ability to loosen prior construing about other and tighten around new, more complex construing of other.

➢ "I think that those that are trained by and work within medical model (i.e. many, many community therapists) did not enter counseling training to dehumanize or abuse individuals, and although there can be argument about their responsibility to be aware of these things, I feel that I should be more open to their practice and accepting of their ways" *(loosening construing that medical model trained other is completely dehumanizing and abusive)*

➢ "While I cringe when I hear other therapists tell clients that their brain chemicals do not distribute effectively and that they will always need antidepressants, I can see, through other conversations I have with these therapists, the same passion for helping with human suffering that I hold" *(loosening construing that medical model trained other is cold and not passionate about helping others)*

There were also a lot of reflexive phrases throughout this time period that showed loosened construing in relation to topics of professionalism and ethics.

➢ "Both of the articles had me reflecting on what I am doing and my reasons behind seeking out this profession. There are selfish reasons and there are reasons that I have told myself are for the other, but are they really? Are they purely selfish because is personally feels good to be helpful to someone else and be successful; both are selfish but I am also considering how embedded that selfishness is with cultural drive to be successful and emphasis on independence. How much of my selfishness is culturally embedded, how much is really me, and how could a balance fall?" *(loosening construing and forming new, more complex construing that my motivations are for the other, are selfish, and may be influenced by culture)*

➢ "I do believe some others may value legitimacy because they are embedded in a culture in which they are searching for establishment of 'self' through achievement, power, and success; I strive for legitimacy because I want to be valued as a person, as a being. So, I do not fear the loss of professionalism, I fear the loss of being that I feel in therapeutic relationships" *(loosening construing that I disagree with cultural legitimacy and professionalism ideas to understand the ways in which going along with some of those ideas affords me the intimacy opportunity that I desire)*

Responsibility. Construing that reflects a sense of responsibility, or the notion that my construing impacts others, has been present through all prior time periods, and this continued in the current time period. The example below illustrates my continued sense of responsibility for how my construing has affected other or might affect others.

➢ "I think that those that are trained by and work within medical model (i.e. many, many community therapists) did not enter counseling training to dehumanize or abuse individuals, and although there can be argument about their responsibility to be aware of these things, I feel that I should be more open to their practice and accepting of their ways" *(understanding the ways in which my construing has limited my ability to understand and accept others that are different than me)*

There were also many reflexive phrases during this time period that showed more a more advanced sense of responsibility, illustrated by more complex construing about what I think about particular field topics and what this might mean for my work specifically.

➢ "Both of the articles had me reflecting on what I am doing and my reasons behind seeking out this profession. There are selfish reasons and there are reasons that I have told myself are for the other, but are they really? Are they purely selfish because is personally feels good to be helpful to someone else and be successful; both are selfish but I am also considering how embedded that selfishness is with cultural drive to be successful and emphasis on independence. How much of my selfishness is culturally embedded, how much is really me, and how could a balance fall?" *(trying to understand where my construing comes from)*

➢ "I see therapists under pressure and strain that boundaries may be beneficial with but I also think there needs to be some serious reflection on the part of the therapist about what the boundary is being set for and making sure that it is not harmful to the client and also not abusive of our power as therapists" *(trying to understand how my construing and implementation of boundaries may be abusive of my power in the room)*

Openness. Following the invalidation of my view that medical model influenced community therapists were "all bad," as I had begun to work with and experience their compassion, I became open to re-construing this group with more nuance and complexity than before. The examples below are indicative of openness, or my ability to re-construe when my prior construals of others trained via the medical model were invalidated.

➢ "I think that those that are trained by and work within medical model (i.e. many, many community therapists) did not enter counseling training to dehumanize or abuse individuals, and although there can be argument about their responsibility to be aware of these things, I feel that I should be more open to their practice and accepting of their ways" *(invalidation of construing that medical model trained other are "all bad" and have nothing to offer me)*

➢ "While I cringe when I hear other therapists tell clients that their brain chemicals do not distribute effectively and that they will always need antidepressants, I can see, through other conversations I have with these therapists, the same passion for helping with human suffering that I hold" *(invalidation of construing that medical model trained other is not passionate about helping with human suffering)*

Commitment. As has been noted, the data thus far has not revealed many phrases representing a willingness to validate other over time. However, in this time period, there are hints of willingness to begin to commit in the examples below. Here, I show some

willingness to commit when I re-construe other and begin to look at how I can work with the other going forward.

➤ "While I cringe when I hear other therapists tell clients that their brain chemicals do not distribute effectively and that they will always need antidepressants, I can see, through other conversations I have with these therapists, the same passion for helping with human suffering that I hold" *(willing to work with other over time because they share the same passion for helping with human suffering as I do, despite differences)*

I also show a willingness to commit to clients, as I try to figure out where I stand with duty to warn and confidentiality as it pertains to clinical work.

➤ "I do not think I would be able to easily proceed with my life if one of my clients were threatening another person in session and I did not warn or protect then the client wound up harming or killing the person; on the other side of that is client confidentiality and the therapeutic relationship. How could I build a relationship with someone or even be engaging in good psychotherapy if I am constantly revealing what client discloses during therapy (as really a way to protect liability of myself?)" *(reveals desire to commit to other over time, although these issues may get in the way)*

There was one explicit example showing my willingness to continue to engage with a client over time, and from multiple perspectives.

➤ "I think it will be important to continue to consider her struggle from multiple perspectives and with complexity. It may not become something we talk about or discuss explicitly but I cannot deny developmental, social, and familial contexts that tie into her presenting problem" *(willing to continue to validate client over time, even as different struggles and contexts reveal themselves in our work together)*

Courage and forgiveness. In this time period, there was one phrase that indicated a willingness to ROLE relate despite terror and prior major invalidations (i.e., courage and forgiveness). As this time period focused mostly on self and other construing as it pertained to the field of psychology, there were few examples of interpersonal engagement.

> "I'm cautious and I guess fearful of the resistance that could be evoked but am also curious about ways in which I can deconstruct these 'things' that clients highly identify with; unless of course, it is beneficial to them" *(willing to ROLE relate with clients that I am potentially terrified of or may invalidate of my core construing because they do not agree with deconstruing of certain concepts or phenomena)*

Reverence. The phrases below are suggestive of the value I place on other and the appreciation I hold for other. This is awareness that I have validated and want to continue validating the construing process of the other. I also express a desire to have my construing validated by other, all of which reflects a sense of interpersonal reverence (for self and other).

> "For me personally, I think yes, I am integrated in to this professional world and have cultural views embedded in me that should be monitored and reflected on but there is also a part of me that truly values the person for the person, not for the fulfillment I get for being 'helpful' because I genuinely believe that clients have a purpose""
> "I strive for legitimacy because I want to be valued as a person, as a being"
> "I fear the loss of being that I feel in therapeutic relationships"

Data analysis for this time period also resulted in a phrase representative of transpersonal reverence. According to EPCP, transpersonal reverence develops after experiencing interpersonal reverence and is represented by recognition of the dignity and worth of all human beings, and the more-then-human world, that drives one to act on behalf of the greater good of humanity and the world. The phrase below is an expression of transpersonal reverence.

> "The more I get into this field and reflect on what we are really doing, as well as where our ideas are coming from, I feel more motivated to get involved in at a larger level. If we do not fight dominant discourse about psychology and bring awareness or open constructions about issues that we face, then we are doomed to continually perpetuate what is happening today"

Fifth Time Period Results

The final time period where I wrote reflections used for this project was during the spring semester of 2019. During that semester, I was required to write 2-3 page reflections for a group and couples course I was completing (for coursework literature, see Ringstrom, 2014 and Yalom & Leszcz, 2005). That course was under the guidance of a supervisor that practices using a relational psychoanalytic approach (the same supervisor from time period three). I was also taking a consultation and supervision course and another course in psychological assessment. I attended weekly case conferences and met with peers and a licensed psychologist to consult on my external practicum clinical work. My external placement continued at a community mental health organization, and I continued my work as a graduate assistant in my university's counseling center.

I had become more open to moving anywhere for internship and post-graduation work. The workload and time commitment continued to be intense. I was still in a committed relationship and developing closer friendships. This time period actually revealed a lot of reflexivity about ROLE relating with friends versus ROLE relating in my committed relationship, and prior partner relationships. My reflections from this time period also suggest continued unfreezing and elaborating of self-other permanence construing, especially as it pertained to ROLE relating in partnerships. The reflections from this time period were split between literature and topics related to group therapy and couple's therapy. Construing about group therapy versus couples therapy revealed different themes. As such, sections in this time period will also be somewhat divided between the two reflection topics.

Listening one; relational plot.

Using process in group therapy. Growth thus far has shown a shift from construing that therapy and relating are a set of skills I apply to others to construing that therapy and relating are experiences of *being with* others. With my newly elaborated construing on what it means to relate and focus on process in therapy, I began to approach group therapy in a new way. Rather than focus on skills of a group therapist, the phrases below exemplify my new approach to relating and therapy as process and an experience of *being with*. This came in the form of figuring out when and how to use process on a group level.

➢ "A large part of me wanted to turn this into an individual session. The individual process in what he was feeling and expressing felt too clear to me to ignore but I also know that turning my attention to his process solely, would not be beneficial for the group overall" *(raised awareness to multiple processes going on in group level)*

➢ "I believe this decision was the best for the good of the group, but could not help but leave the session feeling some regret and lack of fulfillment for not being able to attend to the individual transference of this one particular individual" *(raised awareness to the multiple needs of different individuals and as a group)*

It also came in the form of figuring how I would run process groups and what level of process I could allow while following the guidelines of the organization for which I was facilitating groups.

➢ "I would prefer to talk about the difficult things although I understand where staff comes from in limiting this" *(elaborated construing to difference in construing between self and other, and complex construing about the benefits of both for group process)*

➢ "I have dialed back and been more restrictive with dialogue because I have found that many of my groups wind up in a conflict if I allow conversation to proceed to particularly distressing topics or try to allow space for two members to work out a conflict" *(loosening and elaborating construing about how to effectively use process in group work)*

As my approach to therapy and relating has changed to focusing on process and being with, I also expressed some difficulty when co-facilitating with therapists that did not construe what is important for group therapy as I did.

➢ "I like sharing the responsibility and feeling like I have support, but I am challenged when leading with therapists who strongly rely on and instill medical model into the clients" *(elaborated construing about individual differences in construing and how it affects me)*

Although still learning, there is change in what and how I am learning. Rather than fixate on "skills" of a group therapist, I focus my learning on attuning to process at a group level (i.e., be in the experience with the group rather than focus on a skill to use to facilitate group).

Staying present in the moment. My analysis in of prior time periods (time period three, in particular) resulted in data that suggested I was having difficulty with being in the moment, especially when distressed or uncomfortable. In contrast, the analysis of the current time period showed an ability to stay in the moment, despite a distressful interaction. The three phrases below highlight an experience where I allowed myself to express a loss of patience with a particular group member in the moment. I was able to express that emotion, calm down, and move forward with others group members. Additionally, I was able to engage with the member I lost patience with when he began participating later in the group.

➢ "I essentially threw my hands up and lost patience with him"
➢ "I felt I was able to calm myself down and continue on with group appropriately"
➢ "I was actually proud of myself for being able to not carry that moment or continued frustration at his mocking into my exploration with him and the group"

Reflexivity about group therapy. There were also some reflexive themes regarding my construing around group therapy. I expressed some critique of the level of

process that other therapists prevent from happening in groups and what I might prefer to

do based on my fundamental beliefs about processing distress rather than avoiding it or

pushing it away.

➢ "when do we start to actually do harm by avoiding distressing topics and allowing
   clients to use our language (trigger, trauma) to avoid what they need to honestly
   reflect and process for their own well-being, or at least what I assume to be well-
   being?"
➢ "Part of me does not want to push them into further distress but a bigger part of me
   feels I am doing harm by allowing the avoidance and cutting off a conflict before
   resolution"
   *(these phrases represent loosening and elaborating construing about my beliefs
   versus others, and how that impacts therapeutic work)*

     I also brought some clarity into my construing regarding conflict and how I

approach, or rather retreat from it, during group therapy. Although potentially tied up in

my own personal desire to retreat from conflict, the phrases below reveal an ability to

understand how conflict could affect members of the group negatively. With that

realization, I made the decision to avoid conflict among group members when I felt it was

going to be more detrimental to their overall success and well-being in the program

(indicative of my ability put aside my own desire to process in order to put the needs of

other first).

➢ "I wonder if part of me feels overwhelmed by process because I fear conflict. I do not
   fear it in the sense that I want to avoid conflict. At some level, I actually like conflict
   and think it can be experientially useful but maybe I fear that I cannot contain the
   conflict if my process illumination brings it out"
➢ "Essentially, some were being put on behavior contracts for the conflict that
   happened during my groups. These behavior contracts were not my suggestion, it was
   a decision made beyond my opinion to which I took responsibility for. I felt bad
   because I was allowing them to express themselves and try to practice working
   through conflicts that ultimately got them in trouble for not following group rules"

There were two phrases representing the difficulty I was having trying to figure out how to meet the needs of all the unique individuals in the group. The phrases below also represent my newly elaborated ability to construe as the other does and to understand the differences and uniqueness of others.

➢ "It is really difficult to manage the different needs and provide 'meaningful' groups with the high level of diversity"
➢ "When talking basic APA guidelines, how do you practice beneficence and nonmaleficence in a group where on topic, process, etc. is useful for one member but potentially harmful to another?"
   (both phrases represent my ability to construe and value multiple others' construing)

Couple's therapy bringing out my retreat from partner ROLE relating. Learning and reading about couple's therapy revealed a lot about how I retreat from partner ROLE relating. The awareness of my retreat from partner ROLE relating came first with reflexive statements about the contentment I felt in my partnership and the part of me that did not desire more intimacy.

➢ "There is a part of me that wants to have mutual recognition and wants that deep connection of knowing and being known, but a large part of me that feels comfortable with where I am and does not feel that the benefit will outweigh the risk of shaking my foundation of contentment" *(cognitive acknowledgement of how positive it could be to fully reveal and have my core construing validated by my partner, but experiential retreat as evidenced by comfort and not wanting to risk)*
➢ "So, I cannot help but try to think constructively about my essential ease of contentment and what that says about me in comparison to how the majority of others that desire more intimacy. Part of me does not want to give up that contentment because I generally feel happy and do not feel the suffering of loneliness or sadness in context of relationships at the level that I witness others to be. The other part of me recognizes that the intimate relationships that I have bring me a lot of happiness and are the reason I have that contentment, but if I could risk more, maybe there could be more happiness" *(loosening construing that I may use contentment as "good enough" intimacy with partners because it feels like too much of a risk to reveal core construing, although I can acknowledge that I could potentially experience more happiness if I do because I have felt happiness in revealing my core construing in other ROLE relationships)*

Retreating from partner ROLE relating was also shown in reflexive statements about the boredom I feel when looking at my "patterns" in partner relationships (i.e., how I risk or retreat from ROLE relating). In these phrases, I am referring to a feeling of boredom towards looking reflexively at my own patterns in relating. With that, I begin to ponder if boredom is a retreat from ROLE relating.

➤ "I am curious about if I employ patterns and engage in self-fulfilling prophecies so much that I am bored with the patterns but really that boredom is a protection from change"

➤ "So to conflict this idea of boredom, I wonder if I am actually using agency (boredom) as 'resistance' to threatening change (i.e. mutual inductive identification patterns), as I feel I am at the point of knowing quite well what I do in relationships and why I do it; I am at the point of awareness where I should really be making changes, but rather I am keeping myself in the same patterns and show resistance to change via boredom, about my own life as well as needs/concerns of those who are in relationships with me" *(loosening and elaborated construing that I know the ways in which I retreat from ROLE relating and as such, should make changes; however, I am still retreating from partner ROLE relating)*

Admitting the ways in which I retreat from partner ROLE relating. As I began to look deeper into why I felt contentment and boredom, I started to look at what I did in partner relationships that was a retreat from partner ROLE relating. This included manipulating conversations to satisfy my needs while negating my partner's agency and refusing to construe to other or as other does in partner relationships. Of course, this is also indicative of remnants of the structural arrests previously unfrozen and elaborated regarding self-other construing and self-other permanence. Although arrests in those areas were unfrozen and elaborated for ROLE relating with friends and clients, the analysis of this time period revealed ongoing difficulty in my ability to construe other or as other did when it came to partner relationships.

➤ "As I grow as a clinician and critical thinker, I have recognized the ways in which I can really manipulate a conversation. While I am very cautious not to do this with

clients, I can recognize that I am very good at turning (partner)'s concerns in to something 'irrational', if you will, or invalidating of my own concerns" *(raised awareness to how I manipulate my partner to meet my needs as a way to retreat for construing him as a unique being with his own construing and needs)*

➤ "It is interesting because as I write about this position that I take, I am only thinking about intimate relationships. I could propose that I take an opposite stance and view only from other-as-subject or other-as-object in my friendships and therapeutic relationships" *(other-as-subject and other-as-object can be understood as being able and willing to construe other and as other does; this phrase represents raised awareness to how I retreat ROLE relating with partners by not being willing to construe other or as other does with my partner, but am willing to do so with friends and clients)*

As has been the case throughout the prior time periods in the analysis of self-other permanence issues, there were statements about my fear that, as a result of childhood experiences, my sense of self and my meanings would disappear in the face of the other and the other's meanings construing. This structural arrest will be further elaborated below. The reflexive statement below reveals the difficulty I had with allowing the other and the other's construing to be present in partner relationships. To help clarify, other-as-subject or other-as-object refers to how I converted other needs in to my own to prevent invalidation in my development. However, this way of retreating from ROLE relating prevented me from risking core construing with other in adulthood, and thus did not feel the fulfillment or joy of ROLE relating. Additionally, as I developed and became attuned to my authentic core construing (self-as-subject or self-as-object), I feared losing my attunement to self if I allowed myself to get too close to other.

➤ "I only knew how to immerse myself in other-as-subject or other-as-object in order to get needs met by my parents or in intimate relationships and now there is an unconscious fear (or psychic equivalence) that I will lose the subject-as-subject or subject-as-object perspective/agency if I play in to the other-as-subject or other-as-object perspective" *(raised awareness to my retreat from risking ROLE relating with other, or construing partner or as partner does, because I fear I will lose authentic self)*

Losing desire to grow. The phrases below express my loss of desire to grow in partner ROLE relating. At the time, I attributed the loss of desire as being due to exhaustion, which not only speaks to my state at the time but also to the difficulty of change in general and the amount of effort it takes to continue to reflexively bring construing in to awareness and elaborate it. However, I also indicate some concern that the loss of desire represents a pattern of retreating from partner ROLE relating.

➢ "I am not sure if part of this is current exhaustion or loss of hope because I did, at one point, feel very motivated to work on myself and grow for my own happiness as well as others. However more recently, myself and my intimate relationship has taken a back seat"

➢ "I was very motivated to relate differently and open myself up with (partner), but as time moves on, I am less inclined to do so. I am hoping this is because I am exhausted from the program and all other needs called upon me by others and not that I am repeating a cycle"
(both phrases represent raised awareness to my exhaustion from working on self and how I have stopped putting so much effort in to growing and changing, at least in partner ROLE relating)

Not all is lost. Although I express exhaustion and loss of desire, I also looked deeper at why I might have been retreating from partner ROLE relating (due to the risk involved) and expressed hope that the desire will return one day.

➢ "While I am quite content in the level of intimacy I have, I do have hope that I can open space for more intimacy and hopefully feel more joy/happiness. However, the risk of repeating feelings of rejection and neglect is a pretty high risk for me."

➢ "I am hopeful that when the stress of classes subsides in the next few months, the contentment and lack of motivation to grow for myself, as well as in my intimate relationships, will resurface"

Listening two; I poems.

Explicit struggle. There was only one I poem of explicit struggle during this time period. This is likely because my confidence had grown at this point in my training, and I

could understand the ways in which my struggle did not mean I was stuck or could not

grow.

> ~   I continually struggle
> I feel
> I recognize and acknowledge
> But I am also certain
> I am still trying to learn

Implicit struggle; the back and forth. Though the explicit struggle was minimal,

my analysis of this time period suggested ongoing implicit struggle. The I poems below

are examples of my tendency to flip-flop (back and forth) from one way of construing to

another, reflecting my implicit struggle to make sense of various things. In particular, the

I-poems below show my implicit struggle regarding my abilities, how I construe conflict,

my growth, and my abilities.

> ~   I am not sure
> Where I am going
> Where I am starting from
> I just felt something
> I guess it is just really
>   difficult
> I am finding myself
> I have not been able to
> I assume
> I go back and forth

> ~   I fear conflict
> I do not fear it
> I want to avoid
>   conflict
> I actually like
>   conflict
> I fear
> I cannot contain
>   conflict
> I guess
> I guess

> ~   I was
> I believe
> I am not sure
> I would
> I can understand
> I am quite hard on
>   myself
> When I make a mistake
> I am
> I have
> I am not sure

Self-doubt and imperfection. There was one short I poem representative of my

self-doubt during the time period. As mentioned above, there was less of a "stuck"

feeling with things that I was learning and more of an understanding that I was growing

and figuring it out during this time period.

> ~   I am not sure
> I guess you could say
> I am doing
> I guess

Can I relate? I can. Prior I poems revealed a curiosity about what it means to relate and whether I could. The I poem below showed some continued curiosity about whether I was able to relate but, different than in previous time periods, ended with confirmation that I can and do.

<div align="center">

~   I always try
I find myself reflecting
Can I really relate
I almost feel
I feel
I am curious
I employ
I am bored
I wonder
If I am actually
I feel
I am

</div>

Reflexivity. There were five reflexive I poems during this time period. They revealed that I do not (and maybe do not want to at times) attune myself to other, that I feel and will need to continue to feel, and that I can negate other agency, although I recognize I do not need to.

<div align="center">

~ Do I attune myself	~ I feel	~ I can admit
I do not	I am pretty open	I often do not
I have	I do admit	I negate other
I progress	I feel	I recognize
I wonder	I wonder	I am not sure
If I really even want to	I will feel	I did at one point
	I am not	I only knew
	I want to	I will lose
	I would not	If I play
	I wonder	I have experience
	I would	I do not
	I am	
	I feel	
	I will need to	
	As I transition	

</div>

Hope for growth; even though I still struggle. There were three I poems during this time period that revealed hopefulness. Although these came with some doubts and struggles, I seem to still hold hope for continued growth and happiness.

~ I was very motivated	~ I feel	~ I think
I am less inclined	I cannot	I go through
I am hoping	I generally feel	I understand
I am exhausted	I witness	I am quite content
I am repeating	I have	I have
I am hopeful	I could risk	I do have hope
	I am still hoping	I can open space
		I actually tell myself
		I am okay
		I sometimes wonder
		If I am

Expressions. Results thus far have shown a progression in my ability to allow myself to feel distressing emotions and be authentic in the moment. The I poems below are examples of such emotional expression. While there is emotion behind each I poem during every time period, the I poems during this time period seemed to show my willingness to express explicit emotion more than previous time periods, even though they ended sometimes with negative emotion or fear.

~ I turned around	~ I face	~ I do not tend to show
I essentially threw my	I always try	Even if I feel it
hands up	I am interested	I felt
I was upset	I can literally feel	I was able
I feel disrespected	I am feeling	When I prompted
I am annoyed	I stop	I was actually proud
I am tired	I worry about	
I will	invalidation	
I felt experientially	I get that	
	I am not sure	

Listening three; self-other construing and structural arrests

Self-construing. Prior self-construing revealed doubt in my abilities as a therapist and an inability to be authentically emotional as well as stay in the present moment. My

analysis of data from this time period revealed continued self-construing that was sometimes timid and doubtful about my abilities, but it also demonstrated that I was able to work through challenges and stay in the present moment. Below are two examples of my new construal of self as someone who can be challenged or doubtful but can work through it too.

Example one:

➢ "I fear that I cannot contain the conflict" *(doubt in ability)*
➢ "I guess more experience will bring comfort and confidence with my ability to contain and work through conflict but right now, my lack of confidence probably promotes some avoidance of conflict" *(understanding that I could develop)*
➢ "I feel that this book and experiences in class have already increased my confidence in and given me some ideas on how/where to look for process and how to illuminate it" *(feeling confident that I could develop)*

Example two:

➢ "I essentially threw my hands up and lost my patience with him"
➢ "The reasons behind this are complex; I feel disrespected, I am annoyed with his constant jokes about therapy, I am tired and gave up, despite my values, etc." *(I was able to recognize distressful emotions in the moment)*
➢ "I felt I was able to calm myself down and continue on with group appropriately" *(I was also able to work through those distressful emotions)*
➢ "I was proud of myself for being able to not carry that moment or continued frustration at his mocking in to my exploration with him and the group" *(proud at my ability to acknowledge distressing emotions in the moment and work through them rather than avoid them or let them affect my work)*

Other construing. There were two statements that continued to show my new construing of other. Moving beyond an inability to construe other or as other does, I was able to appreciate others as unique beings and wanted to provide them with services that valued their worth and dignity.

➢ "I just always want to be respecting and honoring the client and if I slip and say something that the client trusted me to keep to myself, I would feel terrible" *(raised awareness to the value of other construing and my responsibility to respect it)*

➢ "It is so frustrating, and I honestly believe that if we took more time to prepare and explain what is going on to the clients, it could be more successful for the clients" *(raised awareness to how other construing is often neglected or overlooked in organization, and how it negatively affects clients)*

Self-other construing. My analysis of self-other construing during this time period also suggested my continued ability to see other as distinct and separate beings. This came in the form of realizing the challenges of facilitating group therapy with therapists practicing from different orientations:

➢ "I am challenged when leading with therapists who strongly rely on and instill the medical model into the clients" *(elaborated construing to the variety of ways to do therapy, or how others construe differently than I do)*

And that other therapists view me as a unique being, different from them:

➢ "I will reflect process comments and I feel like the other therapists look at me with complete confusion" *(raised awareness to how others may construe me as different and struggle to construe as I do)*

Self-other constancy construing. My analysis in this time period revealed that there were no explicit examples of self-other constancy construing. This may be reflective of my prior growth in this area, as suggested by a focus in prior time periods of development in my construing of self and other as complex beings.

Self-other permanence construing. Prior time periods suggested some unfreezing and elaboration of self-other permanence construing (i.e., the sense that I and other continue to exist in the presence or absence of one another). While I continue to be able to construe self and other in this way when it comes to friends and clients, this time period revealed difficulty in self-other permanence construing related to partners. The phrase below, as well as the remainder in this section, are speaking to partner ROLE relating.

➢ "It is interesting because as I write about this position that I take, I am only thinking about intimate relationships. I could propose that I take an opposite stance and view only from other-as-subject or other-as-object in my friendships and therapeutic relationships" *(raised awareness to how I retreat from construing other or as other does in partner ROLE relating)*

Structural arrests; the freezing. As mentioned above, this time period revealed a structural arrest in self-other permanence construing within partner relationships. There were two statements that revealed my inability or unwillingness to construe my partner as separate and distinct while in my presence.

➢ "Unfortunately, I can admit that I often do not recognize that others have an 'I' and 'me' perspective and generally perceive form my own self-as subject and self-as-object. Often in my relational conflicts, I negate other agency and do not allow play" *(this phrase represents raised awareness to how retreat from construing other as unique and do not allow other to hold space while in presence of my own construing, particularly in partner ROLE relating)*
➢ "how do I attune myself to each subjective experience of the couple, as well as my own, when I do not even allow myself to do this in my own relationship" *(loosening construing about how my retreat from partner ROLE relating affects my development as a couple's therapist)*

Structural arrests; some loosening. With an awareness of my inability, and sometimes unwillingness, to view other (specifically partners) as distinct and separate while in my presence, I was able to start looking deeper into the terror I felt about partner ROLE relating and contemplated whether the risk in partner ROLE relating was worth unfreezing and elaborating construing.

Terror towards partner ROLE relating:

➢ "I have to admit that I feel unease at the idea of switching our focus in class from group to couples therapy. I can easily attribute this to my own unease at being half of a 'couple' currently and in my past"
➢ "the risk of repeating feelings of rejection and neglect is a pretty high risk for me"

Wondering whether partner intimacy is worth the risk of invalidation, or whether should I just continue to retreat in partner relationships:

➤ "There is a part of me that wants to have mutual recognition and wants that deep connection of knowing and being known, but a large part of me that feels comfortable with where I am and does not feel that the benefit will outweigh the risk of shaking my foundation of contentment"

➤ "Part of me does not want to give up that contentment because I generally feel happy and do not feel the suffering of loneliness or sadness in context of relationships at the level that I witness others to be. The other part of me recognizes that the intimate relationships that I have being me a lot of happiness and are the reason that I have that contentment, but if I could risk more, maybe there could be more happiness" *(both phrases represent loosening construing about how I retreat and if I want to risk ROLE relating with partners)*

There were also two reflexive phrases that demonstrate awareness into my retreat from partner ROLE relating.

➤ "experientially know that I do not have to lose my agency in modes of other-as-subject or other-as-object? Why is it more difficult to transfer this experiential knowledge to my intimate relationships?" *(raised awareness to my cognitive understanding that self can exist while in presence of other construing, but maintained experiential retreat; this is indicative of stuck construing or unwillingness to elaborate)*

➤ "I suppose there is more of a risk in intimate relationships, especially because it requires more vulnerability and openness from me" *(raised awareness to the terror I feel towards feelings vulnerable with a partner, or revealing my core construing)*

Structural arrests; hope for unfreezing/growth. Despite debating whether it was worth risking invalidation in partner ROLE relating, I did have moments where I knew there was "something more" and could construe the potential benefits of partner ROLE relating.

➤ "While I am quite content in the level of intimacy I have, I do have hope that I can open space for more intimacy and hopefully feel more joy/happiness"

➤ "I am hopeful that when the stress of classes subsides in the next few months, the contentment and lack of motivation to grow for myself, as well as in my intimate relationships, will resurface"

Structural arrests; why? The statements below provide examples of why I froze construing around self-other permanence and, potentially, why I refused to unfreeze and elaborate self-other permanence construing within partner relationships.

➢ "I only knew how to immerse myself ito other-as-subject or other-as-object in order to get needs met by my parents or in intimate relationships and now there is an unconscious fear (or psychic equivalence) that I will lose the subject-as-subject and subject-as-object perspective/agency if I play in to the other-as-subject or the other-as object perspective" *(raised awareness to how I lost authentic self construing while in the presence of making my caregivers' needs, my needs, and how I fear losing self if I allow other construing to hold space with my own self construing)*

➢ "Ringstrom writes about the hope that with an intimate partner, we can grow from or repair what was never there or traumatized in development, but also face the dread that the past will repeat itself. I think this speaks very clearly to what I go through" *(raised awareness to how I desire ROLE relating with an intimate partner but also struggle to ROLE relate with my partner because I fear repeating deep invalidation, as I experienced with caregivers)*

Listening four; distancing and dependency construing.

Similar to prior sections of this time period, my analysis of the data showed a difference between dependency construing and distancing in therapeutic relationships and friendships as opposed to partner relationships. This section will start with distancing and dependency construing within therapeutic relationships followed by distancing and dependency construing in partner relationships.

Striving for psychological presence rather than distance. This time period was characterized by construing that was actually striving to be psychologically present (i.e., not avoiding distressing emotions or difficult content).

➢ "I am still trying to learn the line of allowing difficult information to be discussed and when to redirect. The redirect is mostly because I am told to do so by therapists and supervisors, not because I particularly agree. I would prefer to talk about the difficult things although I understand where staff comes from in limiting this" *(loosening and elaborating construing about how to stay present with distressing emotions and with others that construe differently than me)*

Although I was trying to be psychologically present, there were still times that revealed a tendency to want to psychologically distance in therapy when distressing emotions or difficult content may cause a conflict among clients in a group.

➢ "I wonder if a part of me feels overwhelmed by process because I fear conflict. I do not fear it in the sense that I want to avoid conflict. At some level, I actually like conflict and think it can be experientially useful but maybe I fear that I cannot contain the conflict if my process illumination brings it out" *(loosening and elaborating construing about conflict and what conflict could mean for my ability to stay psychologically present)*

   Dependency with colleagues. This time period also revealed a willingness to risk

core invalidation with some therapists (i.e., to trust them enough to be a co-therapist),

those who could be construed as helpful partners in the process, while at the same time

feeling "indifferent" about engaging with other professionals in this way due to

encountering therapists with more challenging differences in approach.

➢ "Yalom also writes about co-therapists. I am also indifferent about this. I like sharing the responsibility and feeling like I have support, but I am challenged when leading with therapists who strongly rely on and instill the medical model into the clients" *(elaborating construing about how to rely on others that construe differently than me without risking invalidation; or how and when I can depend on others different than me)*

   Therapeutic and friend ROLE relationships versus partner ROLE relationships.

My analysis revealed a difference in my ability to construe other and as other does when

in therapeutic and friend ROLE relationships and an inability and/or unwillingness to

construe other or as other does in partner relationships.

➢ "It is interesting because as I write about this position that I take, I am only thinking about in intimate relationships. I could propose that I take an opposite stance and view only from other-as-subject or other-as-object in my friendships and therapeutic relationships" *(raised awareness to how I can construe other and as other does with clients and friends, but will not or do not allow self to do so with partners)*

   I also revealed difference in my willingness to elaborate distancing and

dependency construing with family.

➢ "I mean this purely in partner relationships, as I feel that mutual recognition with friendships is a different recognition that what Ringstrom is preparing us for in the

book; family-well that is a whole different ship wrecked on an island that I am nowhere near ready to acknowledge or float towards in my present life" *(elaborated construing about my inability to ROLE relating with partners, my ability to ROLE relating with friends, and my unwillingness to ROLE relating with family)*

Psychological distancing in partner relationships. There were two statements representative of how I psychologically distance in partner relationships. The statements below indicate psychological distancing when I manipulated conversations and negated other difference and uniqueness

➢ "As I grow as a clinician and critical thinker, I have recognized the way that I can really manipulate a conversation. While I am very cautious not to do this with clients, I can recognize that I am very good at turning (partner)'s concerns in to something 'irrational', if you will, or invalidating of my own concerns" *(psychologically distancing by manipulating)*

➢ "Unfortunately, I can admit that I often do not recognize that others have an 'I' and 'me' perspective and generally perceive from my own self-as-subject and self-as-object. Often in my relational conflicts, I negate other agency and do not allow play" *(psychologically distancing by negating other as unique and having their own needs)*

Dependency avoidance in partner relationships through reflexivity. Dependency avoidance in partner relationships was shown in many reflexive statements, demonstrating my awareness of my struggles. The phrases below show how I construed contentment and boredom in partner relationships as a means to avoid being vulnerable and dependent in partner ROLE relating.

➢ "There is a part of me that wants to have mutual recognition and wants that deep connection of knowing and being known, but a large part of me feels comfortable with where I am and does not feel that the benefit will outweigh the risk of shaking my foundation of contentment"

➢ "I am curious about if I employ patterns and engage in self-fulfilling prophecies so much that I am bored with the patterns but really that boredom is protection from change"
(both phrases represent raised awareness to how I retreat from ROLE relating with partners through contentment and boredom, and that perhaps I do so because I am fear risking core construing with a partner)

As I brought dependency avoidance in partner relating into awareness through this process of reflexivity, I began to look deeper at my difficulty with extending my willingness to depend on others into partner relationships and the things that I do that create distance in partner relating.

➤ "At some level, I think there is attunement in recognizing how easy it is for me to do this. As a result, I have been able to stop myself from 'proving him wrong' and taking a step back to recognize both our experiences as valid and that I do not need to negate his experience to still have my own. While there is satisfaction in manipulating the conversation and a sense of ease when he admits that he is asking too much of me or that he is not considering me with his concerns, I also know that part of that is me distancing and creating a relationship with less intimacy, which of course is a safe space for me"

"Something more" in partner ROLE relating. Although I admit the difficulty I have in risking ROLE relating in partnerships, I also know that there is "something more" out there I could have if I risk partner ROLE relating.

➤ "While I am quite content in the level of intimacy I have, I do have hope that I can open space for more intimacy and hopefully feel more joy/happiness."
➤ "The other part of me recognizes that the intimate relationships that I have bring me a lot of happiness and are the reason that I have contentment, but if I could risk more, maybe there could be more happiness"

Psychological distancing and dependency avoidance in partner relationships; why? There were also some phrases that revealed why I continued to struggle being psychologically present or willing to risk dependency (i.e., intimacy) with partners. Those reasons are linked to painful rejection and invalidation in my childhood.

➤ "Ringstrom writes about the hope that with an intimate partner, we can grow from or repair what was never there or traumatized in development, but also face the dread that the past will repeat itself. I think this speaks very clearly to what I am going through"
➤ "I actually tell myself I am okay with contentment, as a defense or whatever else you would call it; I sometimes wonder if I am somehow unconsciously lying to myself as a means to negate the risk of pain that I felt growing up"

(raised awareness to terror I feel towards ROLE relating with partners, and how I retreat the psychological distancing and dependency avoidance, due to prior major invalidations I felt growing up)

Listening five; experiential components.

Discrimination. This time period continued to reveal my ability to construe differences between others and their impact on me. First, I expressed that I have some hesitations to co-lead group therapy with someone who construes suffering and recovery/growth differently than I do.

➢ "I like sharing the responsibility and feeling like I have support, but I am challenged when leading with therapists who strongly rely on and instill the medical model into the clients" *(able to discriminate between self and other beliefs and how it affects therapeutic work)*

I also show discrimination when evaluating how I construe different risks of engaging in partner ROLE relating versus friendship and therapeutic ROLE relating.

➢ "It is interesting because as I write about this position that I take, I am only thinking about intimate relationships. I could propose that I take an opposite stance and view only from other-as-subject or other-as-object in my friendships and therapeutic relationships" *(able to construe differences in risk based on difference of other; partner, friend, client)*

I mentioned the difference of risks in partner versus friendship ROLE relating again, while also adding the risks of family ROLE relating. While one could understand the statement below about family ROLE relating as reflective of over-discrimination (i.e., an unwillingness to ROLE relate due to differences between self and other), this statement could also be understood as healthy discrimination—in other words, a healthy decision to limit relationships (versus a problematic retreat) with family due to construed differences resulting from years of experiencing the risks associated with ROLE relating with my family. This will be further elaborated in the discussion section.

➢ "Of course, I mean this purely to partner relationships, as I feel that mutual recognition with friendships is a different recognition that what Ringstrom is preparing us for in his book; family-well that is a whole different ship wrecked on an island that I am nowhere near ready to acknowledge or float towards in my present life" *(able to discriminate between risk of ROLE relating with friend versus family, and able to decide the limit risk with family due to prior major invalidations with them while not limiting risk with friends)*

Flexibility. I have shown flexibility in my ability to re-construe rigid construals of self and other as I experienced and learned new things in my training. Flexibility in self-construing is exemplified by the phrases below, which represent my construing of self as someone who could work through distressing emotions while in the presence of others and allow myself to continue engaging despite distressing emotions. This contrasts with prior rigid construals of self, noted earlier, that suggested difficulty with staying authentically emotional, especially while in presence of other. The second phrase also represents a willingness to re-construe other, which stands in contrast to a prior way of being in which an experience of invalidation or distressing emotion as a result of an interaction would have resulted in shutting down my emotions and avoiding that person.

➢ "I felt I was able to calm myself down and continue on with group appropriately"
➢ "I was proud of myself for being able to not carry that moment or continued frustration at his mocking into my exploration with him and the group"

I also show flexibility in construing other when I am willing to construe the other as having their own unique and valuable experience. Prior time periods had revealed difficulty with construing other or as other does, especially in the face of my own construing.

➢ "At some level, I think there is attunement in recognizing how easy it is for me to do this. As a result, I have been able to stop myself from 'proving him wrong' and taking a step back to recognize both our experiences as valid and that I do not need to negate his experience to still have my own" *(unfreezing prior rigid construing that I was experientially stopping myself from elaborating due to terror)*

Creativity. In this time period, creativity was evident in phrases where I brought my construing about risks in partner ROLE relating into awareness and began to wonder about how/whether I can risk partner ROLE relating in my future.

➢ "Why is it more difficult to transfer this experiential knowledge to my intimate relationships? I suppose there is more of a risk in intimate relationships, especially because it requires more vulnerability and openness from me" *(loosening construing about what makes it difficult to risk)*

➢ "While there is satisfaction in manipulating the conversation and a sense of ease when he admits that he is asking too much of me or that he is not considering me with his concerns, I also know that part of that is me distancing and creating a relationship with less intimacy, which is of course a safe space for me" *(loosening and tightening construing around how my retreat is a protection but also prohibits me from intimacy)*

➢ "if I could risk more, maybe there could be more happiness" *(tightened construing about how risking could facilitate more happiness)*

Responsibility. As in previous time periods, my analysis suggested that I continued to assess how my construing affected others. I did this when realizing and adjusting group therapy facilitation because process groups were resulting in conflict among members, for which they were ultimately punished. While one could interpret this statement as an example of assuming excessive responsibility, I argue that this is an instance of healthy responsibility, as I realized how my approach to facilitating groups and preference for a process-oriented group was not always beneficial for members and potentially made things more difficult for them to be successful in the program.

➢ "Essentially, some were being put on behavior contracts for the conflict that happened during my groups. These behavior contracts were not my suggestion, it was a decision made beyond my opinion to which I took responsibility for. I felt bad because I was allowing them to express themselves and try to practice working through conflicts that ultimately got them in trouble for not following group rules" *(raised awareness to how my construing that values conflict resolution may create negative consequences for clients as I encourage conflict but they are punished for conflict in the setting I was working in)*

As another example of responsibility, the four phrases below represent awareness into my own construing in partner relationships and how that construing affected my partner. Here, I started to look at how my construing was negatively affecting others as well as myself, necessitating change.

➤ "I can recognize that I am very good at turning (partner)'s concerns into something 'irrational', if you will, or invalidating of my own concerns"
➤ "Unfortunately, I can admit that I often do not recognize that others have an "I" and "me" perspective and generally perceive from my own self-as-subject and self-as-object. Often in my relational conflicts, I negate other agency and do not allow play"
➤ "While there is satisfaction in manipulating the conversation and a sense of ease when he admits that he is asking too much of me or that he is not considering me with his concerns, I also know that part of that is me distancing and creating a relationship with less intimacy, which is of course a safe space for me"
➤ "I feel I am at the point of knowing quite well what I do in relationships and why I do it; I am at the point of awareness where I should really be making changes, but rather I am keeping myself in the same patterns and show resistance to change via boredom, about my own life as well as needs/concerns of those who are in relationships with me"

Openness. There were two statements that were representative of openness in therapeutic relationships. The first statement indicates a recognition that sometimes clients may be experiencing so much crisis that it is not beneficial to explore process or distress in the moment, which I had previously privileged over calming or distracting techniques. The second provided an example of being proud that I could re-construe other and remain present in the moment despite previously feeling invalidated by a group member.

➤ "I go back and forth on this challenge. The clients are extremely vulnerable and in difficult situations. Part of me does not want to push them into further distress but a bigger part of me feels I am doing harm by allowing the avoidance or cutting off a conflict resolution"
➤ "I was actually proud of myself for being able to not carry that moment or continue frustration at his mocking into my exploration with him and the group"

Openness within partner relationships appeared to be more difficult. I began to become aware of the ways in which I was actually being hostile (unwilling to re-construe when invalidated) by construing boredom as a way to justify not making changes or growing in partner relationships.

➢ "I feel I am at the point of knowing quite well what I do in relationships and why I do it; I am at the point of awareness where I should really be making changes, but rather I am keeping myself in the same patterns and show resistance to change via boredom, about my own life as well as needs/concerns of those who are in relationships with me"

But, with awareness into hostility, came reflexivity about why I was being hostile towards partner ROLE relating:

➢ "Why is it more difficult to transfer this experiential knowledge to my intimate relationships? I suppose there is more of a risk in intimate relationships, especially because it requires more vulnerability and openness from me"

➢ "While there is satisfaction in manipulating the conversation and a sense of ease when he admits that he is asking too much of me or that he is not considering me with his concerns, I also know that part of that is me distancing and creating a relationship with less intimacy, which is of course a safe space for me"

And, a willingness to re-construe and approach partner ROLE relating differently:

➢ "At some level, I think there is attunement in recognizing how easy it is for me to do this. As a result, I have been able to stop myself from 'proving him wrong' and taking a step back to recognize both our experiences as valid and that I do not need to negate his experience to still have my own"

Commitment. There were two phrases showing willingness to validate my clients over time. This came in the form of not letting a previous invalidating experience obstruct my future relationship with a client (also demonstrating forgiveness) and through my desire to continue respecting and honoring the client in different environments.

➢ "I was actually proud of myself for being able to not carry that moment or continue frustration at his mocking into my exploration with him and the group" *(experienced invalidation by mocking but was able to engage with group, and with him)*

➢ "I just always want to be respecting and honoring the client and if I slip and say something that the client trusted me to keep to myself, I would feel terrible" *(desire to continue to validate other's construing over time by honoring and respecting what they share with me)*

Although I still exhibited difficulty in validating a partner over time, I did show

some hope that when things are less stressful (i.e., more safe), I would like to develop

partner ROLE relating, which included commitment.

➢ "I was very motivated to relate differently and open myself up with (partner), but as time moves on I am less inclined to do so. I am hoping this is because I am exhausted from the program and all other needs called upon me by others and not that I am repeating a cycle. I am hopeful that when the stress of classes subsides in the next few months, the contentment and lack of motivation to grow for myself, as well as in my intimate relationships, will resurface"

Courage and forgiveness. Prior time periods have revealed a willingness to

ROLE relate despite terror (i.e., courage) and a willingness to re-construe and engage in

ROLE relating despite prior invalidation (i.e., forgiveness) with clients and friendships.

This time period revealed quite a bit of difficulty with courage and forgiveness within

family and partner relationships. I noticed this as I construed the difference in my

willingness to ROLE relate with friends and clients versus with my partner and family.

➢ "I feel that mutual recognition with friendships is a different recognition that what Ringstrom is preparing us for in his book; family-well that is a whole different ship wrecked on an island that I am nowhere near ready to acknowledge or float towards in my present life" *(unable to have courage and forgiveness with family at that time)*
➢ "It is interesting because as I write about this position that I take, I am only thinking about intimate relationships. I could propose that I take an opposite stance and view only from other-as-subject or other-as-object in my friendships and therapeutic relationships" *(able to construe friends and clients as unique beings and engage in ROLE relating despite terror or prior invalidation, but not willing to do so with partner ROLE relating)*

I debated about whether I was willing to risk what I construed as contentment

(i.e., a retreat from ROLE relating) in partner relationships. In other words, I questioned

whether I was willing to ROLE relate with my partner despite terror and prior

invalidation.

➢ "There is a part of me that wants to have mutual recognition and wants that deep connection of knowing and being known, but a large part of me that feels comfortable with where I am an does not feel that the benefit will outweigh the risk of shaking my foundation of contentment"

I also looked in to why I seemed to lack courage and forgiveness within partner

ROLE relating.

➢ "Ringstrom writes about the hope that with an intimate partner, we can grow from or repair what was never there or traumatized in development, but also face the dread that the past will repeat itself. I think this speaks very clearly to what I am going through" *(dread can be understood as terror to ROLE relate due to prior invalidations)*
➢ "the risk of repeating feelings of rejection and neglect is a pretty high risk for me" *(raised awareness to terror I feel towards risking core construing, as a result of prior major invalidations)*

But I also show some signs of willingness to one day have courage and

forgiveness as they pertain to partner ROLE relating.

➢ "While I am quite content in the level of intimacy I have, I do have hope that I can open space for more intimacy and hopefully feel more joy/happiness"
➢ "if I could risk more, maybe there could be more happiness"

Reverence. As a result of prior experiences of reverence, I expressed a desire to

validate others' construing (i.e., treat them as a person worthy and deserving of

consideration) in the statements below. I also expressed a desire to always respect and

honor my clients.

➢ "I honestly believe that if we took more time to prepare and explain what is going on to the clients, it could be more successful for the client"
➢ "I just always want to be respecting and honoring the client and if I slip and say something that the client trusted me to keep to myself, I would feel terrible" *(both phrases represent awareness of prior validation of other's construing and a desire to continue to do so)*

At the same time, while reverence was coming more easily with clients, there were phrases that represent difficulty with reverence in partner relationships, such as the one below.

➢ "Often in my relational conflicts, I negate other agency" *(lack of ability for reverence in partner ROLE relating)*

However, there was one phrase that revealed a revering of my partner when I was able to stop myself from invalidating his construing in order to appreciate his unique construing while simultaneously continuing to make space for mine.

➢ "I have been able to stop myself from 'proving him wrong' and taking a step back to recognize both our experiences as valid and that I do not need to negate his experience to still have my own" *(raised awareness to reverence; that I can validate other's construing and hold my construing as important simultaneously)*

Cultural Ethnography

First time period.

There were a few statements towards the end of the first time period where I seemed to begin to reflect on how culture impacts how we think of ourselves and others. Up until that point, I am not sure how much I reflected on this, if I did at all. The course readings of this time period began to introduce me to how much influence context has on being/experience (both at an interpersonal level as well as larger societal and cultural levels). As I was becoming aware of my own construing, I was also becoming aware of how much of my construing was impacted by context. With this, came awareness of how much context influences others' construing as well.

➢ "I think it is important to keep in mind the context of what that relationship is going through."

Perhaps the biggest contributor to growth in this time and latter time periods related to my perspective on culture was the awareness of how individualism makes it

basically impossible to find happiness and reduce suffering because it does not create space for contextual understanding.

➤ "The article mentions that 'individual behavior can only be understood within its relation context'. It also discusses that while this idea seems simple and obvious, it is a different one to apply, especially in Westernized societies" *(raised awareness to Western cultural beliefs about individualism limits one's understanding of behavior contextually)*
➤ "We are taught to think internally and blame ourselves for our unhappiness with not meeting unrealistic expectations set on us" *(raised awareness to how individualism places blame on self for not meeting unrealistic expectations, rather than realizing the expectations are unrealistic)*

The influence of individualism on my construing during that time period was shown through internal blaming of myself for lack of success in applying skills of relating as well as my tendency to overly discriminate and avoid dependency. As I began to reflexively look at how and why I related in the ways I did (i.e., looked at context), I was able to try new ways of relating that produced more happiness than I had known before.

Second time period.

The second time period consisted of more reflection on cultural topics. In particular, there were a lot of realizations and then criticisms about the way culture and the "field" (medical model influenced) isolates people, including my clients and myself, from all the aspects of lived experience. I appeared able to look at context as it pertained to clients, symptoms, and diagnoses rather easily and more consistently than I had been able to before.

➤ "It seems absurd to accept a symptom or diagnosis out of context and I can no longer make sense of that way of thinking" *(once construing about individualism and context was loosened, I tightened construing around new construing that considered context a necessary component of understanding other)*

The phrases below showed my criticisms of particular parts of culture, including imposed meaning and "objective" truths that are pushed on us by others or culture.

➢ "How free would we feel if we had people in our lives who did not constantly try to tell us what to think and feel, or rather tell us what our meaning should be?" *(raised awareness to how imposing meanings, rather than construing other as unique, is harmful)*
➢ "Hopefully, with the knowledge and critical thinking about knowledge, I can be aware and conscious of what 'truths' the field imposes are actually harmful" *(elaborated construing to look deeper behind what is imposed on my via knowledge and critical thinking)*

In realizing how culture imposes meaning and truths, I began to look more personally to how those things affect clients as well, including how I understand their presenting concerns and distress.

➢ "I think it blames the client's symptomology on how they choose to respond to a certain situation or person instead of understanding the reasoning behind the 'reaction' and reflecting further on that" *(elaborated construing to be able to look deeper in to response, based on multiple factors, including context and construing, rather than solely blaming client)*

I also look at how I am affected by imposed meanings and truths from the field and culture.

➢ "Personally, my 'should' is generally surrounding what my parents thought I 'should' do or what our culture tells me I 'should' be doing at any particular time in my life. When I reflect on my 'should' voice, I recognize that the 'should' does not actually serve any purpose in my particular experience and I am thinking that that may be the case with some of my clients" *(raised awareness to how I have historically tried to achieve what others tell me will bring me joy and happiness, rather than what I fundamentally need and elaborated construing that others likely experience this as well)*

As I continued to learn through a constructivist lens, I began to feel hopeful with the language that is being provided via EPCP to help me verbalize my own meanings.

> ➢ "When did we let go of human dignity? I like that we are learning about the constructivist perspective because it gives us a new way to conceptualize clients and road for treatment. It allows us to support activity on the part of the client, helps eliminate the idea that a person is an 'illness', and gives our clients their dignity back. I also like that in constructive theories, clients as well as therapists are able to feel hopeful in that our meanings can be re-construed to make more sense of our worlds" *(alignment with EPCP's valuing of human dignity, fundamental beliefs, and opportunity for growth)*

Finally, during this time period, I am appreciative of the developed skill of looking beyond what is given to me to look deeper in to what is behind what is being given to me (i.e., looking beyond cultural assumptions to deconstruct and analyze it in relation to my subjective experience).

> ➢ "So many people, including me, just believe what is right in front of them instead of analyzing what is being assumed behind it. I feel very naïve at all my past ignorance of research"
> ➢ "I think is has been helpful and extremely important to recognize the assumption behind and analyze whether those assumptions fit with my subjective fundamental assumptions before using it to tighten or loosen my constructions on whatever the topic I am reading about at that time may be"

As I began to be able to recognize and criticize imposed meanings and truths, I am able to more fully bring my subjective meaning and truth into my awareness, elaborate on it, and build a life for myself that is based on construing personal to me, rather than what has been given and is unrepresentative. As such, I relate in new, authentic ways and feel happier as a result.

Third time period.

My analysis of time period three included continued realizations I was making about culture and the "field" and continued critiques of the medical model's influence. Although I was not using EPCP language, there were many statements that were reflective of EPCP theory, which validates the claim that EPCP gave me language and

understanding about human experience that I, at a lower level of awareness, already believed. Learning EPCP brought that experiential knowing into conscious awareness, and I was able to use the new, heightened awareness to further critique and understand myself, my theory, and my beliefs about human experience. With this, I continued to make the argument for relational importance.

➢ "I like the argument that the individual and culture are not shaped by each other but are in a continuing interactive process that mutually influence each other" *(raised awareness to the interactive process that influences how people come to be, or develop construing)*

And that relating was an important part of being.

➢ "I think that value of life and assertion of dignity and worth can bring happiness to people, but those things happen in context of a relationship. I also believe that a person cannot really feel value(d) outside of having relationships that provide and allow for that" *(raised awareness to my beliefs about how to promote value, dignity, and worth, through relationships)*

There were also some reflexive statements about why I believed in the importance of relating.

➢ "I did not feel I belonged and did not get much opportunity to be a part of something bigger than myself growing up which turned out to be pretty miserable at times. I do not want anyone to feel that way. I did not feel valued and most of that was due to a lack of good relationships which seems to be why I do not believe a person can feel value(d) outside of relationships" *(raised awareness to how a lack of feeling valued in my relationships growing up was miserable to endure)*
➢ "The attachment adaptation for the sake of strong relational connection helps in my fundamental understanding of how people develop different ways for relating and how those first experiences adapting in order to achieve strong attachments tends to become pre-reflexive and habitual, playing out in present/adult relationships" *(raised awareness and agreement with how/why people develop different attachment styles as a result of underlying needs to attach, or risk and retreat from ROLE relating in order to feel validated or prevent invalidation)*

There were also some statements about the impact of taken for granted assumptions (i.e., how society, culture, and the psychology field affect how we think

about mental health as a "disease" that we are born with and how we privilege only some aspects of experience).

➢ "I like the idea of becoming more aware of taken for granted assumptions"
➢ "I believe I could be a system thinker at this time in my development. I am aware of assumptions and a bit of how language plays a role in development, but I am not sure I have fully grasped how profoundly conditioned I am by these assumptions. Especially when considering how we automatically privilege some aspects of experience" *(raised awareness to how I was shaped by taken for granted assumptions and how the medical model privileges cognitive and behavioral aspects of experience over experiential affect and interpersonal aspects)*

I provided a lot of statements about construing that exists prior to cognitive awareness. I was not using language from the theory at the time but, in EPCP terms, the phrases below are speaking to the existence and importance of construing that is at a lower level of awareness and is always at play and affecting how we are risking and retreating from ROLE relating.

➢ "I agree that there is a sense of being before thought that develops from both the being itself and from relations with others" *(raised awareness to my belief that construing, via self-construing based in relational experiences, is happening at levels no cognitively known)*
➢ "I think that insight can be embodied in some ways and although not intellectually verbalized, still can come out through the body and in relation to others" *(raised awareness about my belief that construing is communicated in the body and while in relation to others, sometimes without a cognitive understanding of it)*
➢ "It seems important to consider how insight can possibly be achieved in a purely affective way through the repeated emotional experiences in the therapeutic relationship that we have been discussing. I am not entirely convinced that verbal intellectual insight is needed for a type of relational insight to be felt and carried out into external relationships" *(raised and elaborated construing that therapy can promote change in ways that are not purely cognitive or behavioral; through validating ROLE relationships, clients can grow and make changes in how they relate outside of the therapy space without needing cognitive awareness)*

Lastly, there were statements about the existence of both the distressing and joyful parts of life, including the acknowledgement that in order to have "higher

appreciation for the positives of life" and "more stable and coherent experience," we need to acknowledge the tragic, traumatic, unstable, unknown, and unsafe aspects of experience (i.e., not suppress and deny them).

➢ "It seems like insight or recognition that the world is unsafe and tragic at times leads to a higher appreciation for the positives of life"
➢ "It is paradoxical that in order to have a more stable and coherent experience, we actually have to come face to face with the unstable and unknown of the human experience"

In my analysis of this time period, I noted a lot of insight into my philosophical beliefs about relating as a fundamental part of being, the experiential construing that is continually happening prior to conscious awareness, and the positive and negative nature of experience—these were beliefs that were clouded and overtaken by the cultural context that had influenced me (i.e., more rigid, scientific, and medical model approaches to understanding experience). Learning EPCP and applying it to my intellectual, behavioral, and more importantly, interpersonal and emotional ways of being allowed me to look beyond solely cognitive and behavioral understandings of my experience to incorporate all the aspects of lived experience, especially those that are fundamental to meaning and happiness in life (i.e., interpersonal and affect).

Fourth time period.

My written reflections in time period four related more specifically to some cultural topics that connect to one of the central arguments for this project. The reflections of this time period started by looking at things that happen in the field that I do not like or agree with, such as only looking at "deviant" behaviors of clients and the power of insurance companies to dictate how clinical work is conducted.

➢ "Any thoughts that the therapist gave to justify care or any sort of subjective account of what was going on for their clients, this supervisor dismissed. Literally every

single client that was discussed was reduced to their 'deviant' behavior as means for them to move on and was not justifiable for continuation of care. She has no hope for the consumers, literally none" *(raised awareness to how other professionals and organizations construe others solely through a behavioral lens and as a means to deny care; as previously mentioned, standards set by culture for behavior are nearly impossible to achieve for anyone)*

➢ "I recognized that at (external placement), our clients are not our clients, insurance companies are our clients. Everything that is done seems to be for the sake of reimbursement"

➢ "I am disheartened by how much insurance company requests impact clinical work out in the community mental health field"
(both these phrases represent raised awareness to how clinical work cannot escape consumerism and is dominated by insurance and medical model's prioritization of behavior to measure success in treatment)

It also included a look at my own motivations and how my construing may be influenced by culture, such as an individualistic ethos that results in using others to fulfill personal needs rather than having a mutual relationship.

➢ "Both of the articles had me reflecting on what I am doing and my reasons behind seeking out this profession. There are selfish reasons and there are reasons that I have told myself are for the other, but are they really? Are they purely selfish because it personally feels good to be helpful to someone else and be successful; both are selfish but I am also considering how embedded that selfishness is with cultural drive to be successful and emphasis on independence. How much is my selfishness culturally embedded, how much is really me, and how could a balance fall?" *(raised and elaborated construing to the inherent selfishness within helping professions and Western ideals of success)*

➢ "I cannot see me outside of employing and being a part of this profession centered 'regime of truth'. This is a pretty scary reflection and makes me seriously question if/how I might be abusing my clients. Am I just using my clients as objects to fulfill my own needs and not recognizing them on a deeper level?" *(raised awareness to how I may be using clinical work to fulfill my own personal needs rather than purely help others, as I had previously construed)*

As I noticed things about others, the field, and myself that I did not like, I began to construe with more complexity how these things influence each other. This came through in phrases about things that I do not like, what it means for my work, and how I

integrate other ways of approaching psychology, which helps me to find good and believe

there is good within psychology, despite the many abuses that I also believe it commits.

➢ "I have never really understood the value of labeling a client as resistant and have
   never seen it conceptualized and used towards actual therapeutic work (other than the
   label and dismissal). Similar to interpersonal processes and constructivist
   interpretations of resistance, I believe that resistance is saying something about the
   client but also about the relationship going on in the therapeutic room. If not used to
   dismiss therapist annoyance of fear, resistance can be conceptualized and used in a
   positive way to understand what is happening therapeutically" *(raised awareness to
   how traditional understandings of resistance blame the client rather than look more
   contextually at what is going on for the client interpersonally, inside with the therapy
   and outside of the room with others in the client's life, that may be contributing for
   the client's desire to retreat from ROLE relating)*

➢ "There is a part where House also acknowledges that the 'abuse' in therapy is likely
   unconscious and facilitated by therapist, client, and larger contextual ideas which
   should be cautioned and explored but I think there is something additional to those of
   us who are truly passionate about what we are doing although potentially still
   wrapped up in discourse, 'professional abuse', and self-justification" *(elaborated and
   more complex construing about the power and abuse that happens within the field,
   and how there is still good within it as well)*

As I explored how to work within a medical model field using a humanistic

approach, I felt responsibility to do more than deconstruct.

➢ "The more I get into this field and reflect on what we are really doing, as well as
   where our ideas are coming from, I feel more motivated to get involved in at a larger
   level. If we do not fight dominant discourse about psychology and bring awareness or
   open constructions about issues that we face, then we are doomed to continually
   perpetuate what is happening today" *(raised awareness to abuse happening within the
   field motivates me to make changes)*

Part of that drive to do more than deconstruct is present in this project. The

phrases below speak to my arguments about ways in which dominant notions about

trauma and trauma treatment are restricting of the full human experience; how some

theories (cognitive and behavioral) dominate psychotherapy despite the usefulness of

experiential, affective, and interpersonal approaches; how multiple contexts influence

experience and development (including a phrase about how experience influences personality development versus personality affecting response to experience); and, how assessments (such as something like the PTGI) are influenced by medical model approaches to understanding being and suffering.

➢ "I absolutely agree that there are ways in which the psychology field, especially therapists, further label and victimize trauma survivors in a way that not only promotes learned helplessness but also places the client in a label frame that they cannot escape" *(critiquing how some trauma theories and treatments prohibit growth constructs)*

➢ "Especially in thinking about the Dodo bird effect and EBP, it is disheartening to have to still fight dominant discourse about what is considered "well" and what is believed to be helpful, as it does not seem to open up a real space for psychotherapy, or at least not particular kinds of psychotherapy" *(critiquing how dominant discourse privileges select aspects of experience)*

➢ "I think it will be important to continue to consider her struggle from multiple perspectives and with complexity. It may not become something we talk about or discuss explicitly but I cannot deny developmental, social, and familial contexts that tie into her presenting problem"

➢ "I think that the lack of resolution of these particular issues in her past and currently has to affect her current way of moving through these challenges as well as how she continues to do so in the future" *(personality as developed by prior experiences rather than understanding her response to challenges as something she was inherently born with)*

➢ "I also wonder about how much of their proposition to create culturally sensitive assessments actually does not address how their proposition is not inherently culturally sensitive. At the base, they are proposing that we adapt our language or administration of these measures rather than consider our Westernized assumptions or ideas about self, psychopathology, intervention, assessment, etc. inherent within these measurements" *(critiquing how the attempt to make some assessments culturally sensitive is done through changing language and approach to administration rather than changing the assessment measure to reflect more cultural sensitive norms and constructs of what is being measured)*

Fifth time period.

There was less data reflecting cultural analysis during the fifth time period, but there were four phrases hinting at my critique of how the field treats those we serve—

including how therapists actually avoid distressing feelings rather than help clients

process through them, how systems often "boot" clients from services and resources as

soon as there is any sign that they are no longer in crisis, how others (including clients)

are continually striving for growth and repair, and about how much more helpful we

could be if we took the time to treat our clients with dignity, uniqueness, and respect,

rather than treat them like a product on an assembly line that we have to service and get

back in to society.

- ➤ "Also, when do we start to actually do harm by avoiding distressing topics and allowing clients to use our language (trigger, trauma) to avoid what they need to honestly reflect and process for their own well-being, or at least what I assume to be well-being?" *(critiquing harm done by avoiding distress and allowing clients to remain in suffering)*
- ➤ "Every once in a while, we will get a group that meshes really well, are working really hard, and start to feel better. Members will bounce good feelings off each other and groups seem to continue to circle back around to current release of distress. Of course the other side of this is that, when you're feeling better, you're getting the boot and you're likely going to wind back up in a very stressful situation that contributed to the reason you needed this level of care in the first place" *(critiquing how any sign of a client feeling better is an excuse for organizations to kick the client out of services because their needs are not as high anymore)*
- ➤ "I have been thinking about this a lot because I feel that most others around me and my clients are often struggling because they want more; they want to repair and the growth" *(critiquing how limiting services are at the time of the reflection)*
- ➤ "It is so frustrating, and I honestly believe that if we took more time to prepare and explain what is going on to clients, it could be more successful for the clients" *(critiquing how clients are not given full informed consent regarding services and reflecting believe that if organizations gave clients more information, clients could benefit more from services)*

The discussion section of this paper further elaborates on how these ethnographic

phrases are validations of my argument that medical model assumptions dominated by

cognitive and behavioral theories influence our expression of being and limit our ability

to fully engage in all aspects of experience, including relation, social, and affect. With

constricted experience, we are also constricted in the possibility for fulfillment and happiness. To quickly highlight the validity of my argument, this section reveals my introduction to different ways of being (i.e. individualistic versus collectivist) which transformed how I thought about inherent versus context dependent expressions of being.

In these reflections, I began to be able to see how objective meanings, as set by the medical model's influence on culture, are imposed on both myself and my clients. I realized that I was striving for happiness and fulfillment as defined by cognitive and behavioral measures however, I had already met standards for what society defined for success, without fulfilment and happiness. In conjunction with literature proposing the inherent relational nature of humans to attach to one another, I was able to look beyond cognitive and behavioral measures of success. I further realized that I had never experienced true happiness until I developed healthy attachments with friends and realized the ways in which my attachments with caregivers left me feeling unvalued, and thus unworthy. During my training, it became more clear to me that what I was striving for in terms of cognitive and behavioral measures of success were never going to give me fulfillment and happiness in the ways that I fundamentally desired (i.e. through validation of my value and worthiness by others). The time period results reveal the multiple ways in which I came to feel this value and worthiness by other, and thus felt happier and more fulfilled in my life.

Growth: An Autoethnographic Essay Story

In the beginning, I could have never imagined my life would turn out the way it has. I also could not have imagined that I would be able to be so vulnerable and attuned to my experience as I have been the past few years. I always knew I was interested in

learning more about trauma and was even interested in the idea of post-traumatic growth. As are most focused interests, these particular psychology topics were personal to my experience. I always knew I wanted to "help others" and felt a passion for standing up for others that were, in my opinion, wronged or taken advantage of, especially others that were defenseless; again, personal to my experience. I had no idea what I was signing up for when I applied to a humanistic program. Nor did I have any idea about how my life was about to change.

The first year of my Master's program (Fall 2015 and Spring 2016) threw me for a loop. I was suddenly immersed in a world of deconstruction and criticism of the things I thought I knew well and had learned during undergrad. To top it off, I was surrounded by peers who seemed to know so much more about this world of hermeneutics, phenomenology, humanistic theories, social psychology, and psychopathology, among many other things. I remember wondering how I would ever make it through the program. Then, my second year started, and I chose the clinical track that would allow me to become a licensed marriage and family therapist upon completion. I had dabbled in supportive counseling when I was a caseworker for child, youth, and family services, but I had no idea how my world was about to be opened in terms of clinical work.

Time period one; fall 2016 and spring 2017

I somehow landed an internship position at Point Park's Counseling Center. I had no experience providing clinical care and had already felt inadequate due to reasons written about above. Thankfully, the counseling center therapist and my professor appeared to see something in me that I was not aware of and took a chance on me. I attribute this to my ability to research, apply, and interview for the position as a

hardworking professional rather than my ability to relate during interview. Beyond being overwhelmed with the new world mentioned above, I was introduced to a new way of understanding relating.

Up until reading the literature and getting supervision in my clinical course, I construed relating as something I *do to other* rather than *being with the other*. The results of my analysis revealed this development of construing as a response to prior major invalidations I suffered while young. I remember being very strategic about how I interacted with caregivers, and thus everyone else, as I developed and formed relationships throughout my life because I feared being yelled at for doing, *or being*, something wrong. As I tried to apply the relational skills I was reading about in my practicum course, I began to realize that something was not working.

Prior to that point, I could easily read something objective and scientifically researched and utilize it in the manner that my prior undergraduate courses, internships, and work required of me. I tried to apply the information provided to me about relating with my clients with the same objective and scientific approach. This was also a method of relating that I used in personal relationships. However, my sessions were not producing outcomes in the ways the book suggested. Although I blamed myself for not being good enough, I was able to take a step back from those distressing feelings to look at why I could not simply "apply" relation to others. I had to look at how my personal approach to relating was prohibiting growth and possibly harming clients.

Once I realized that my approach to relating was prohibiting growth, for both my clients and myself, I knew I had to reflect deeper and make changes. Although protective and safe, I was not willing to allow my personal approach to relating harm others. In

order to do this, I had to admit to the ways in which I affect others and, in turn, how others affect me, even if it meant resurfacing difficult and suppressed feelings.

I struggled a lot through the process of learning and experiencing relating as I construe it now, as evidenced by the data. Since I had approached relating in a cognitive manner through my life, I was challenged by trying to approach relating interpersonally and with emotional authenticity. I remember feeling like I was failing more than I was succeeding, which provided further feelings of self-doubt because I had traditionally been able to learn and perform successfully.

Although I admitted to feeling like a failure and expressed a lot of self-doubt, I also conveyed a passionate drive to break out of my old, constraining ways of relating and a willingness to try new ways of relating. There was one vivid moment I remember during my clinical course. We were reading about relational styles and reasoning behind how/why people develop different relational styles. I had many revelations that week about my childhood and caregiver relationships as well as how I carried this relational style through all my previous friend and romantic relationships. I remember not only working through my thoughts about how and why I related in the ways I did, but I was processing the hurtful feelings from caregivers and was empathically feeling for all those I had related with and continued to relate with in selfish ways. I also remember feeling sorry for my younger self and deciding in that moment that I was going to change. That experience was the first time I had processed emotions and let them fully show in front of others.

In addition to learning about how I relate and why, I began to learn about how others' construing is different than mine (wording used at the time was "interpretation").

I was somewhat consciously becoming aware that I was imposing my meanings onto others and that something about that was not producing the type of therapeutic sessions I was hoping for. I was experiencing invalidation in sessions when I would "interpret" (i.e., make meaning for clients) based on my own experiences and the client would disagree. I had my first experiences of having a client open my eyes to the fact that people make meaning of similar experiences differently, and that my meaning is no more truthful than any other's. Experiences like this with clients began my heightened awareness about how my friends appeared to react offended and standoffish when I asserted my interpretation onto their experience. I began to be attuned to how I was imposing my meanings onto my friends and their negative reactions to that. For me, this came through multiple interactions with friends where I realized they got quiet or changed the subject after I provided a meaning, or solution, to whatever was the topic at hand.

I had learned to rely on only myself and distanced myself from others who had hurt me. I often got praise for being such a hard worker and being able to support myself financially. While these were achievements that were of value according to Western cultural beliefs, I was realizing that hard work and independence were a manifestation my avoidance from any form of vulnerability, especially in relationships. Just a few months before my clinical training started, I had yet another invalidating experience with a caregiver and had decided to stop all communication with all family members. Although the avoidance and distancing protected me from my caregivers, this approach to relationships had limited me in so many ways that I was not aware of at the time.

When I could briefly let some defenses down with clients, I experienced fleeting moments of relating as I construe and experience it now. This came in the form of a few

sentences in reflections about enjoying what I was learning in therapeutic moments where I was able to bracket out some of my anxiety. I remember feeling like something was different in my interactions when I started challenging my prior approach to relating and tried new things in sessions. Of course, I could not reflect too deeply on those feelings, as they were at lower levels of awareness, but I did know that at an experiential level, I desired more.

I was learning so many things about myself, and the world about which I previously had no cognitive acknowledgement. I learned that I construed everyone as being too high risk for invalidating my core construing. About a month prior to starting my second year of my Master's program, I ended a long-term relationship with a partner. During that breakup, the person expressed to me that he felt he never really knew me, despite the many years we had invested in one another. He also expressed to me that he did not think I was truly happy at that time in my life, despite success as defined by Western cultural standards. At the time, I did not think much into it, but, as I continued to train, I realized how true those statements were.

I learned that a person's behaviors are much more reflective of their response to experiences with others and larger societal and cultural influences, rather than innate characteristics or biological causes. Although I remained avoidant with family, these realizations allowed me to look at my family with more compassion and understanding for why they behaved in the ways they did. I even initiated more frequent contact with one family member whom I construed as less risky. I was also able to negate myself from taking full responsibility for preventing or fixing chaos for other. I learned that there are so many ways to approach relating and that each person does this differently. As such, I

was more attuned to how I affect others and others affect me. I remember attuning to behaviors and responses that were reflective of invalidation felt by my clients and friends. I wanted to stop the ways in which I negatively affected others with my approach to relating, and I began to look at how I might do that, which began by trying to relate in new ways with clients. Although there were many failures, I was able to approach relating differently a few times and experienced how amazing it felt to be authentic with another. I did not know where I was heading or how I was going to get there, but I knew I wanted to continue the path that facilitated joy.

I had not previously considered furthering my education. When I was approached by my supervisor to apply for the doctoral program at my school, I was very hesitant. I sought guidance from friends and newly contacted family, and they all supported the idea. Theoretically, I knew I could meet the demands of the program, but I believe I may have been hesitant because I knew that it would require more vulnerability and necessitate change in ways of which I was not fully aware. I did decide to pursue the program. The option to embark on something unknown was complete shift from my prior way of existing that did not engage in anything before completely preparing myself and knowing how to engage without making myself vulnerable to invalidation.

Time period two: fall 2017

The second year of my Master's training brought a lot of my construing to my awareness. Taking my training to the next level as I started the Psy.D. program required me to look deeper into already elaborated construing as well as construing that was continuing to come into awareness. As a result of elaborating construing, I was able to start making changes to how I understood previously limited construing and approached

my life. I began to experience and understand the ways in which relating is a two-way process. I was able to more fully accept that I could not make changes for clients and could not hold all responsibility for client choices. This also helped in realizing that no matter what I did for my family, it would never be enough to facilitate true happiness in their lives.

Additionally, once I realized that it was possible to have my core construing fully validated, I was able to reduce my retreat from ROLE relating (e.g., I was able to construe other and value their uniqueness rather that assume others were an object to figure out in order to prevent invalidation). EPCP, a newly introduced theory and approach to psychotherapy, was giving me language that helped me realize the ways in which I was retreating from ROLE relating. Up until that point, I knew I was relating in ways that did not leave me feeling joyful and fulfilled. Rather, I was operating for prevention of invalidation rather than risking for possibility of validation. With the awareness came motivation for change.

I remember beginning a new intimate relationship and approaching it differently than I ever had before. I challenged myself to value his construing and hold myself responsible when I noticed I was being rigid. It did not come without challenges. It was particularly challenging in this relationship because he was going through a divorce and dealing with a lot of the stress that comes with that. Many times, I had to stop myself from giving him advice based on my own construing and demanding him to do things I wanted him to do in order to prevent any invalidation his construing may inflict on me. During this time, I also started to notice an experiential difference in how I was relating with old friends and new. I began to rely on friends for more things and became aware of

which friends were worth risking further ROLE relating and which were likely to invalidate me. Although it came with some disappointments and heartaches, I was able to begin to more fully engage in ROLE relationships with those I felt safe to risk with and even began new friendships with other students in my program with whom I previously would have never considered risking ROLE relating.

At the beginning of my doctoral program, I was able to cognitively accept that I had a lot to learn and that I was going to make mistakes. However, I still struggled with self-doubt and tended to be overwhelmed with feeling like a failure. I remember many nights of my first semester where I laid awake debating if I had the potential to be a good clinician and how I could get myself out of the program with the least amount of negative consequences. People often described me as someone unwilling to forgive or ease restrictions for myself, although I easily did for others. I believe this unwillingness to give myself any slack contributed to why I stayed in the program. I would have invalidated myself if I decided to quit, as that would mean I was not as hard working and independent as I construed myself to be.

Beyond that motivation, my training up to that point had helped me understand the importance of more fully understanding why I was doing what I was doing. I believe another part of what contributed to my choice to stay was that I felt some fleeting moments of joy and fulfillment in ROLE relating, and I wanted more. I continued to waver back and forth between accepting that I was flawed and would make mistakes and holding myself overly responsible for mistakes with my clients, in personal relationships, and with life in general. What differentiated the back and forth wavering from prior times in my life was that I was more apt to look more deeply into what I did not like about

myself, or what I believed was negative, in order to understand what was behind those negative feelings towards myself. As I was looking more deeply, my construing that was previously as lower levels was coming into awareness, and I was able to also see how my construing prohibited me from fully engaging in ROLE relating. With that, I was also felt hopeful that I could make changes, be different, and create a happier, more fulfilling life for myself.

I began to understand that I struggle to be vulnerable and authentically emotional with others. However, I noticed that I was more willing to be vulnerable with clients than I was with personal others in my life. In conjunction with realizing that I did not need to "fix" other, I was able to prevent myself from retreating from ROLE relating with clients, which allowed me to begin to construe other as distinct and separate from me, and then construe as they did. As I was experientially able to do this with clients, I was able to begin to reflect on my own personal construing outside of trying to "fix" others in personal relationships as well. I began to be able to see more clearly what my needs were without being clouded by trying to figure out others' needs, as a way to prevent my core from invalidation. I could acknowledge that I wanted to feel more comfortable to be myself around friends and my new partner, but I still struggled to feel fully comfortable. A memory that comes up about this was towards the end of my first semester. I was extremely stressed and overwhelmed. I allowed those feelings to show to my new partner. He expressed concern for me, and I immediately shifted to cover those feelings up. In that interaction, I believe that rather than being able to understand his concern as validating of my authentic experience, I construed his concern as an expression that I was a burden and needed to reduce my needs in order to make it easier for him. That

construing was at a lower level of awareness and was developed out of feeling like a burden to caregivers growing up. Although I knew at a cognitive level that I could likely risk relying on him for support and validation, experientially, I could not.

During the first semester of my doctoral training, I continued to look more deeply at why I distanced myself and avoided depending on others. This was more easily done as distancing and dependency construing in EPCP are closely related with attachment styles I had learned and used in my Master's training. As I was more aware of how I avoided intimacy with anyone, I was able to begin to elaborate and make changes to how I was psychologically distancing and avoiding intimacy with clients. I also felt a higher level of responsibility to elaborate distancing and dependency construing because I was more aware of how my construing in these components was harmful to my clients.

As I experienced psychological presence and dependency with clients, I felt the joys of ROLE relating. I wanted that joy in my personal relationships as well. I remember challenging myself to be psychologically present with friends and risking dependency with some of them. An example that may seem so little to some was big for me. I was traveling to Florida to visit family, and I asked a friend to drop me off and pick me up from the airport to help save money. Before my newly elaborated construing, I would have paid for parking or an Uber, no matter the cost or financial consequences, because I did not construe that others valued me enough to sacrifice their time or effort to benefit me in any way. My risking started small, as in examples as such this, and worked its way up to feeling comfortable with risking ROLE relating the more my prior dependency needs were validated.

Time period two results showed more complex construing in many systems of meaning. I was able to discriminate differences between others' risk of invalidating me. With that, came the awareness that I no longer needed to retreat from everyone, and I began showing more of my core to others, especially to close friends and my new partner. To be able to develop discrimination construing, I also had to elaborate construing to consider the many types and ways that context influences how a person responds or behaves. For example, in elaborating my construing about whether I was worthy enough for friends to sacrifice their time and effort for me, I had to consider my friends' other relationships as well. I recognized that I rigidly construed any invalidation of my core construing as representative of lack of care for me, without being able to consider how someone can invalidate me unintentionally because they have other needs. It was hard for me to elaborate this construing because I was very rigid on my self-construing in this way. I did not construe self as worthy enough of putting others' needs below my own. Therefore, I never went back on promises even if it might have benefited me to do so. I believe that this rigid construing about self made it difficult for me to be willing to understand why others may go back on their promises or put their needs in front of mine after they had committed to help or support me in some way. As I realized that sometimes it is okay, and healthy, to put my needs above others, even if it meant going back on promises, I was able to put my needs first. Additionally, I was able to forgive others when they needed to do the same.

Part of what made it possible to get to that point, was being able to construe a client missing a session as something reflective of their own needs, rather than an invalidation of my core. Since my core construing was not so sensitive to invalidation in

that way, I was able to be more vulnerable and risk more of my core with clients, and

personal others. I was able to re-construe self and other as not "all bad" when one had to

put their needs in front of another. Another system of meaning that I drastically

elaborated during this time period was my appreciation for how courageous clients were

for sharing their core construing with me. Through heightened awareness to how

protective I was of my own core construing, I realized what was at stake for clients to

reveal their core construing to me and had a much deeper level of appreciation for how

courageous clients are. The appreciation also slowly transferred to personal others with

whom I was ROLE relating.

      Time period three: spring 2018

      Throughout the first semester of my doctoral training, a new person emerged that

had been freed of some prior, protective construing that was limiting of experience,

ROLE relating, and happiness and fulfillment. The second semester of my doctoral

training continued to allow me to develop and become the person I am, although it did

not come without setbacks. During this semester, I was in a practicum that required more

direct vulnerability and challenged my ability to be attuned to in the moment relational

process. I was warming up to these things and taking a slower approach to vulnerability

and relational awareness the prior semester while learning and practicing EPCP.

However, due to the directive nature of the interpersonal approach I was learning and

practicing at the time, I was pushed to be more vulnerable and presently aware of

relational process.

      While beneficial for my growth, it also heightened the terror I was feeling about

ROLE relating. This showed in the data that revealed construing that reverted back to

focus on skill rather than process in the room. For example, my reflections began to reveal a need for more specific direction about what to "do" in therapy, rather than trying to figure out what was going on and why. Fortunately, my previously elaborated construing about skill versus process in therapy allowed me to quickly recognize the regression in construing and adjust how I was approaching my training that semester. Although I was terrified to reveal my core construing in front of that supervisor and others in my class, I found the ability to do so because it was more important for me to continue to grow and experience the joys for ROLE relating.

I remember dreading class and had a really difficult time expressing myself. While I never got past the dread and was not able to express myself fully at the time, I was able to use my reflections to look more deeply into what was making it difficult for me and what it meant for my clinical work. For example, I realized that I had difficulty attuning to process in the moment because I had limited experience with it. My prior response to invalidation was to focus my experience on cognition, rather than affect and interpersonal process, because I needed to figure out how to prevent chaos for the other. As such, my ability to attune to other aspects of experience was delayed, and I had to work hard to elaborate that attunement.

Like above, prior elaborations in construing allowed me to move beyond self-doubt quickly. I no longer construed myself as someone who desires but cannot relate, but rather, I construed myself as willing to ROLE relate although I was terrified. To be willing to ROLE relate despite terror, I had to consider how, when, and from whom I tended to retreat. Additionally, I had to consider how I tended to dismiss distressing feelings. I knew that I continued to have difficulty ROLE relating in my personal

relationships and had to admit that my retreat in personal ROLE relating was prohibiting me from being able to fully engage in ROLE relating with clients.

However, in experiencing the separation of client meaning from my own personal meaning, I was able to do so in personal relationships. This was a new experience in personal relationships for me because I had approached relating to others by enmeshing their needs with mine rather than differentiating their meanings from mine. Although quite painful, I had to look back at some of my invalidating experiences to understand what it was that contributed to my retreats from ROLE relating. In doing so, I reminisced how distressing it was to try to figure out what I was going to eat for dinner in evenings at my mother's, as she was often sleeping and rarely kept food in the home, let alone cooked a nutritious meal. I reminisced getting screamed at by both parents because of child support (one making me feel guilty for having to pay it and the other making me feel guilty when the other did not pay it). I reminisced being locked out of my house on my birthday and feeling extremely lonely and sad while sitting on the front porch. Lastly, I reminisced being screamed at or feeling extremely guilty for having any need that required money. These were the examples that I could think of while writing this narrative, but there are many more. But to focus back, I had to relive those painful experiences to more fully understand what it was that I was terrified of feeling and to elaborate construing about other so that I might be able to feel differently.

I realized that by not allowing myself to depend on anyone, I was preventing my core need for validation through ROLE relationships with others. I already mentioned the ways in which I started lightly risking depending on others. After some repeated validations in that way, I began to risk more and, with that, I opened myself up for the

opportunity for validation of my core construing. I also elaborated construing that compared myself negatively to others and was able to re-construe self and other as complex, each with good and bad parts. When I was able to construe other as still having good qualities, despite potentially bad ones that might invalidate me, I did not feel as terrified to risk ROLE relating with some others.

I remember being able to not only discriminate differences between people in my personal life, but also among my clients. I saw this in my ability to recognize that I was more terrified to risk ROLE relating with a male client who tended to get angry easily. Although I knew that he was not angry at me and he knew he was not angry at me, I had to consider the ways in which my construing caused me to want to retreat and the ways in which his construing caused him to retreat from me, and others in his life, through anger. Perhaps the most representative example of my difficulty to stay in the present moment and reflect process came with this client. It was very difficult for me to bracket my prior experiences in order to understand how his retreat from ROLE relating might affect others, based on my experience with him in the room. However, as I reflected and processed my personal experiences of invalidation, and in conjunction with more complex construing of other, I was able to bracket what context he and I were bringing into the room in order to stay fully present in the moment and therapeutically use the process between us in the room when appropriate, without feeling an immediate need to retreat due to terror.

Although I had a newfound appreciation for context and continued to value it in my work, the more directive approach I was learning at the time helped push me into vulnerable places, which I needed to experience and survive in order to continue to grow.

I believe I would have gotten to this place without the directive approach, but it likely would have taken longer. Consistently throughout my training, I maintained hope that I could overcome challenges with ROLE relating and could experience more happiness and fulfillment in life, because I had had some glimmerings of it through my new awareness and willingness to ROLE relate with appropriate others. I also felt a lot of joy when validating others and wanted to continue to do so.

Time period four: fall 2018

The first year in my doctoral program provided me with a lot of insight into my personal construing, others' construing, and how differences in construing affects ROLE relating, personally and professionally. With heightened awareness into these things, I was able to take a step back from experiencing new ways of relating and look further into my newly elaborated approach to relating. In particular, I spent a lot of the first semester of my second year looking at how my heightened and elaborated construing fit in with the field of psychology's ideas about professionalism and ethics. In other words, I was figuring out how I was going to work within a medical model dominated field from my non-medical model approach to therapy and life in general.

This began by being able to recognize differences in construing among myself and others. Previously stuck construing would have viewed self as bad for construing differently than other but my new construing allowed me to see the differences while not making evaluative judgements on those differences. For example, I worked with a colleague who construed quite differently than I did on a class project. Rather than view myself as less than, because I did not have the same philosophical knowledge as this colleague, and rather than view other as less than, because this colleague did not have the

clinical and organizational skills I did, I was able to approach this colleague without evaluations and find similarities in order to work effectively together. In practicum work, I was able to value the complexity and uniqueness of a medical model trained therapist because I took the time to get to know them. I learned that they shared similar care for clients and passion for clients that I did, although I was mindful of the ways in which, in my view, they reduced clients to symptoms.

There were still times when I struggled to gain insight into my construing that remained at lower levels of awareness, which caused some self-doubt and highlighted my imperfection, but my reflections at this time had more of a positive narrative to them. I felt that my reflections prior to learning EPCP had a "stuck" tone to them, as there was a lot of self-doubt and lack of confidence about whether I could learn and grow. However, throughout learning EPCP, and after, my reflections continued to reveal some self-doubt and lack of confidence, but the "stuck" feeling was not there. Instead, I followed self-doubt and lack of confidence with deeper reflections about what was going on that was making me feel that way and expressed that I was looking forward to learning and growing.

One way that this happened was by looking at my own privilege. While I previously would have doubted that I could be culturally competent enough to provide ethical and effective care to someone with a different identity than me, I no longer felt this way. Rather, I was able to raise my awareness of my privileges, elaborate how they came to be and how they affected my construing, and how others' identities, privileged or not, affect their construing. I was able to ROLE relate with clients, colleagues, and friends with many similar and different identities than me, and with ROLE relating came

positive reflections about *being with* other. I also began to experience fear of losing the joy and fulfilment I was experiencing while ROLE relating and my desire to continue to have it in my life.

This time period revealed even more complex construing about self and other. I was able to construe myself in more authentic and vulnerable ways as a result of more complex construing. It also revealed an ability to recognize the ways in which I was influenced by common beliefs within the field, my personal beliefs in relation to these, and what it means for my work. In reflecting about how much I am influenced by cultural beliefs within the field and the harm that some of those beliefs impose on my clients, I was motivated to look at how I might make differences in problematic systemic, cultural, and social entities.

To get to that point, I had to raise my awareness of how others view my identities, whether I agreed with them or not. I remember during this time, and presently, I struggle with being viewed as privileged in socio-economic status and education. Although I could acknowledge that I am changing identities, I had a hard time not getting defensive with clients who construed me as privileged in those ways. To combat my defensiveness, I had to view myself as more complex (i.e., as someone between privileged and oppressed in some identities) and validate others' construing about my identities. I was also able to view other with more complexity, which allowed me to simultaneously see good and bad parts of other. As I was now construing self and other with more complexity, I was able to acknowledge more similarities in construing with others. I no longer viewed all others as "all bad" or "different" than me, and thus, too risky to ROLE relate. I was able to ROLE relate with more colleagues, friends, and clients.

In response to experiences of ROLE relating, I desired more psychological presence and dependency on others, as it felt good to be validated. However, I still experienced moments of terror that caused me to want to retreat. I continued to explore with whom and when to risk psychological presence. I had recently moved in with my partner and remember having a very difficult time adjusting. Although I desired ROLE relating with him and enjoyed moments when I could remain psychologically present and depend on him, I also retreated from him in ways that caused significant conflict between us. Rather than maintain retreat during times of conflict, I challenged myself to have honest dialogues with him during conflict. By doing this I continued to grow in terms of my willingness to re-construe other, my ability to recognize how my retreat affects others, my ability to construe other's construing, and my willingness to ROLE relate despite terror and prior invalidations. Finally, I previously mentioned an increased desire to make differences in systematic, cultural, and social entities. I attribute this desire to my more conscious and elaborated construing regarding appreciation and value for all humankind, as a result of looking more broadly at how the field of psychology influences well-being.

Time period five: spring 2019

The spring semester of my second year in the doctoral program was my last semester of writing reflections. The data in this time period reflected how my previously elaborated construing about therapy and relating applied to working with couples and groups. I was challenged with trying to use process and stay in the present moment during group therapy facilitation. Reflexivity allowed me to work through challenges in group facilitation in the same ways I worked through challenges with learning how to

facilitate individual therapy and how to relate (i.e., notice a challenge, figure out why it is challenging, make changes towards diminishing or eliminating the challenge). I still had moments of self-doubt, but I continued to show compassion for and confidence in myself that I could improve at group facilitation. I attribute this compassion and confidence to EPCP's belief that a person can always elaborate construing (i.e. grow). I had experienced heightened and elaborated construing in so many systems of meaning by this point in my training that I no longer felt like I would always fail. Instead, I felt I always had room to improve, and grow, if I worked to raise my awareness and elaborate construing.

One example that revealed more confidence was while role playing group therapy during class. Prior to my newfound confidence, I know I would have been predominately in my head, doubting what I was doing or how I was going to be able to perform some standard. However, I remember being able to relax and just be in the moment while facilitating. I still felt anxious, but I was able to recognize that anxiety and what it was saying about my desire to retreat (i.e., I felt terrified to have my abilities invalidated). I reminded myself of previous successful group facilitations at my practicum site and just engaged in the moment. Although there is always room for improvement, I remember feeling like I did a really good job at noticing process of the group and bringing exploration back to process when members deferred to other topics. I received praise from colleagues and my professor and was genuinely happy with how far I had come, and for the opportunity to continue to *be with* others in similar ways.

In contrast, coursework on facilitating couple's therapy brought up issues of retreat from partner ROLE relating in my personal life. Coursework and literature

heightened my awareness to my retreat from partner ROLE relating, in part by feeling

boredom and contentment while exploring the idea of working on ROLE relating with

intimate partners. For me, risking partner ROLE relating appeared to resurface the terror I

felt as a child. I had previously learned that I needed to retreat from ROLE relating in my

childhood (as a protection from future invalidation) by suppressing my "self" to cater to

"other." Although my construing focused on "other," this was based in my need to

suppress "other" chaos (as I was invalidated when other was in chaos). This affected my

ability not only to know my authentic construing, but also to construe the other

authentically (rather, they were just an object that I needed to calm in order to protect

myself).

I believe that I construed partner ROLE relating as more of a risk of invalidation

because I was still struggling with learning how to hold self and other as unique and

different in the same space. Due to the nature of therapeutic relationships, where personal

life is left mostly outside the room, and friend ROLE relating, where we still have our

own personal lives, I feared losing myself in the presence of intimate partners because

those relationships demanded more presence in all aspects of my life. I also believe I felt

more terrified to risk revealing my core construing with my partner because I was not

proud of the person I was in previous intimate relationships. In order to risk ROLE

relating with a partner, I had to face prior retreats from intimate partners and recall and

examine prior behaviors in which I invalidated other in order to protect my core. While I

did not begin to take steps to risk more in partner ROLE relating at the time, I became

increasingly aware of my retreat from partner ROLE relating. With that awareness, I was

ultimately able to elaborate and begin to make changes to risk ROLE relating with my

intimate partner. Similar to challenges discussed about group facilitation, I remember experiencing an underlying hope and confidence that I would overcome my retreat from partner ROLE relating. At the same time, I maintained an unwillingness to examine and elaborate construing about family, or risk ROLE relating with them at this point in my life.

This time period showed my ability to construe differences among others and what impact those differences may have on me, especially as it pertains to whether I am willing to risk ROLE relating. Additionally, I was able to loosen construing, construe alternative constructions, and tighten construing around more complex, elaborated construing. While I still struggled to risk ROLE relating with some others, my more complex, elaborated construing was indicative of post-traumatic growth from an EPCP perspective. I was able to evaluate who was worth risking my core, the ways in which I was retreating from others who may be worth risking my core, and with whom it was not worth risking my core.

As EPCP believes optimal functioning comes with awareness of when it is appropriate to risk or retreat from ROLE relating, I had clearly experienced post-traumatic growth from this perspective. In particular, I was able to be authentically emotional and present (revealing of core construing) with others, which I had previously been unable to do, had much more awareness of my construing, had elaborated many systems of meanings that were previously stuck in old, rigid ways, and had felt true joy and fulfillment in life, far beyond what I had experienced prior to learning EPCP. In the next section, following a review of what the results of the data analysis suggest about post-traumatic growth, I will describe how post-traumatic growth also happened during

the process of the analysis and how I predict I will continue to experience post-traumatic growth going forward in my life.

Chapter 5: Discussion

Post-Traumatic Growth; What

In the literature review, it was proposed that post-traumatic growth would be found in PCP and EPCP concepts of constructive alternativism, levels of awareness, and among the three interrelated diagnostic levels of human meaning making. Each of these concepts are inherently growth focused as they are representations of elaborations of systems of meanings, as described in the literature review and validated in the results. This section reviews each concept and provides relevant data examples to support the assertion that these concepts provide a framework for understanding and describing post-traumatic growth. I also briefly review an example of how, for me, EPCP promoted a qualitative change in construing and approaching ROLE relating beyond what I could have imagined at one point in my training.

Constructive alternativism.

Constructive alternativism not only promotes the belief that a person is never stuck in one way of being, but also that a person has the possibility to continue to evolve systems of meaning (i.e., grow) through construing and re-construing. Even if a person experiences a structural arrest, where meaning making is frozen, or had recently re-construed a system of meaning, there is always the possibility to construe something new or integrate new construing to create more complex construing.

A good example of the continual possibility of growth captured by this concept comes with the unfreezing of a structural arrest in self-other permanence. In my

experience, the process of unfreezing a structural arrest in self-other permanence began with unfreezing a structural arrest in self-other construing. Once self and other were more differentiated in my construing, I was able to construe when and how self and other could exist separately yet simultaneously and how both self and other could continue to exist (i.e., be a felt presence) even in the absence of the other. Additionally, although I had already unfrozen and elaborated construing around these structural arrests, the data in time period five still revealed difficulty construing other (as having meanings distinct from mine) and with other permanence in romantic ROLE relationships, showing that just because I had been able to construe and elaborate meanings related to self-other permanence, in some areas there is still a need to construe, re-construe, and elaborate more complex construing. This argument could be made for each of the different themes that came up throughout the analysis process.

Levels of awareness.

The second EPCP concept that is correlated with post-traumatic growth is levels of awareness. To briefly review, EPCP understands construing to happen at multiple levels. Construing begins in infancy through experience and is embodied. While some systems of meaning are brought into a cognitive awareness throughout the lifespan, it is important to remember that these meanings began through experience of relationality and affect prior to cognition. Some construing remains non-verbal (i.e., embodied, non-conscious) but still impacts how we risk and retreat from ROLE relating. My analysis of my process of growth revealed a lot of experiential/non-verbal construing coming into cognitive awareness. This happened through reflexivity, both at the time of writing the hard data and throughout the process of analyzing and reflecting. Every reflection,

including those not revolving around EPCP, took a form of reading/learning a concept, applying it to my life, applying it to another's life, and drawing conclusions. In doing this, I was required to step back and allow myself to wonder about how my construing (usually at a non-verbal level) could or could not be related to the literature. This process brought much of my non-verbal construing, especially as it pertained to relational aspects of my life, into cognitive awareness.

Some of the most prevalent examples of bringing non-verbal construing into cognitive and verbal awareness were provided in data where I was learning EPCP. I had multiple reflections that expressed appreciation for EPCP concepts and approaches to theory and treatment. In many ways, EPCP gave me language for my systems of meaning that were at lower levels of awareness. For example, even prior to learning EPCP, data from my master's training reflections revealed that there was "something more" to relating (e.g., therapeutic work at the time) that I desired to know. As I continued to learn about affect, relationality, process, and many other concepts, I continued to express desire and hope for "something more." Specifically, with EPCP, the fundamental assumption that humans are inherently relational beings and that meaning and fulfillment of life comes within the risk and retreat of ROLE relating, along with the many other aspects of EPCP, felt like they "clicked" and aligned with something within me, even though I could not always verbalize what that was. In fact, the only concepts within EPCP that I had a hard time grasping on a cognitive level were those in which I had structural arrests (i.e., frozen construing; those in which I had stopped elaboration for the sake of protecting my core sense of being). The raising of experiential core construing into higher levels of cognitive understanding allowed me to move beyond those frozen systems of

meaning to risk ROLE relating and experience validation. The process of applying EPCP and other relational concepts in my reflections allowed me to more fully understand relational construing that was happening non-verbally, loosen and tighten, and elaborate many different meaning systems.

I want to quickly reiterate and clarify that while this project supports the idea that increased cognitive awareness reflects post-traumatic growth, this is not a contradictory to my argument that post-traumatic growth literature is missing interpersonal and affective understandings of the process. It is a cognitive understanding of *how I relate* and *how I feel* experientially (i.e., how I risk and retreat from ROLE relating), as well as how I think or how I behave as a result of relating and feeling. In other words, thinking and behaving come as a secondary action to relating and affect. Additionally, it was not until I could experience new ways of relating and new ways of feeling (i.e., risking ROLE relating and being vulnerable; putting the relational literature to practice) that I was able to elaborate on prior frozen or rigid systems of meaning.

EPCP diagnostic levels.

The final area within EPCP that I proposed post-traumatic growth could be found was in the three diagnostic levels; self-other construing, self-other constancy, self-other permanence, and structural arrests; physical and psychological distancing and dependency construing; and the nine experiential components. The subsequent section will review some of the explicit and implicit data that revealed post-traumatic growth in these levels. While the explicit and implicit post-traumatic growth data is organized in a relatively linear fashion below, it is also important to note the ways in which the data revealed the complex and integrated nature of construing. The complexity of construing

can be easily identified through a quick scan of the results, which include the same phrases being used repeatedly to exemplify different kinds of construing.

To provide an example for further clarification, I start with the theme of construing that my meanings and others' meanings are different. In part, this elaboration in construing kickstarted multiple subsequent changes in meaning throughout every diagnostic level. The experience of differentiating my meanings from client meanings was presented as an unfreezing of a structural arrest in self construing that had previously prevented elaboration of others' construing for the protection of my core sense of being. With this unfreezing, I was provided many possibilities to elaborate construing about self, other, process, self-other constancy, self-other permanence, distancing, dependency, and experiential components of discrimination, flexibility, openness, commitment, courage, and forgiveness, each in their own unique ways and in different time periods. To unfreeze my ability to elaborate construing of other, I had to rely on somewhat already elaborated systems of meanings in creativity, responsibility, and reverence.

Additionally, despite some elaborations at every diagnostic level, the change did not always happen easily and many, if not all, aspects of my meaning making system still have room for further elaboration. For example, throughout my training, the data reveals that I have construed the other and the importance of commitment, but the data did not reveal a lot of elaboration related to the notion of commitment. Rather, I continue to struggle to elaborate/allow myself to commit fully in ROLE relating. Note the cognitive recognition that commitment is important and necessary *and* still a struggle to experientially allow myself to commit to other. This struggle to grow in this area is indicative of non-verbal construing, fundamental meanings, serving to prevent change in

order to protect of my core sense of being, despite cognitive knowledge that I need to elaborate this meaning system. In other words, I have not experienced the validation of my core construing by another and have not allowed myself to validate another's core construing for a long enough period of time to allow myself to begin to loosen and flex this aspect of my system of meaning. One can also see the complexity and difficulty with change/growth when reviewing time period five data, revealing the difficult elaboration of self-other permanence in partner ROLE relating (and thus, distancing, dependency, discrimination, flexibility, openness, courage, and forgiveness), despite elaboration of self-other permanence with other types of ROLE relating.

Qualitative improvement of functioning as not "illusionary" because it is beyond "normal."

The literature review revealed that post-traumatic growth is often understood to be a qualitative enhancement in functioning (i.e., something beyond "normal" for the person). While the post-traumatic growth literature presents beyond "normal" functioning as something subjectively defined (i.e., unique to the person), the constructs used to understand different levels and realms of functioning are objective. Despite the literature's effort to try to account for subjective accounts of post-traumatic growth, the concepts used to measure post-traumatic growth provide little room for subjective interpretations and accounts of post-traumatic growth, which was briefly discussed in my critique of the PTGI. In conjunction with this, the literature presents the possibility that people's reports of subjective post-traumatic growth are "illusionary/perceptive" (i.e., not real growth) if they are unable to be accounted for in the objective categories used to measure post-traumatic growth.

From the first introduction to the notion of some experiences of post-traumatic growth being illusionary, I disagreed that any person or objective definition could capture what is subjectively real to a person. Consistent with EPCP, I believe there is no objective truth against which to measure all subjective experiences, and, as such, I could never fully understand or agree with those critics who suggested that the experience of post-traumatic growth is illusionary (i.e., some growth is "real" and other experiences of growth are mistaken/false/not real). In other words, I could never agree that an objective definition of growth, based in someone else's subjective reality, could tell me whether my experiences are representative of post-traumatic growth. As such, I hold that if a person believes they have experienced a qualitative improvement in functioning, especially as it pertains to ROLE relating, then there is no objective truth or construct needed to verify this (consistent with a credulous approach and human science epistemology that allows for many ways of knowing).

With this said, I recognize that the aim of this project is to use the many aspects (i.e., constructs) of EPCP to demonstrate an understanding of post-traumatic growth. However, in contrast to the objective approach used in traditional post-traumatic growth research, this approach is unique, as the many aspects of EPCP are subjective and what is "normal" is determined by actual subjective account of the person's expression of risking and retreating in ROLE relating, not by an objective definition against which experience is compared. The paragraph below provides an example of an enhancement in risking ROLE relating beyond what I thought was "normal" or possible for me, demonstrating what can be seen when looking at growth through this more subjective lens.

While all of the themes and data within this project are representative of a qualitative enhancement in functioning via elaborated meaning systems and my ability to more fully engage in appropriate risking and retreating from ROLE relating, I believe it will be helpful to provide a specific example of the possibility for qualitative change as a result of elaborated meanings beyond what I previously could have imagined. Time period two had a reflection that expressed hostile construing (e.g., I was unwilling to reconstrue my constructs of religious people) due to prior invalidation of my core construing by religious others. At the time, I acknowledged that I was hostile towards risking ROLE relationships with religious others and wondered about how a ROLE relationship with a religious other might look. This wondering was, in part, due to my own lack of religious beliefs and strong feelings towards religion as a manipulative and unrealistic ideology.

Although my results did not reintroduce this topic as an explicit data example, it should be noted that I have developed a ROLE relationship with someone that is religious. At the time of the reflection, I construed developing a ROLE relationship with someone who was religious as a qualitative enhancement in functioning because it would represent my ability to authentically relate with someone who had different beliefs than I did. Initially, I could not construe anything beyond recognizing differences in construing and being able to ROLE relate despite those differences. However, I had a moment recently with a religious person where they quoted scripture to me in response to mixed feelings I was expressing about my lack of contact with family following a family member's death. Rather than approach the scriptures with hesitancy and hostility towards the religious person, I found that their scriptures really resonated with me. So much so

that I had an intense emotional reaction as the scriptures felt so relevant and representative of what I was experiencing. The reaction was not due to the specific scriptures but due to the person who was behind them. In other words, their choice of scriptures validated me.

As I reflected on this, I realized I was beyond the point of just figuring out how to, perhaps minimally, ROLE relate with a religious other (i.e., someone different than me), but I was actually ROLE relating with that person and had been for some time. Previously, I saw my newfound ability to validate the other's use of religion for their own coping as an enhancement in functioning for me (i.e., growth). Now, the qualitative change I am experiencing involves actually being able to (to allow myself to) be validated by the other's construing (i.e., their approach to validation), despite my continued skepticism about religion. This elaborated construing is beyond what I construed was possible for my personal growth at the time. The point of this example is that, in EPCP, not only are elaborated meanings, or unfreezing of frozen or rigid construing, reflective of post-traumatic growth, but new meanings and experiences can develop, well beyond what they imagined would be a possible change.

Post-Traumatic Growth; Where

Explicit growth in hard data.

The results section specifically detailed tangible examples of post-traumatic growth. Additionally, the autoethnographic narrative described my interpretation of the explicit post-traumatic growth in conjunction with memories and reflections that arose in response to the explicit data. As this information is already provided, I will not repeat the

explicit data examples of post-traumatic growth here and refer the reader back to chapter four for examples of explicit growth.

Implicit growth areas.

One of the unpredicted outcomes of this study was the amount of post-traumatic growth that happened beyond conscious effort and awareness during my training. Prior to analysis, I predicted that my hard data would have explicit data examples of moments of post-traumatic growth. I originally hypothesized that there would be "aha" moments of post-traumatic growth in my hard data, meaning that there would be phrases within my reflections that were explicit statements of post-traumatic growth. Additionally, I hypothesized that the hard data would have phrases that were reflections of high emotionality in response to post-traumatic growth happening in the moment. However, what I realized throughout the analysis is that growth happened implicitly in a more subtle manner, as there were not any explicit "aha" moments.

A good example to highlight the implicit growth was regarding psychological distancing. The first time period revealed that I psychologically distanced myself from ROLE relating with others, which began as a strategy to prevent chaos and disruption in the other, and therefore prevent invalidation of my core sense of being by the other. Of course, the data phrases did not describe my construing in this specific way. Rather, my psychological distancing was revealed in phrases where I expressed having a difficult time understanding a client and/or focusing a lot of my therapeutic time in my own cognition about how and what I was doing in the room to prevent chaos for other. As I developed throughout the remainder of the time periods, the data revealed phrases where

I was actively trying to be psychologically present with clients and then present in my personal relationships.

Again, I did not explicitly write that I was trying to be psychologically present with others, nor did I consciously acknowledge intention to be psychologically present, but in the analysis it was clear that I was pushing myself to be present as evidenced by phrases in the results sections about my effort to understand client meaning or be there with other in their distress rather than try to solve their distress. I was not fully aware of how my construing and approach to relating was changing as it was happening—only through reflection in retrospect. I believe that post-traumatic growth also happens this way in therapy. Often clients do not explicitly know that they are changing but they somehow wind up in a place where they realize things are different than when they first began. Perhaps the reason I hypothesized that there would be explicit "ha" moments was because I knew, at the time of writing the proposal, that I was different than I was when I began my training. I was more conscious of the ways I had changed and thought some the tangible example would be in the literal words of the reflections.

Post-Traumatic Growth; How

To build on the prior section about implicit growth, I want to review how the analysis not only highlighted implicit post-traumatic growth beyond surface content, but also how it *promoted* post-traumatic growth during the process. I chose the Listening Guide for analysis because of the assumption that the psyche is complex and that multiple voices are often at play within the self, with others, and within broader cultural context. This is like EPCP's assumption regarding complexity of construing. The Listening Guide revealed the complexity of my construing. The first listening (i.e., for the plot) set the

stage for relational construing themes that appeared throughout and among the different time periods and listenings, including ethnographic themes relevant to this project. The second listening brought the complexity of my subjective voice about self, other, and culture out while the third through fifth listenings highlighted the complexity of construing through the ways in which many data phrases simultaneously represented multiple themes of the listenings. The I poems, as intended, pulled my subjective narrative from the content. If I had read through the reflections, paying attention to just content, I would not have fully grasped the struggle my subjective voice was expressing during the first time period. I could have noticed self-doubt and worry about doing well, as those words are explicitly used, but the underlying meanings and emotional experiences were clouded with content. It was not until I removed the content and paid attention to just the I phrase that I saw the amount and intensity of my desire and hope versus self-doubt and difficulty.

Using this method also helped me more clearly see the shifts. For example, the first time period included a lot of back and forth talk about my sense of self and, while an amount of this continued throughout the additional sections, and still today, the subjective voice shifted from a rigid opposition between what I desire and what I am doing to more softness about trying to understand what I am doing and how that is contributing to the difficulty I was experiencing. The subjective voice also showed a shift from rigid construing in general (i.e., I am lost and failing) to more curiosity (i.e., what is going on and why).

True to autoethnographic work, reflexivity played a large role in this study. The project depended on reflexivity that happened at the time of writing my hard data to build

the tangible example of post-traumatic growth while reflexivity throughout the analysis built the results and auto-ethnographic narrative, and revealed implicit growth. Perhaps my most valuable elaboration in construing (i.e., post-traumatic growth) while writing reflexive journals came when I was analyzing the time period when I was re-learning interpersonal process theory (IPT), following EPCP. I had already established relational constructivism as my orientation and was using EPCP in my clinical work. I knew the theory made more sense to me and felt more authentic to what I desired in my personal life, as well as what type of therapist I was becoming. One of the reasons I identified with EPCP more than IPT was in response to the level of therapist involvement in therapy and process. IPT required more direct process between therapist and client during therapeutic work. While I agreed with the need to experientially understand the relational process between client and therapist, I did not feel completely comfortable with the level of therapist insertion in the work of IPT. I believe EPCP gave me a more balanced opportunity to include myself in the relational process when needed to conceptualize or experientially elaborate construing and remove myself when it was not necessary for conceptualizing or intervening.

The elaboration in construing regarding why I identified with EPCP over IPT became clearer through reflexive journals. The clarification came to be while reflexively journaling about my structural arrest in self-other permanence. The data revealed that I had a hard time being able to simultaneously allow two people (self and other) to exist without one's construing dominating the other. At the beginning, my self often dominated the therapeutic space, and I could not construe other and myself as existing separately simultaneously. Once I began to be able to understand other construing, I found that I

was preventing my self from co-existing with other out of fear of assuming other meaning or invalidating the other by creating meaning for other based on my own.

In my reflexive journals, I debated whether I aligned with EPCP because I was still struggling to elaborate self-other permanence. To clarify, I was curious about whether I was using EPCP as an excuse to remove self from the therapeutic space, as EPCP does not insert therapist in to the process as much as I felt IPT required me to do at the time, because I did not want to elaborate construing in self-other permanence (i.e., I wanted to retreat from ROLE relating, and thus invalidation, by keeping my self out of the simultaneous space with other). As I wrote more reflexive journals, I came to understand that I was not using EPCP as a retreat from ROLE relating. One of the ways I knew this was because I have continued to elaborate self-other permanence after the end of writing my reflections for courses and before beginning analysis for this project. While I still struggle at times to allow simultaneous presence of self and other construing, I have been able to. I have noticed that I can bracket my construing, while still acknowledging its presence, in a way that allows me to conceptualize based on client's construing, without having to insert my full construing presence. As such, I continue to elaborate self-other permanence and when it is appropriate to risk and retreat from ROLE relating.

Post-Traumatic Growth; Conditions

Post-traumatic growth and safety.

The literature review and results highlighted that meaning elaboration (change/growth) happens when a person feels safe enough to risk their core construing. The results provided multiple examples of moments in my training and development where I felt unsafe. The examples, however, were not explicit statements that I felt unsafe

to risk my core construing. Rather, the retreat from ROLE relating was shown in phrases indicating rigid construing after prior time periods had revealed previously elaborated construing.

For example, time period two revealed increased awareness and elaborated meaning systems but was followed by time period three where phrases revealed a retreat back to rigid construing and difficultly in continued elaboration because I felt unsafe to risk my core construing within the particular theory and with the supervisor I was training under at that time. Thus, I retreated to more rigid cognitive interpretations and behavioral interventions in clinical work because I felt safe and in control with that approach (i.e., too vulnerable to continue to elaborate and solidify new meanings and was of being). Another example was regarding self-other permanence construing. Time period three provided explicit examples of unfreezing a structural arrest in self-other permanence. Time period five, however, revealed a component of self-other permanence construing as still stuck/frozen when it pertained to romantic ROLE relating. This example revealed that I felt safe to risk my core construing with clients and in friendships, but still struggled to allow myself to be fully risk my core construing with romantic partners, as those relationships, being more intimate, feel inherently less safe.

Risking and retreating from ROLE relating.

It is important to remember that retreating from ROLE relationships is necessary at times in order to protect oneself from threatening others, and thus, retreat is not, in itself, problematic. The goal of these listenings was not to operationalize growth as engaging fully in all relationships, but rather, to understand growth as it pertains to the engagement of risking *and* retreating from potential ROLE relationships. The above

examples reveal moments of retreating from ROLE relating when it felt too risky to reveal my core construing to another throughout my training.

What has not been discussed in detail up until this point was the conditions of safety that needed to be implemented in order to begin my process of post-traumatic growth (i.e., elaborate construing in order to more fully understand the differences between others and risk core construing with trusting others). Not long before the beginning of my master's training, I stopped all communication with my immediate caregivers, and much of my other family. Although some may interpret the retreat from family as extreme, I believe that I could not have experienced the post-traumatic growth that I did without being removed from direct contact with them. In order words, I do not believe I could have ever felt safe enough to risk my core construing with anyone if I had maintained contact with my family, as the major invalidations I had suffered by caregivers were too present while still in contact with them. I believe the retreat from family was healthy (i.e., a growth promoting retreat), as it was the only way I could begin to experientially approach the possibility of opening my core construing for validation by other.

Recently, during the analysis of this project, I came back into contact with my family as a result a family death. A clear indicator of the post-traumatic growth I had experienced came when, during that contact, I realized that there were some family members I did not need to retreat from and others I should continue to retreat from in order to protect myself. I had these realizations directly following contact with them but have not tried to ROLE relate with those I deemed able to validate my core construing (i.e., safer). I realize now that although I was able to acknowledge that there were family

members with whom I could risk my core construing, exemplifying growth in discrimination, my fear of reliving those major invalidations has prevented me from reaching back out to those family members still associated with those who hurt me, exemplifying some struggles with courage. In other words, pre-verbally, those early, core meanings are still shaping my experience such that I feel unable to experientially allow those I associate with caregivers any access to my core construing.

I have elaborated my construing about my family in other ways as well. While validating my need to retreat from ROLE relating with caregivers, I was also able to reconstrue them in ways that allow me to feel compassion for caregivers who had hurt me. By this I mean that I can now construe their construing such that I have a better understanding of my caregivers' inability to validate my core construing, and I know that I need to continue to retreat and protect my core construing as they do not have the capacity to validate my core construing, at least not currently. With this example, I reiterate that post-traumatic growth is complex and ongoing.

Awful and "awe"ful.

To build on the prior section, it is also important to briefly review the awful and "awe"ful nature of ROLE relating. When risking ROLE relating, there is always a chance that other could invalidate me. In fact, I was invalidated so much by caregivers that, in the beginning, I expected invalidation on most occasions. However, I also believe that the data showed continued hope that things can and will get better if I continued risking with appropriate others. As such, the data revealed hope for continued post-traumatic growth while simultaneously expressing struggle, hesitation, and failed attempts at risking ROLE

relating. This sustained hopefulness in the face of difficulty sticks true to the inherently joyful yet terrifying nature of ROLE relating.

Post-Traumatic Growth; A Continual Process

One of the most obvious and appropriate ways in which EPCP fills the gap in the literature related to relational aspects of post-traumatic growth is through its fundamental assumption about the infinite possibility to create, unfreeze, increase awareness, and elaborate meanings. In conjunction with reflexive journals, I found that the Listening Guide prompted additional post-traumatic growth throughout the project and going forward. A lot of the growth that occurred through the process of this project is highlighted in this discussion section, especially pertaining to subjects such as further understanding my theoretical orientation and the various details of my risk and retreat from ROLE relating. In addition to providing examples of post-traumatic growth in the hard data and throughout the analysis, I believe it is important to highlight the areas in which I desire more. As the hard data ended at the completion of my second year of doctoral training, there has been a gap in data available for analysis of post-traumatic growth for over a year. Throughout the project, and as I continue to in my life, there are three areas of growth that I continue to actively bring into awareness and elaborate. I believe these three areas of needed growth stem from the same experiences of major invalidation from caregivers, although they manifest and intertwine in complex ways.

To begin to clarify, I start with self-other meanings and self-other permanence. Although initially arrested in these areas of construing, I saw some unfreezing and ability to construe self and other as distinct and existing while in presence of the other or in different contexts mainly in therapeutic work. The data also revealed difficulty in my

ability to construe that I exist to others (i.e., my family) while both in and out of their presence and that other, in romantic ROLE relating, exists while in my presence (i.e., that we can maintain distinct and separate even when together). To quickly review, data revealed that early on in life, I tended to transform the needs of others into my own needs in order to strategically prevent chaos for other, and thus, prevent invalidation of my authentic self—all of which represents a blurring of the line between self and other. As a result, I never really learned what my authentic needs were until I physically, and psychologically, distanced myself from the others from whom I was protecting myself.

Over time and with new experiences, this distancing allowed me to unfreeze and elaborate many systems of meaning. I mentioned earlier that I have recently been back in contact with family due to a death. During that time, I remember acknowledging that I do not need to physically or psychologically distance myself from all members of my family, but I also confirmed that I needed to maintain retreat from ROLE relating with some particular members. Those moments felt like growth, and I felt a renewed sense of hope that I could engage in relating with some members of my family. While I still believe that is true, I must acknowledge that I have not been in contact with them since returning home once for the memorial. With this acknowledgement, I am reminded that although I know I can risk ROLE relating with some members of my family, I remain stuck in some way—potentially some more primitive, rigid construing at a lower level of awareness that is preventing me from fully allowing myself to risk. This is an area on which I continue to reflect and try to engage in understanding.

Though I will now write about the other two areas for continued growth together, I want to note that all areas of growth I am continuing to work through are related to each

other and other growth areas in complex ways. These other two areas are self-other permanence and commitment in romantic ROLE relating. Time period five revealed difficultly in allowing other permanence while in presence of self. By this, I mean that through my analysis I could see that I often ignored or invalidated my partner's uniqueness and was only willing to engage in a relationship if he became who I wanted him to be. Ironically, I was requiring him to transform his needs to my needs (i.e., blur the lines between self and other) in the same way I was required to do with my caregivers.

On a positive note, as I analyzed my data, I was also able to feel good about my post-traumatic growth in self-other permanence within romantic ROLE relating because I could reflect on my current romantic relationship and identify ongoing growth in my ability to maintain a sense of other permanence with my partner while in and out of my presence. This comes in the form of agreeing to disagree about some beliefs, not imposing my meanings, and not manipulating my partner to force him to meet my needs while sacrificing his own. With this, I do not want to make it appear as if my growth in the area has been smooth. There are still moments when I am unwilling to acknowledge the other's permanence, usually in moments of high vulnerability. Note that I use the word "unwilling" as description. I do so because I often know that I am invalidating or forcing my meanings upon my partner, but I do not desire to push myself beyond this (i.e., to change) because I "selfishly" want my own needs met or "do not care" enough to put the effort in—though stated harshly and self-critically, most likely this struggle reflects ongoing feelings of threat, being unsafe in intimate relationships. This

acknowledgement reminds the reader of how difficult post-traumatic growth can be and how easily one can slip back in to old "safe" retreats from ROLE relating.

I also want to briefly discuss difficulty in commitment construing. Data did not reveal many examples of a willingness to validate an other's construing over time. When a person has difficulty with commitment, they tend to retreat when things get tough, when it would take time and effort to get to know someone who is different, when they feel bored (which can be a signal of retreat), or the needs of the other might take precedence over one's own long-term needs. This sentence perfectly describes reasons I have previously retreated from romantic ROLE relating, especially if one references the above discussions about difficulty with self-other permanence. Similar to how I was to reflect on moments of growth with other permanence during data analysis, I was also able to reflect on some ongoing growth in this area. I recalled examples of when I did continue to engage in ROLE relating with my current partner during tough times, when I did not retreat from moments that required me to acknowledge other permanence or when his immediate needs took precedence over mine. In short, as with the example above, this is an area in which my growth is in progress, which I am pleased to see when I think about examples of continued post-traumatic traumatic growth since the data were provided for the last time period of analysis.

Post-Traumatic Growth; Validation of Relational Aspects

In terms of the ethnographic piece of this project, I believe the results of my analysis highlight the ways in which my construing was influenced by my culture's individualistic versus collectivist narrative and the medical model's constriction of experience. I have argued that medical model assumptions largely reduce our experience

and understanding of phenomena to cognitive and behavioral aspects, leaving out or

minimizing the most important aspect of relationality, as well as affect and social

support. Like most other topics within psychology, the trauma and post-traumatic growth

literature are heavily dominated and influenced by the medical model. As such,

understandings of post-traumatic growth are limited by seeing the phenomenon through a

primarily cognitive and behavioral lens, missing the potential for a more comprehensive

understanding that privileges the relational, affective, and social support aspects of being

to the same degree. I believe that the results of this analysis provide a tangible example of

EPCP as way to understand and promote post-traumatic growth that fills the missing

relational/affective/social gap in literature.

Influence of culture and environment on my construing.

The qualitative data in both the autoethographic and ethnographic that emerged

through data analysis revealed a heightened awareness in my construing about the ways

in which context affects my own construing, as well as others'. Up until I began training

at the Master's level, I did not consider the ways in which outside influences affect how

we construe and engage in ROLE relating, especially when we are unaware of these

cultural meanings or do not reflect on them. My lack of reflection on context seems to

explain, in part, the influence that Western, individualistic assumptions had on my

construing.

For example, in the first time period of analysis, I saw myself engaging in a lot of

blame on internal mechanisms about my inability to "apply skills" of relating. At the

time, I was not able to acknowledge the individualistic approach to internalizing blame

about my ability to relate. It was not until I began to look at how context, both culturally

and via my caregiver/developmental relationships, affected my approach to relating that I could begin to construe differently. When looking at context, I could move beyond internally blaming my ability to "do" therapy to look at how my relational approach came to be and affected my ability to "relate" (i.e., be) with an other, rather than "do" (i.e., behavioral) therapy to the other via my learned skills (i.e., cognition). Internal blame began at a very young age, as I was held responsible for outcomes of certain situations over which I had no control. I internalized this blame and this strategy/way of being was reinforced as "successful" when I continued overly controlling every situation around me to facilitate desired outcomes for others' comfort (and thus, my own). I perceived myself and others perceived me as "successful" because I was always on top of every situation and did not allow for mishaps or mistakes. Western culture (and, later, the medical model I was exposed to in my early training) reinforced "success" in this way because I hit all the milestone accomplishments that society rewards (i.e., graduate high school with honors, get scholarships, attend college and successfully complete, work hard, receive praise for ability to work hard and accomplish more than others, be independent, buy a house and car without the assistance of anyone, do not be bothered by others who hurt you, do not allow anyone true access to you, stay at a distance, keep chugging along like a computer with no emotions, build a life for yourself that is void of emotions and authentic relationships so that no one can penetrate and evoke chaos; that was success) and it was reinforced via praise from others that I was so "put together," "driven," "hard working," and "successful," which felt like the praise I was looking for at the time (i.e., validating my way of construing success as internalized from culture and others).

    Complex post-traumatic stress disorder.

Before proceeding with the next section about the ways in which EPCP allowed me to move beyond the constrictions of the medical model, I want to bring attention back to complex trauma. I argued in the literature review that the predominant understanding espoused in the literature about how a person copes with trauma, and thus their potential for post-traumatic growth, its determined by the assumption that a person is born with a predisposed personality type. Those inherent personality types are assumed to determine how we will cope with and respond to traumatic events (e.g., how we think and behave in response to the trauma). However, I argued, in opposition to that assumption, that, rather than innate, personality is developed via the experiences that we have and how we construe those experiences. In other words, I believe, along with some others reviewed in chapter two, that personality develops (i.e., a person's style of coping and ways of being come to be) as a result the resources and abilities a person can access at the time of the trauma.

I have already disclosed that I experienced major invalidations at a very young age, prior to my ability to fully understand my emotions or the dysfunctional nature of my caregiver relationships. To prevent ongoing major invalidation, I froze (i.e., suffered a structural arrest) elaboration in some meanings, including any hope or expectation that a caregiver could validate my core construing. In the process, I learned to be overly observant of situations and behave in ways that prevented chaos, as chaos often meant further invalidation of my core construing. To further clarify, my "inherent personality" prior to training likely would have been labelled as extroverted, hardy, resilient, and able to effectively cope with adversity. I became very observant and behaved preventatively to minimize chaos in ways that categorized my "inherent personality" in a certain way.

While it is true that my personality reflects these descriptors in some ways, what is not accounted for are the ways in which I had to evoke these tendencies to survive my environment. Additionally, I believe that if I had more validation of my core construing, and caregivers that I could go to for help with adapting to adversity, my personality may have been expressed in other ways. For example, if I had parents who sheltered me from invalidation or discouraged independence, I likely would have showcased personality characteristics of a more dependent person as I developed.

Beyond the medical model.

As I continued to reflect on ways in which my construing was affected by my culture and the medical model's narrowing of experience to the cognitive and behavioral, I was able to look at myself and others as more than labels, especially diagnostic ones. I began to understand my clients as affected by context and not as inherently their "disease," I was also able to look at myself as someone affected by context. With this came the qualitative shift from how my subjective voice focused on self-blame for outcomes to beginning the process of learning about how I came to be, and with compassion and more positivity and hope.

The process of learning EPCP helped me elaborate my construing beyond imposing my meanings on others by encouraging me to reflect on what it is like to have others assume and project their meanings on to me, by highlighting how impossible it is to live up to what others want us to be or unrealistic Western ideas, and by leading me to the conclusion that I was not approaching life through my own authentic needs. When I was able to construe another's meanings and hold my own authentic meanings simultaneously, I was able to validate the other's subjective meanings while still holding

my own as valid (e.g., I further understood my own construing and did not need to subsume the other's needs as my own). In this way, I believe I was able to give dignity back to the other that I believe is stripped by dominant cultural narratives that impose meanings and pathologize based on rigid beliefs. Additionally, I understood my authentic self and could start living my life based on my needs rather than others' needs, which gave me my dignity back. Consequently, I became happier and more fulfilled.

Whisperings of "something more."

I believe my whisperings of "something more" came from a lack of fulfillment and happiness. These whisperings were happening long before I wrote my first course reflection, and they remained present from the first reflection on. EPCP looks at "symptoms" as communications to us, from us, and about us (Leitner, 1999). My symptoms, as defined by DSM descriptions, would be problematic drinking, obsessive-compulsive behaviors, uncontrollable worry/fear, lack of social support, and inability to attach, among other things. While medical model assumptions would propose these symptoms as derived from either a disease process (e.g., chemical imbalance) or, in the case of psychology's version of the medical model, which broadly takes the form of the cognitive-behavioral family of therapies, in terms of faulty cognition and/or maladaptive behaviors. My treatment would then consist of medication and/or cognitive restructuring and behavioral coping strategies or corrections. In contrast, I believe my "symptoms" were whisperings of (messages to me, from me, about me) something that was missing from my life (i.e., validation of my authentic core construing, interpersonal connection). I did not receive validation of core construing from my caregivers by just being myself, I had to assume and meet the needs of caregivers in order to avoid further invalidation. In

doing so, I received validation, in a sense, however, this validation was of their needs, and not my authentic needs, hence my continued sense of unhappiness despite being "successful" in the way discussed above.

In learning EPCP and IPT, I was exposed to literature about construing/being that happens non-verbally or prior to conscious awareness. I believe the construing that was happening below conscious awareness was protecting me from invalidation but was also limiting my possibility of post-traumatic growth, and thus, fulfillment and happiness. It was not until I entertained the idea that I am an inherently relational being and that I was limiting my potential for fulfillment and happiness by retreating from ROLE relating, including *how* I was retreating, that I began to be able to entertain the idea that my assumptions about "success," influenced by Western ideas and the medical model's privileging of cognitive and behavioral aspects of being, was not going to produce real happiness and fulfillment in my life. Once I realized this, I began risking ROLE relating and felt a ping of joy that I had never felt before, at least not authentically. These moments of joy can be seen in the qualitative data from the first time period of analysis. As I felt joy, I wanted to feel more joy, and I was motivated to continue to learn about myself, learn about relationality, and begin indulging in other aspects of experience (i.e., relating and affect).

I realized throughout my training that I did not feel valued or worthy in my relationships growing up (i.e., I never felt true validation of my core construing). While I can look back and recognize that there were times my caregivers expressed love towards me and that they do care for me, I have to be honest in saying that I never felt truly validated. I believe the reasons for this are complex, with one part due to my

unwillingness to allow them access to my core construing and the other part being that their own core construing was likely never validated and they have their own reasons for retreating from ROLE relating with me due to their own experiences of invalidation. It was not until I formed friendships after leaving home and engaged in clinical training that I began to be able to risk my core construing and experience core validation, followed by fulfillment and joy. Of course, my fulfillment and happiness are not perfect and have not come without difficulty. I still struggle to know when and how to risk and retreat from ROLE relating and I still suffer. However, it is due to the suffering and the awareness of my history of suffering that I believe I can more fully appreciate my life now.

Ongoing struggle.

My results and above discussion sections have highlighted some of the areas in which I continue to struggle elaborating meanings and have room for additional post-traumatic growth. I think it is important to also highlight the ways in which I, and others who share my ontological beliefs, continue to struggle working among and within a medical model dominated field. The ethnographic section of my analysis reveals elaborated construing about how insurance companies, as influenced by the medical model, force clinicians to understand/treat clients as objects to be "trained" to think and behave by societal standards. Even presently, I have had to learn how to very specifically document notes in terms of cognitive and behavioral markers indicative of intervention effectiveness. I have learned this skill through my training but have recently felt a sense of hopelessness about the constraints that insurance companies put on documentation, thus shaping the approach to care. While I can still utilize my theory and intervene in interpersonal and affective ways, I have to acknowledge the ways in which I am

simultaneously thinking in terms of cognition and behavior in order to meet documentation mandates. With this, I must also re-reflect on how the simultaneous preparation for documentation influences how I conceptualize my clients and implement interventions. My ethnographic analysis revealed my drive to fight the dominant discourse, and I describe how I believe I do that and will continue to do so throughout my career. I challenge other clinicians to do the same.

One of the most relevant challenges I face in my professional role is how colleagues understand trauma and approach trauma treatment. Or more accurately, how colleagues seem to avoid trauma and trauma treatment. While recognizing my biases, which I highlight in the next section, I continue in my analysis by expressing my frustration with how trauma is understood and approached by clinicians. I preface this section by noting that I understand clinicians' hesitations about potentially re-traumatizing clients, and I do not believe clinicians should practice beyond their limits of competency. With that, I also believe we harm clients when we avoid trauma and trauma treatment. In doing so, we are undervaluing clients' resiliency and potential for post-traumatic growth.

One of the ways I see clinicians avoiding trauma is through seeing symptoms as the result of a diagnosis, an individual vulnerability, versus the consequence of trauma. I cannot recall a case that I have listened to in staffing where trauma was not disclosed, but I can only count on one hand the amount of times the clients were diagnosed with PTSD. Rather, they are commonly diagnosed with anxiety, depressive, or mood disorders. To me, it seems clear that clients' symptoms in these cases can be explained by the interpersonal trauma they have suffered and are expressions of the lack of validation they

experience of their core construing. I am astounded at the amount of misdiagnosis that is happening in the field and the ignorance about how interpersonal trauma and lack of healthy relationships are etiologies of clients' symptoms.

Building on that harm to clients, when we diagnose inappropriately and provide psychoeducation to a client that their symptoms are biological, we are taking part in invalidating a client's experience and how they make meaning of those experiences (i.e., diagnose a client with agoraphobia versus further assessing that they avoid social situations because they fear they will run into a prior abuser; a current client I have). Additionally, when I am prompted to treat this client by teaching coping skills and behavioral interventions, I am intervening under the assumption that there is something wrong with the way that this client made meaning of their experience, and I am glossing over the meaning behind the anxiety. I am invalidating their core construing by avoiding further exploration into the trauma and how the trauma affected how they approach risking and retreating from ROLE relating. This is only one of many more challenges I could discuss regarding this example, as well as many cases.

These types of injustices and harm that I believe the field is doing to traumatized clients has sparked my motivation to learn, bring awareness, and teach people about trauma and trauma treatment. Since completing my analysis, I have begun taking courses on complex trauma and completing CE workshops for trauma and trauma treatment. I believe my role in fighting the harmful dominant discourse is to disperse recent and ongoing research and literature about complex trauma and post-traumatic growth, which is also at the heart of the reason for this project. My central thesis is that trauma, trauma treatment, and post-traumatic growth are complex and the field needs to acknowledge all

aspects of experience, including interpersonal, affective, and social support, in order to truly help our clients grow.

Biases

Throughout my argument, I admit to biases that need to be explicitly claimed in this section. First, I critique the ways in which the medical model categorizes people into objective increments of measurement as defined by Western ideals. It is my belief that experience is much more subjective and complex than categories often used in research and clinical work allow. As such, I practice from a human science approach to understanding people, where individual subjectivity and all components of experience are considered when understanding struggle and human suffering.

Additionally, I do not believe that life is always full of happiness and joy as Western culture pushes one to achieve (i.e., a cultural denial of suffering and meaning that comes through/is expressed in suffering). I believe that human suffering is a part of life and that it is through human suffering that people more fully appreciate and enjoy meaning and fulfillment. As such, I was not looking for ways to minimize suffering. Instead, I was looking to highlight the ways in which suffering affects how we develop and who we come to be, including its impact on meaning and fulfillment (i.e., how my structural arrests as a result of major invalidation affected my ability to ROLE relate and truly experience meaning and fulfillment in life).

I have also already argued for my belief that humans are ontologically relational. As such, I value human relationships as primary in the search for meaning in the progression of life. Additionally, my epistemological beliefs waver from those of common culture. Rather than rely on purely objective, scientific approaches to

understanding, and thus, preventing or "curing" suffering, I value subjective meaning making and believe that one's experiences cannot be reduced to a cause and effect understandings. Instead, I believe that many factors contribute to human experience and as such, try to consider context and subjectivity when understanding myself and other. This project was my attempt to help others tangibly understand my approach to understanding human experience, which includes context and subjectivity.

Finally, in terms of EPCP, I came to this study with a whole-hearted belief in the fundamental assumptions of the theory. Those being that human beings are ontologically ROLE relationship seeking and that ROLE relationships are what promote meaning and fulfillment in life. EPCP recognizes the terror inherent in experiences of invalidation as well as the "awe"ful feeling of meaning and fulfillment when validated in ROLE relationships. In this way, EPCP aligns with my belief that suffering is a part of the human experience but also provides hope for meaning and fulfillment (i.e., risking *and* retreating, when excessive risk is present, from ROLE relating). Additionally, EPCP values the subjective experience of meaning making and considers context when exploring how the subjective experience of meaning making comes to be.

The influence of my training program.

To expand on the above, I want to quickly discuss the influence my training program has had on my biases and fundamental assumptions. I believe one could argue that I align with relational ontology because I was trained under this assumption. While partly true, I also want to bring attention to the idea of whisperings of "something more" and the idea that humans are inherently relational beings.

In the results section, I revealed reflections about my motivation for embarking on a career in psychology. I debated whether my motivations for becoming a therapist were selfish and to fulfill my own needs. While the field wants us to believe that we are "objective helpers" and that we can remove ourselves from our work, I believe differently. I think it is feasible that my interest in this career and my choice of a human science program was selfish. I argue that my choice in career was an attempt to fill a need from the void of relation. Perhaps, my choice was because of my belief in the inherent nature of humans as relational beings, which I was not consciously of aware of at the time, but still had influence on how I was risking and retreating from ROLE relating. Although I believe I can bracket my construing in order to meet my clients' needs versus my own now, my initial therapeutic work was more about unfreezing my structural arrests in order to allow others access to my core construing, and feel validation, happiness, and fulfillment.

One might also argue about how I know I have grown as a person and a therapist in this process (i.e., that I actually allow others to access my core construing, that I have felt validation, and that I feel happier and more fulfillment). To that, I circle back to my original argument, the truth is in my *subjective experience* of all aspects of my being, including cognition, behavior, relating, affect, social, context, etc. that epistemologically confirms my post-traumatic growth. Additionally, the "proof" can be seen in the data; the results section provides readers a tangible example of the ways in which post-traumatic growth occurs and can be understood relationally.

Personal Reactions Throughout the Study

This project evoked a variety of emotions at different times. As my argument proposes that affective and relational aspects of being are missing or minimized (as derivatives of the cognitive and behavioral) in this post-traumatic growth literature, I did not want to dismiss or overlook any emotions that arose in the course of my analysis. However, I also did not want to allow the emotions to overly impact my interpretations. I suspected that some of my desires to have my argument validated, as well as some of the biases that I have highlighted, might cause me to see something within the data that was not "really" there, and I wanted to be sure to avoid that. I believe I was able to do that through adhering to the theoretical frame provided by EPCP, through reflexive journaling, and ongoing meetings and feedback from my committee. Below I will briefly describe the emotions that were expressed throughout my reflexive journals, including how I believe I monitored them throughout the process and ways in which they may have impacted my analysis and results.

Fear.

There were many reflexive journals in the first half of analysis that included feelings of fear. I expressed worry that the hard data would not provide enough data or the right kind of examples to validate my argument. Despite the worry, I worked hard to make sure I was not over interpreting data to create post-traumatic growth where I wanted to see it. I had to force myself to trust the process and have patience throughout the analysis to do this. I believe the examples provided in the hard data and my reflexive journals validate the post-traumatic growth as exemplified and my argument for the importance of relational aspects of being for post-traumatic growth.

Guilt.

From the start and throughout the analysis, I wrote about feelings of guilt and embarrassment in my reflexive journals. I felt guilty for "using" my clients to grow interpersonally, although I now realize that the safety provided for me in a therapeutic space may have been the only way I could have begun to allow myself to be vulnerable and risk core construing (and become a better therapist). Additionally, I realize that conceptualizing clients via EPCP helped me bring my own construing into awareness, unfreeze structural arrests in construing, and elaborate systems of meaning to grow relationally.

One of my committee members posed the question of whether this project reflected an oversharing of myself following an extended period of not sharing myself with anyone. I agree that this could be the case, although my initial reaction after reflecting on this was that perhaps I am continuing to grow and identify my authentic needs through this project. As mentioned, throughout my early life, I have assumed the needs of others as my own in order to prevent major invalidation to my core construing. As such, it was not until my mid-twenties that I truly began to understand my own core construing and needs. This journey to bring my own core construing into awareness had just begun after more than twenty years of unawareness. This project may be an extension of that drive to learn about my core construing and motivation to continue to grow relationally, or perhaps, it is an oversharing that requires further reflection and stimulates some guilt about selfish reasons for wanting to share so much of myself. Likely, my motivation for this project is grounded in a mix between a desire to continue to grow, a desire to feel validation about my growth and direction I have taken in my life,

and some desire to facilitate hope for others that may be feeling stuck or constrained by the limits of their construing capacity at the present time.

Embarrassment.

I must admit that I was embarrassed of the degree to which I was influenced by Western Culture, including the medical model's assumptions, in terms of what it means to be happy and how we achieve happiness had on my construing prior to my training. Additionally, I was embarrassed about the ways in which I limited my experience to cognition and behavior. While I knew I was influenced by the medical model at the time of my proposal, I was not prepared to see it so explicitly in the hard data, especially as it pertained to how hard I was trying to apply behaviors and cognitions to my clients. However, I am also glad to be able to look back and no longer feel stuck because my only known way of relating was failing and my ability to be successful by conventional measures were not what ultimately contributed to my new sense of fulfillment and happiness. I have noticed that I have become hyperaware of medical model influences while completing internship after being reminded of them during this project. I hope that this project continues to motivate future autoethnographic and ethnographic reflections in my work and personal life.

Challenge.

In addition to my fear about data not providing a tangible example of post-traumatic growth, there were some additional personal challenges throughout the analysis. As I was so antsy to know that a tangible example existed, I often found it hard to slow analysis down and just stick to what my focus was in the moment. This often resulted in long pauses in analysis where I was reflecting themes and areas of discussion.

I learned quickly to type reference notes in the reflexive journals and later elaborate as I described in the methods section. If I had not done this, the analysis would have taken even longer and likely, I would have forgotten many points of discussion I am able to bring up now. With this challenge, I was also worried if I was analyzing correctly. However, I received positive feedback on my first time period analysis and felt I was on the right track to continue the process.

One particular challenge in analyzing happened during the third listening for each time period (i.e., self versus other, self-other constancy, and self-other permanence construing, as well structural arrests and the unfreezing of those). I believe I struggled to be sure when a particular data phrase was representative of one of these because I had suffered structural arrests in these fundamental systems of meaning. In other words, my difficulty knowing what exactly I was looking for and how I was going to know the phrases were characteristic of self-other construing, self-other constancy, and self-other permeance was representative of construing that was still frozen and/or at lower levels of awareness. Although I had knowledge of these concepts and could conceptualize clients based on the theory, I had only unfrozen and begun to elaborate my own personal construing related to these systems of meaning within the past few years and as the data revealed, I am still growing in many areas of these systems of meaning.

An example of the challenge with wanting to get the tangible example was evident in my notation that I found it difficult to listen solely for dependency and distancing construing. During my analysis of the first time period, I reflected that I was having a difficult time differentiating dependency construing and some experiential components, such as discrimination. While this partly makes sense since they are both

closely related, I believe part of the difficulty happened because I was anxious to get through the listenings and know that the data I was hoping for was there (i.e., that there was evidence of my growth). Fortunately, I was able to slow myself by typing the reference notes and reminding myself to trust the process in order to prevent this challenge in the remainder of the time period analyses.

Overwhelm.

This project was a big undertaking and I had felt moments of being overwhelmed since I first began discussing the construct of post-traumatic growth with my chair. However, my reflexive journals expressed the most moments of feeling overwhelmed during analysis of the second time period. This second time period consisted of journals about learning EPCP and had the largest amount of data, so it makes sense that I felt especially overwhelmed at this point in analysis, as I processed a large amount of information. I remember wondering how I was going to even be able to begin to organize all the data, which often made it difficult to work on the project. Looking back, I still feel overwhelmed when thinking about that part of the analysis, and the whole project in general and still wonder how I managed to do that.

Empathy and "awe."

There were two moments during the analysis that when I experienced high emotionality. The first was during my first I poem listening. The point of the listening for I poems is to understand how the subjective voice is speaking about itself. In reading my I poems aloud from the first time period, the challenges, back and forth, and lack of confidence was very present in my subjective voice. In fact, it was so vivid that I began to cry. In that moment, I remember feeling sorry for the girl that was so tortured, I was

connecting with the feeling of being challenged and lacking confidence, and I was reminded of how hard the process was, as well as how far I have come. I was scared to continue completing the additional I poem listenings throughout the other sections because of the level of emotional reaction that I had. However, latter time period I poem listenings did not evoke as much emotion. They still revealed some of the same themes but they had a different tone to them. To clarify, they transformed from "I can't and don't know how" to "I am struggling, and I wonder why." With this different tone, my subjective voice was more compassionate, forgiving, and positive, and reading my subjective voice back to myself became easier.

The other high emotionality came in response to being reminded of the "awe" in ROLE relating. I had minimally started analysis before the COVID pandemic hit, so much of my analysis happened while in isolation and after having to abruptly end my therapeutic relationships with little to no closure. As such, the "awe" of ROLE relating was experientially diminished because I was not in as much contact with clients and friends. Although the "awe" is ongoing, I was reminded during analysis of the first moments of "awe" that I experienced. I remember feeling so appreciative of my post-traumatic growth, and I felt pulled out of my loneliness because of isolation due to quarantine. I also remember feeling rejuvenated and ready to continue pushing myself through post-traumatic growth, and thus, continue to grow in fulfillment and joy.

Boredom.

Following the completion of my analysis of time period two, my reflexive journals began to have a bored tone to them. I continued to push myself to be reflexive and invested in the process, but I was feeling bored. A large part of me was tired of

reading and reflecting about myself. Another part of me just wanted the analysis to be done. I think it is important to note that sometimes people get bored in therapy and sometimes people get tired of working on themselves, which EPCP also acknowledges. As a clinician, I believe I can more fully empathize with clients who feel bored or tired during the process of the hard work of personal growth, and I believe that colleagues can use this example for further reflection about the difficulty of post-traumatic growth when they or their clients have similar feelings.

Less worry and satisfaction.

Also after completing the analysis of the second time period, my reflexive journals expressed less worry about whether the data was going to be available to substantiate my argument (and validate my growth). I believe this was because the second time period reflected so much post-traumatic growth, particularly in increased awareness about many different meaning struggles, that I started to feel reassured that my argument was valid at that point. Further, I believe the data in the remaining time periods further solidified the strength of the model. These data helped bring out the complexity of construing and how one is never stuck as there are always opportunities for more elaboration, and the ways in which one may revert back to more rigid construing when they feel unsafe (i.e., they do not feel safe to risk their core construing, as was shown in my retreat with a more direct process modality and self-other permanence issues with romantic partners).

Finally, I felt satisfied as I got through my final listening and results. I have already highlighted the areas in which I continue to struggle and am working to elaborate, but I look back on the project overall and I am satisfied. First and foremost, I am satisfied

because I believe the data supported my argument, which ultimately validates my core construing as well. I am also proud of my ability to complete this project. It has been a long process, and I will always be able to look back and feel proud about what I did and how hard I worked to achieve it.

Limitations and Implications

While this project validates the importance of relational and affective aspects of being for understanding trauma, trauma treatment, and post-traumatic growth, this study lacks generalizability due to the single-subject design. Three future directions of research to remedy this limitation are provided before the concluding remarks. The first suggestion is to replicate the process depicted here with other psychology training program trainees with a history of trauma who are learning EPCP. While the process would be lengthy, as reflections would need to be written and collected over a prolonged course of time, psychology trainees could be presented with the opportunity to participate in a study at the beginning of their training to conduct a similar analysis of data at the conclusion of training. It would require little time commitment by the participant, as their reflections would be part of their already established course requirements. Depending on the training program and adaptations made to the procedure used in the current study, the results of additional similar studies could lend additional support to the generalizability of the arguments validated through this project.

Second, a study using similar data and analysis with client, versus trainee, reflections could be an approach to generalizing the findings. This would require client participants to agree to writing reflection journals throughout a course of therapy where the clinician practices using EPCP. Again, there would need to be some adjustments, as

clients would likely need journal prompts about how to reflect in a way that would generate useful data for the study, and the Listenings may have to be adjusted depending on any adaptations made to the study. Another difference between this proposed course of research and the present study might be that the additional reflections about growth that occur through the research process may not be applicable for client participants, especially if they are not involved in the data analysis. Thus, the opportunity for growth through the analysis process would be eliminated from the proposed research. However, as a slight variation on the original process the researcher looking at client growth could write reflection journals (similar to how this was done in the current study) to further understand if/how a researcher may grow through to process of analyzing a participant's growth, as understood through an EPCP understanding of post-traumatic growth. Analysis of data in this way could also open opportunities to research and understand experiences of vicarious post-traumatic growth.

Finally, it is proposed that the findings of the current research, validating the importance of awareness of relational and affective aspects of experience for one's own understanding of suffering and post-traumatic growth, can be adapted into a presentation or training opportunity for mental health professionals. More broadly, presentations about fundamental assumptions and approaches to understanding the human experience using EPCP can be facilitated. Separately or in conjunction with an overview of EPCP, the project findings can be adapted to help clinicians think more holistically such that they integrate relational and affective aspects of experience in their conceptualizing and approach to treatment. In particular, clinicians can conceptualize more broadly about meanings behind traditional behavioral and cognitive symptoms to integrate relational

and affective sufferings. Treatment may include more mindfulness work to help clients raise levels of awareness to embodied construing about how they are risking or retreating from ROLE relating or helping clients unfreeze or expand/loosen rigid construing. Upon further research lending support to the generalizability of results, the findings can be offered to larger audiences for similar goals.

Conclusion

The aim of this project was to highlight the importance of affective and relational aspects of being for understanding trauma, trauma treatment, and post-traumatic growth. To date, much of the literature focuses on understanding these constructs through medical model epistemologies, which aim to "fix" a person's "deficiencies" through behavior and thought modification. Although more recent literature on these constructs also note the importance of affective and relational aspects of being, they are typically only briefly mentioned and left as a project for additional research. This project addresses the call for additional research needed to more fully understand affective and relational aspects of being as related to trauma, trauma treatment, and post-traumatic growth.

As EPCP is ontologically relationally focused, it provides researchers and clinicians the opportunity to view trauma through a relational lens. Data in the project affirms the impact of childhood experiences on the development of personal styles and meanings. In particular, it reveals the ways in which a person creatively adapts to interpersonal trauma. At the same time, the results also suggest, although developed for a purpose, protective ways of adapting to childhood interpersonal trauma (i.e., one's way of making meaning of the world) may limit a person's ability to fully engage in relating with others throughout their life. By conceptualizing my own experiences as a result of

learning and practicing EPCP, the reader is provided a tangible example of an alternative, and more holistic, understanding of the experience of trauma and the potential for post-traumatic growth when EPCP is used for conceptualizing and treatment.

Living in a Westernized culture, one often measures success in the form of established standards, usually in terms of how well you can behave (conform to socially acceptable behavior) and how productive you can be at work. Effective therapy is usually measured in relation to these established standards as well. EPCP provides clinicians with the opportunity to view our clients as something beyond a set of inherent, pre-determined behaviors and cognitions. Rather, we can view our clients as creative and their symptoms as a reflection of their ability to adapt to adversity. As clients begin to view themselves as something more than a set of deficient behaviors and cognitions, their awareness to affective and relational aspects of being is heighten and better understood. The heightened awareness lays the groundwork for a person to make changes to how they are engaging or receding from affective and relational aspects of being and open up the potential for post-traumatic growth.

The data provided the readers an example of the possibility for post-traumatic growth from relational traumatic experiences. While one can view my prior functioning as "normal," even highly-functional according to Western standards, this project highlights how one can be "successful" in terms of behavioral and cognitive cultural norms, but still suffer relationally. As a result of the relational suffering, I was experiencing a life of little meaning and happiness despite success in other domains. Researchers and clinicians can use this project to more fully understand and promote post-traumatic growth in affective and relational ways, thus helping people to grow

beyond culturally prescribed definitions of success to find greater meaning and

fulfillment in life.

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Appendix A: REFLECTIONS

Number of Reflections	Level of Course	Course Title	Dates, by semester Time Period
5	Master's	PSYC 654 Supervised Practicum 1	Fall 2016 Time Period 1
5	Master's	PSYC 655 Supervised Practicum II	Spring 2017 Time Period 1
11	Doctorate	PSYC 700 Clinical Fundamentals	Fall 2017 Time Period 2
11	Doctorate	PSYC 701 Psychotherapy Methods and Practicum I: EPCP	Fall 2017 Time Period 2
13	Doctorate	PSYC 763 Clinical Practicum III	Fall 2017 Time Period 2
11	Doctorate	PSYC 702 Psychotherapy Methods and Practicum II: Relational Psycho-Analysis	Spring 2018 Time Period 3
9	Doctorate	PSYC 764 Clinical Practicum IV	Fall 2018 Time Period 4
9	Doctorate	PSYC 707 Couples, Family, and Group Therapy	Spring 2019 Time Period 5

Appendix B: IRB APPROVAL

POINT PARK
U N I V E R S I T Y

Psychology Department

201 WOOD STREET, PITTSBURGH, PA 15222

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10/9/19

REF: Wendy St. Myers IRB Proposal

Dear Wendy:

The IRB Committee has reviewed your proposal to conduct research under the title *"Complex Trauma and Post-Traumatic Growth: An Autoethnography on Growth using Experiential Personal Construct Psychology"*. I am pleased to report that the IRB has approved your study.

If at any time you decide to change your methodology or any other aspects of your IRB-approved proposal, please contact the IRB for review of any such revisions before moving forward with the changes.

We wish you the best of luck with your research.

Best Wishes,

Sarah L. Schulz, PhD, LSW

Chair, Institutional Review Board

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