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From Formulation to Justice: A Commentary on Raskin's 'Reimagining Assessment and Diagnosis: Personal Construct Psychology and Its Connection to the Power Threat Meaning Framework'

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Abstract

This commentary extends Raskin's exploration of synergies between Personal Construct Psychology (PCP) and the Power Threat Meaning Framework (PTMF) by navigating the crucial tension between PCP's pragmatic accessibility and PTMF's explicit justice-oriented stance. We first examine the strategic dilemma that overt political positioning poses for practitioners and argue that PCP can serve as a bridge, enabling power-aware formulation within mainstream contexts. Second, we explore the epistemic stakes of reclaiming diagnosis as a transitive, collaborative process, advocating for a dialogical approach grounded in relational constructionism and epistemic humility to avoid colonising lived experience with expert narratives. Finally, we argue that for this integrated approach to realise its emancipatory potential, it must extend beyond the clinical dyad. We introduce recovery and citizenship frameworks as essential mechanisms for translating transitive diagnosis into rights-based practice aimed at restoring social membership and civic belonging. Together, these extensions chart a path for a constructivist practice that negotiates the tension between professional knowledge and lived experience, aiming not merely at symptom reduction but at fostering agency, meaning, and justice.

Keywords: epistemic justice, Personal Construct Psychology, Power Threat Meaning Framework, relational constructionism, transitive diagnosis

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Jonathan D. Raskin's (2025) article, 'Reimagining Assessment and Diagnosis: Personal Construct Psychology and Its Connection to the Power Threat Meaning Framework' arrives at a critical juncture for mental health practice. At a point when mental health systems face mounting critiques regarding their complicity in social control, their pathologisation of reasonable responses to adversity, and their failure to address the structural conditions that generate distress (Moncrieff, 2022; Read & Harper, 2022), Raskin revisits George Kelly's (1955a, 1955b) concept of transitive diagnosis as a viable alternative. His integration of PCP and PTMF (Johnstone et al., 2018) provides an idiographic-contextual bridge. This commentary extends Raskin's argument by examining: (a) the pragmatic and political tensions inherent in bridging PCP and PTMF, (b) the ethical and epistemic responsibilities embedded in transitive diagnosis, and (c) the extension of meaning-centred assessment into applied psychosocial interventions through recovery- and citizenship-oriented frameworks.

Bridging Worlds: Pragmatic and Political Tensions in PCP-PTMF Integration

Raskin's central proposal, namely that PCP might offer the PTMF practical assessment tools, is a persuasive one because it addresses a key limitation. Where the PTMF delineates provisional patterns for understanding how distress emerges within social contexts (Johnstone, 2022), it provides limited guidance for its application in clinical settings. PCP's transitive diagnosis might fill this gap by enabling closer attention to how these patterns are personally construed. Among several examples, Raskin (2025) highlights the experience of racial discrimination. Children who have never encountered it may find their existing constructs inadequate to interpret

the event, leading to anxiety as new experiences fall outside the range of convenience of their meaning system. PTMF would situate this as a threat response to ideological power, while PCP might elucidate the specific meaning structure. Integrated within a PTMF perspective, transitive diagnosis would unfold through formulating how racism appears in everyday encounters and within the broader cultural context, including eliciting the bipolar dimensions of meaning that organise the child's construct system in relation to interpersonal encounters (for example, 'treats me fairly–treats me unfairly', 'respectful–disrespectful', or 'inclusive–excluding'); understanding how these constructs organise the child's perception of these events; evaluating the construct system, including anxiety generated when existing constructions no longer permit effective anticipation, perceived threat associated with the need to revise core understandings, and constrictions used to limit further distress; and collaboratively developing interventions that support the elaboration of new meanings which recognise injustice, affirm the child's worth, and foster active resistance to reclaim rights and contribute to social change. This level of specificity grounds PTMF's broader analysis in actionable interventions, demonstrating how what might appear as individual psychological difficulties are better understood as meaningful threat responses to the operation of power within particular social, relational, and material contexts.

This potential complementarity between PCP and the PTMF, however, discloses an important tension regarding the political positioning of psychological frameworks. The apparent neutrality of PCP has allowed it to maintain legitimacy across varied professional contexts and to avoid the marginalisation that often accompanies frameworks which explicitly foreground their political commitments within mainstream psychology. PTMF, by contrast, makes its commitments explicit. The framework emerges from critical psychology, disability rights activism, and service user movements, traditions that view mainstream mental health practice as complicit in

maintaining unequal power relations (Ionescu et al., 2024; Read & Harper, 2022). This creates a strategic dilemma for those seeking alternatives to diagnostic reductionism. A framework that makes its challenge to dominant professional assumptions highly visible may mobilise committed advocates while failing to engage practitioners who might otherwise be sympathetic to meaning-centred approaches but feel unsettled by critiques of their profession's taken-for-granted foundations. Conversely, a framework that claims political neutrality may gain wider acceptance, but this very claim risks sustaining the depoliticisation through which systemic power relations and inequalities remain invisible in clinical formulation. PCP's integration with the PTMF may function as a pragmatic bridge, enabling practitioners socialised within biomedical institutions to engage in power-aware formulation without requiring immediate alignment with the PTMF's more explicit critique of mental health care systems, thereby increasing the approach's accessibility while retaining its critical potential.

Knowing Thoroughly, Knowing Humbly: The Epistemic Stakes of Diagnosis

Raskin's (2025) decision to retain the term 'diagnosis', drawing on its etymological sense of knowing thoroughly (Online Etymology Dictionary, n.d.) represents a deliberate departure from the field's increasing preference for the language of formulation (Eells, 2026; Johnstone & Dallos, 2013). This choice gains particular significance when read alongside Greenberg's (1992) notion of *process diagnosis*, which shifts diagnostic attention from trait-like classifications to moment-by-moment assessments of in-session functioning, such as levels of emotional awareness and meaning-making. From this perspective, diagnosis refers to an ongoing, relational appraisal of current constructive processes that guides differential intervention, rather than a static judgement of overall functioning. This process-oriented understanding aligns closely with Kelly's (1955b)

account of transitive diagnosis as a phased, evolving inquiry that moves from problem formulation toward individually tailored interventions grounded in the client's lived experience.

However, grounding PTMF formulations through transitive diagnosis raises questions about epistemic authority. How might professional expertise inadvertently re-inscribe power imbalances? When professionals name experiences of oppression, exploitation, or trauma, these interventions may simultaneously be experienced by those affected as the imposition of external narratives. However psychologically sophisticated or politically progressive it may be, the professional's framework risks displacing the service user's own emergent constructions of meaning. For instance, a survivor of domestic violence who construes their experiences through religious frameworks of forgiveness and redemption may resist feminist analyses that name these experiences as patriarchal oppression, even when such analyses appear objectively accurate to the therapist. The challenge is neither to abandon professional frameworks nor to privilege them uncritically, but to negotiate their use through what Winter and Procter (2013) following Kelly (1955b), describe as a 'credulous approach' to assessment, in which the service user's own formulation of the problem is taken as true by definition and treated as the primary entry point for inquiry, even when the clinician may also entertain alternative understandings. This requires what Medina (2012, 2013) calls 'hermeneutical responsibility' as the obligation to recognise our epistemic limitations and actively resist 'meta-blindness' (the inability to see the limits of our own frameworks). In therapeutic contexts, this means remaining vigilantly attuned to moments when carefully reasoned formulations might inadvertently silence alternative constructions, particularly those from communities whose knowledge has been historically marginalised, such as people with lived experience of mental health challenges (Crichton et al., 2017). The challenge, then, is to develop clinical practices that genuinely facilitate epistemic repair, where service users can

develop conceptual resources to interpret experiences that dominant frameworks have rendered unintelligible, without colonising this process with expert interpretations that reproduce the very power asymmetries epistemic justice seeks to address (Fisher, 2023; Fricker, 2007).

As Raskin (2025) points out, relational constructionism offers an important corrective in this regard. Gergen's (1991) characterisation of PCP as a possible 'capstone theory of rationality', with an attendant risk of individualism, is addressed through PTMF's insistence that meanings are constituted socially, relationally, and personally (Johnstone et al., 2018, p. 208). Within this perspective, transitive diagnosis might become a dialogical process rather than a technical procedure. From a relational perspective, what we take as valid psychological description is not a neutral technical achievement but the outcome of socially negotiated warranting practices in which service users' accounts must be recognised as equally legitimate contributions to meaning-making rather than being subordinated to clinician-centred diagnostic narratives (Gergen, 1989), not clinician-owned diagnostic artifacts. Such an approach underscores epistemic humility by treating formulations as provisional bridges to future possibilities that service users actively co-author, rather than as professionally mandated solutions designed to extract service users from 'diagnostic pigeonholes' (Kelly, 1955b). Formulations remain perpetually open to revision as service users have new experiences and develop new constructs.

Understood in this way, diagnosis as a dialogical, provisional, and epistemically humble practice cannot be separated from the institutional and social conditions in which it is enacted. It is at this juncture that the PTMF extends the scope of transitive diagnosis, situating clinical work within an aspirational framework oriented toward social change and the relational repair of power imbalances. The PTMF's wider aspirations, including its emphasis on addressing distress through social change rather than medicalisation (Read & Harper, 2022) offer both conceptual promise and

grounds for careful consideration about how professionals negotiate the framework's aspirational commitments while continuing to practise within institutional constraints. Its aspirational quality, which gestures towards a social context in which power imbalances are addressed through relational repair, does not dispense with professional roles. Rather, it invites a reconsideration of those roles, encouraging practitioners to attend more explicitly to power, threat, and meaning processes that have often received limited emphasis within technical-focused training.

Towards Complementary Horizons: Citizenship and Recovery as Frameworks for Practice

Raskin's integration of PCP and the PTMF provides a strong conceptual platform, yet the challenge remains: how do transitive diagnosis and meaning-centred formulation translate into sustained participation in community life? While a PCP-PTMF integration might enable practitioners to understand how individuals construe experiences within social contexts, it provides limited guidance on addressing the structural barriers (erosion of rights, loss of civic roles, restricted access to resources, etc.) that perpetuate the exclusion of people with lived experience of severe mental distress. This gap calls for frameworks that extend beyond individual consultation rooms into the fabric of communal life. In this context concepts such as recovery (Anthony, 1993) and citizenship (Rowe & Baranoski, 2000) offer productive points of dialogue, each illuminating dimensions of the other and capturing the gradual re-emergence of a life shaped through connection. Recovery, with its emphasis on personal narratives of agency and meaning, can be understood through PCP as a process of construct system reorganisation, where people develop alternative ways of construing their experiences that open possibilities foreclosed by psychiatric labelling (Winter & Reed, 2015). However, as Rowe and Davidson (2016) argue, this process is best understood when situated within the framework of citizenship, which highlights the political dimensions of recovery. The citizenship framework (Rowe, 2015; Rowe et al., 2001; Rowe &

Pelletier, 2012) identifies five interconnected domains of full citizenship: rights, responsibilities, roles, resources, and relationships, collectively known as the 5Rs. For instance, a person labelled with a psychiatric diagnosis may experience the denial of rights (to housing or autonomous decision-making), the removal of responsibilities (such as voting or community participation), the loss of civic roles (including employment or parenting), restricted access to resources (income or healthcare), and fractured relationships (including strained family ties or disrupted friendships). Citizenship-oriented practice would actively work to restore each of these dimensions. This framework fundamentally challenges the positioning of people with mental health challenges as existing outside the social contract, subject to paternalistic care rather than entitled to the same rights and opportunities as other citizens. When integrated within a PCP-PTMF formulation, citizenship can provide a social architecture through which transitive diagnosis can be enacted beyond clinical settings. Citizenship here is not conceived as an endpoint or static achievement, but as an ongoing process of reclaiming rights, responsibilities, roles, resources, and relationships that constitute full membership in community life, together with a sense of belonging that is actively recognised, valued, and affirmed by others (Rowe, 2015).

Viewed through this lens, citizenship situates personal experience within a social framework. A service user's construct system organised around dimensions such as 'contributor-burden', according to 5Rs, may extend beyond intrapsychic meaning to encompass whether community structures actually afford opportunities for contribution, recognition, and belonging within associational life, including neighbourhood groups, peer networks, and civic roles. Such contexts convey a message central to recovery- and citizenship-oriented approaches in which individuals are understood as belonging, valued, and needed within their communities (Rowe & Davidson, 2016).

The integration of Citizenship and Recovery frameworks with Raskin's PCP-PTMF proposal thus represents the expansion of formulation tools as well as a fundamental reorientation toward rights-based practice. Rather than positioning professional expertise as the primary vehicle for change, this integration recognises that meaningful transformation occurs through the restoration of citizenship, the reclamation of valued identities, and the collective development of alternative meaning-making practices. Transitive diagnosis, in this expanded sense, becomes a process that begins in clinical encounters but extends into peer support networks, social enterprises, governance structures, and advocacy movements. This shifts recovery from individual psychological change toward full social membership.

Conclusion: Generative Linkages for a Just Constructivism

Raskin's work arrives at a moment when mental health systems continue to grapple with the dominance of biomedical approaches. The integration of PCP and the PTMF does not offer a complete alternative to existing systems but rather provides conceptual and practical resources for practitioners seeking to work differently within and against these systems. Transitive diagnosis, understood as a process of collaborative meaning-making that extends from clinical encounters into community contexts where recovery and citizenship might be enacted, represents one such resource. Ultimately, Raskin's proposal for integrating Personal Construct Psychology with the Power Threat Meaning Framework represents more than a technical synthesis of assessment tools. It is an invitation to reimagine the therapeutic enterprise itself; from a practice of expert classification to a collaborative, dialogical process of meaning-making that is epistemically humble, politically aware, and socially engaged. Grounding PTMF's structural analyses in the idiographic engine of transitive diagnosis and extending that diagnosis into the relational architectures of recovery and citizenship, this integration charts a path for psychological practice.

It is a path that navigates the tension between professional knowledge and lived experience, between understanding personal suffering and confronting systemic power, and between clinical support and the restoration of civic belonging. In doing so, it reaffirms psychology's potential not as a tool for social control, but as a discipline of liberation, oriented toward fostering agency, meaning, and justice within and beyond the consultation room.

References

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, *16*(4), 11–23. https://doi.org/10.1037/h0095655

Crichton, P., Carel, H., & Kidd, I. J. (2017). Epistemic injustice in psychiatry. *BJPsych Bulletin*, *41*(2), 65–70. https://doi.org/10.1192/pb.bp.115.050682

Eells, T. D. (2026). *Psychotherapy Case Formulation* (3rd ed.). American Psychological Association.

Fisher, J. (2023). Epistemic injustice: The silenced voices. *International Journal of Mental Health Nursing*, *32*(4), 1186–1189. https://doi.org/10.1111/inm.13163

Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.

Gergen, K. J. (1989). Warranting voice and the elaboration of the self. In J. Shotter & K. J. Gergen (Eds.), *Texts of identity* (pp. 70–81). Sage.

Gergen, K. J. (1991). *The saturated self: Dilemmas of identity in contemporary life*. Basic Books.

Greenberg, L. S. (1992). Process diagnosis of levels of emotional processing. *Journal of Psychotherapy Integration*, *2*(1), 19–24. https://doi.org/10.1037/h0101240

Ionescu, A., Mannell, J., Vaughan, M., & Burgess, R. (2024). Misunderstood and underappreciated: a critical review of mental health advocacy and activism in low- and

middle-income countries. *Health Policy and Planning*, *39*(5), 528–539. https://doi.org/10.1093/heapol/czae016

Johnstone, L. (2022). General Patterns in the Power Threat Meaning Framework – Principles and Practice. *Journal of Constructivist Psychology*, *35*(1), 16–26. https://doi.org/10.1080/10720537.2020.1773358

Johnstone, L., & Boyle, M. (2018). *The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis*. British Psychological Society. https://www.bps.org.uk/guideline/power-threat-meaning-framework-full-version

Johnstone, L., Boyle, M., Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D., & Read, J. (2018). *The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis*. https://doi.org/10.53841/bpsrep.2018.inf299b

Johnstone, L., & Dallos, R. (2013). *Formulation in Psychology and Psychotherapy: Making sense of people's problems*. Routledge.

Kelly, G. A. (1955a). *The psychology of personal constructs. Vol. 1. A theory of personality*. W. W. Norton.

Kelly, G. A. (1955b). *The psychology of personal constructs. Vol. 2. Clinical diagnosis and psychotherapy*. W. W. Norton.

Medina, J. (2012). Hermeneutical Injustice and Polyphonic Contextualism: Social Silences and Shared Hermeneutical Responsibilities. *Social Epistemology*, *26*(2), 201–220. https://doi.org/10.1080/02691728.2011.652214

Medina, J. (2013). *The Epistemology of Resistance*. Oxford University PressNew York. https://doi.org/10.1093/acprof:oso/9780199929023.001.0001

Moncrieff, J. (2022). The Political Economy of the Mental Health System: A Marxist Analysis. *Frontiers in Sociology*, *6*(January), 1–11. https://doi.org/10.3389/fsoc.2021.771875

Online Etymology Dictionary. (n.d.). *Etymology of diagnosis*.

Raskin, J. D. (2025). Reimagining Assessment and Diagnosis: Personal Construct Psychology and Its Connection to the Power Threat Meaning Framework. *Journal of Constructivist Psychology*, 1–14. https://doi.org/10.1080/10720537.2025.2603327

Read, J., & Harper, D. J. (2022). The Power Threat Meaning Framework: Addressing Adversity, Challenging Prejudice and Stigma, and Transforming Services. *Journal of Constructivist Psychology*, *35*(1), 54–67. https://doi.org/10.1080/10720537.2020.1773356

Rowe, M. (2015). *Citizenship and Mental Health*. Oxford University Press.

Rowe, M., & Baranoski, M. (2000). Mental illness, criminality, and citizenship. *Journal of the American Academy of Psychiatry and the Law*, *28*(3), 262–204.

Rowe, M., & Davidson, L. (2016). Recovering Citizenship. *The Israel Journal of Psychiatry and Related Sciences*, *53*(1), 14–20.

Rowe, M., Kloos, B., Chinman, M., Davidson, L., & Cross, A. B. (2001). Homelessness, Mental Illness and Citizenship. *Social Policy and Administration*, *35*(1), 14–31. https://doi.org/10.1111/1467-9515.00217

Rowe, M., & Pelletier, J.-F. (2012). Citizenship: A Response to the Marginalization of People with Mental Illnesses. *Journal of Forensic Psychology Practice*, *12*(4), 366–381. https://doi.org/10.1080/15228932.2012.697423

Winter, D. A., & Procter, H. G. (2013). Formulation in personal and relational construct

psychology: Seeing the world through clients' eyes. In L. Johnstone & R. Dallos (Eds.), *Formulation in psychology and psychotherapy* (pp. 165–192). Routledge. https://doi.org/10.4324/9780203380574-15

Winter, D. A., & Reed, N. (Eds.). (2015). *The Wiley Handbook of Personal Construct Psychology*. Wiley-Blackwell.