Chapter 4

NORMAL AND ABNORMAL DEVELOPMENT OF THE SELF AND ITS IMPLICATIONS FOR PSYCHOTHERAPY

SUMMARY

CAT is based upon a radically social concept of the self, which has important implications for psychotherapy. The mature 'phenotypic' self is understood to be the result of a process of development through which an original 'genotypic' self engages and interacts with others and 'internalises' the social meanings and cultural values implicit in these interactions. From a Vygotskian perspective, 'internalisation' is seen to involve sign mediation and, as it proceeds, to result in modification of the psychological structures involved. Such learning takes place optimally in the infant's 'zone of proximal development'. The CAT model also developed from a consideration of Kellyian personal construct theory, cognitive therapy and psychoanalytic object relations theory but differs increasingly from these in its emphasis on the social formation of mind, based on consideration of Vygotskian activity theory and Bakhtinian concepts of the dialogic self. These differentiate CAT from cognitive schema-based approaches or from psychoanalytic models of 'representation' of interpersonal experience and of the development of 'theory of mind', which, from a CAT perspective, are both seen as still essentially monadic and Cartesian. Abnormal development is understood in CAT as the internalisation of dysfunctional role procedures, the development of avoidant, defensive and symptomatic role procedures and failures or disruptions of integration of self processes. Therapeutic change is seen to depend on the creation of a non-collusive relationship with the patient informed by the joint creation of mediating tools such as letters and diagrams within a phased, time-limited relationship. By this means a long-standing repertoire of RRPs may be described and revised.

Psychotherapists aim to help their patients change how they experience, make sense of and manage their lives, seeking to free them from maladaptive, damaging or restrictive self processes. Psychotherapy is concerned principally, although by no means exclusively, with changing the consequences of early developmental experience. Different therapies have different understandings of these consequences and of how therapy may influence them. In this chapter we shall describe in some detail the CAT model of development of the self and its implications for psychotherapy.

THE CAT CONCEPT OF SELF

CAT is based on a clearly defined and radically social concept of the self. In this view the mature, individual, 'phenotypic' self is formed through a process of development during which an original, infant 'genotypic' self, with a set of inherited characteristics and certain evolutionary predispositions, interacts reciprocally with care-giver(s) in a given culture and in time psychologically internalises that experience and their 'voices'. These 'voices' and the patterns of relationship established, convey the values of the immediate family and the wider culture and contribute to the formation of a repertoire of reciprocal role patterns embodying action, thinking, feeling and meaning.

The processes of internalisation as described by Vygotsky, and introduced into CAT by Leiman (1992), will be presented later in this chapter. Combined with the ideas of Bakhtin they offer a transformation of object relations theories by embodying social, cultural and semiotic understandings. This 'dialogic' Bakhtinian view of the mature self is one which has come increasingly to influence the CAT model of development and mental activity. Leiman, in particular, by means of his technique of 'dialogical sequence analysis' (Leiman, 1997) has demonstrated that it is possible and productive to work explicitly with such 'voices' in psychotherapy. As he pointed out, an interest in the nature of the voices implicit in the phenomena of transference and countertransference has been of considerable interest to some object relations-oriented psychoanalysts, although the Vygotskian implications for psychotherapy of such a view of the self have not been pursued within that tradition.

The process of development of the self is depicted diagrammatically in Figure 4.1. This stresses the interaction between a genotypic self predisposed to intersubjectivity and reciprocal role enactments (shown as protruding half circles). The outcome of this process of development is a mature, phenotypic self characterised by a repertoire of more or less adaptive reciprocal role procedures in which knowledge, memory, feeling, meaning and action are linked. These role procedures (shown as completed circles in Figure 4.1) operate internally ('self–self') as well as in interpersonal, 'self–other' relationships. In the healthy self these procedures would co-exist and complement each other in a seamless and integrated fashion. This also results in the unique, subjective sense of

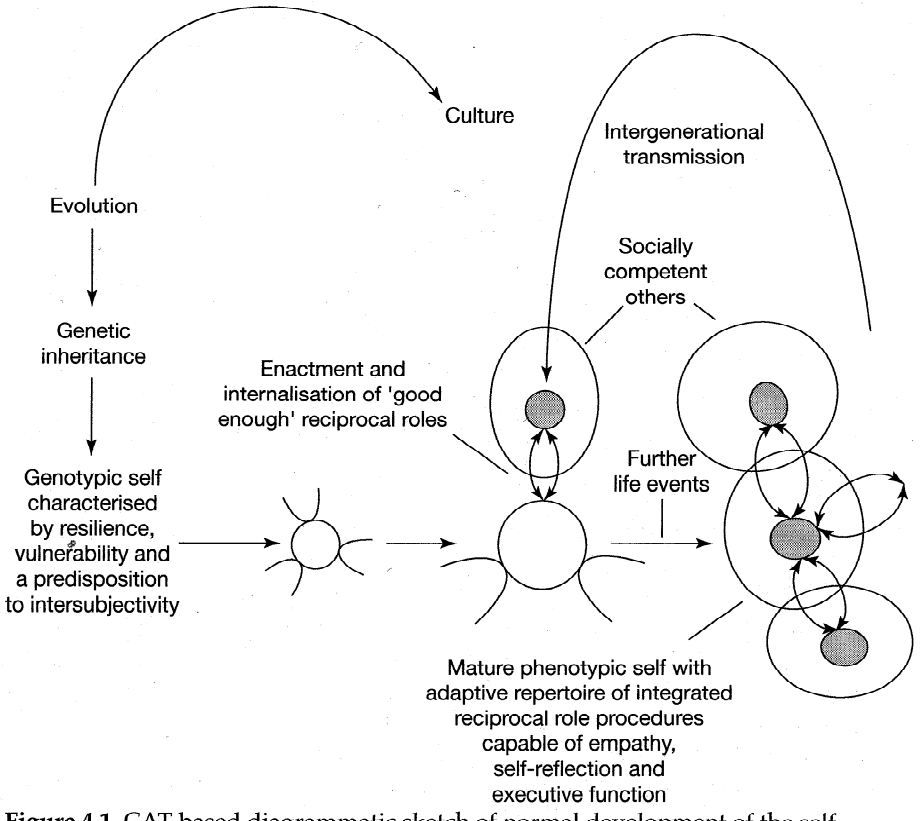

Figure 4.1 CAT-based diagrammatic sketch of normal development of the self

continuous and integrated existence that most of us take for granted but which is so strikingly and distressingly disrupted in individuals suffering from severe personality disorder and more radically in acute psychotic disorders. This subjective sense of self is accompanied by a need to experience and achieve a sense of personal and social meaning embodied in narrative. This view of the importance of the narrative self, which we share with others (Spence, 1982; Schafer, 1992; White, 1995; Crits-Christoph, 1998; Holmes, 1998b; Meares, 1998), is explicitly addressed in CAT though reformulation. Ultimately, the process of development of self in relation to others results in an emergent capacity for self-reflection, empathy and executive function.

In CAT, many self processes are described in terms of relationships or dialogue with internalised figures or voices, for example the 'voice of conscience', although not every role has its recognisable figurehead. Nor is it clear how far the 'I' is unitary rather than a federation or from where, in the infant–caretaker conversation, it (I) finds its (my) voice; if individuals come to know themselves through early reciprocal relationships with others, with which role or voice is the 'I' identified? One might expect that in the internal

dialogue with others the child would identify 'I' with the child's voice. But given that the 'I' is more a federation than a single nation, the internalised voices of others can dominate the dialogue, defining reality and providing a running commentary of judgement which may determine what aims may be pursued.

A fully centred, integrated self is a rare achievement, as famously noted by Fairbairn (1952). Through the course of adult life the inner conversation comes to include voices from all stages of life, embodying feared, hated, admired and loved others, each capable of representing systems of value and belief. 'I' may relate to, or be constituted by, all or any of these; the therapist's task is to identify the restrictive and damaging voices and to encourage the emergence of a more reflective, independent, superordinate and complex 'I'. To indicate this, CAT therapists often include in the diagram an image of an observing eye of the patient which is outside the system: the eye which becomes an 'I'. This underlines the central emphasis in CAT on extending and equipping conscious, self-reflective thought.

Several tensions or paradoxes are clearly also evident in such a conception of the self, similar to those which in the end dissuaded writers such as Kohut from attempting any formal definition of such an entity. The concept of 'self' is of course a reification of a complex set of dynamic phenomena and functions. It combines, as William James (1890) noted, the joint existence of the 'I' as unitary knower, experiencer and agent and the 'me' as an aggregate of bodily, social, spiritual and other aspects. It is thus, as Rycroft (1991) put it, 'not only an experiencing subject, but also its own object'. The 'self' is both a structural and an experiental, narrative-based, fluid entity (de Waele, 1995; Meares, 1998; Holmes, 1998b) capable of, although later very resistant to, change.

THE PERMEABILITY OF THE SELF

Although we have a strong sense of our individuality and separateness, we argue here that this individuality is essentially rooted and maintained in relationships with others. In this historical period, in which individualism is a dominant belief, this view is felt to be counter-intuitive. The full understanding of the ways in which external social and internal psychological processes are mutually influenced will require continuing empirical work but for this to be productive we believe the Vygotskian and Bakhtinian perspective or paradigm needs to be taken on board. The following notes written by Bakhtin (1986) provide, from a literary source, a persuasive and poetic account of the apparent paradox of the self's dependence on the other: 'I am conscious of myself and become myself only while revealing myself for another. The most important acts constituting self-consciousness are determined by a relationship toward another consciousness (toward a thou) ... not that which takes place within, but that which takes place on the boundary between one's own and someone else's

consciousness, on the threshold ... a person has no internal sovereign territory; he is wholly and always on the boundary; looking inside himself, he looks into the eyes of another or with the eyes of another.'

CONTRASTS WITH OTHER PSYCHODYNAMIC CONCEPTS OF SELF

The CAT model of self and its formation shares much with the different conceptions of self formulated historically by various writers. These would include notably Jung (see Samuels, 1985), although Jungians have tended to neglect the social dimensions of the self, Sullivan (1953) within the American 'interpersonal' tradition, and Kohut (1977). CAT shares with Kohut an emphasis on the damage which can be done to the developing self by empathic failure or overt neglect but places more emphasis on active abuse and trauma. CAT also shares a central interest in social conceptions of the self with group analysts. Foulkes, for example, saw individuals in a social fashion as being nodes in a 'social matrix' (Foulkes and Anthony, 1957). Later group analytic writers (e.g. Pines, 1996; Brown and Zinkin, 1994) have also developed an interest in the (Bakhtinian) dialogic aspects of the self.

Although object relations theorists were a major influence on the development of CAT, they were on the whole little interested in the concept of self. However, the current CAT model is close to some later authors in the object relations tradition such as Sutherland (1980), Ogden (1990), Sandler and Sandler (1998). It is also close to Bowlby (1988) and subsequent workers in the attachment theory tradition such as Fonagy and Target (1997) in their descriptions of the role of internalisation of early interpersonal experience. However, these authors do not take the further, and, in our view, important, conceptual leap of seeing the self as being essentially *constituted* by early, socially meaningful, sign-mediated interpersonal experiences, as opposed to 'representing' them mentally.

CULTURAL RELATIVITY OF MODELS OF SELF

Although the depiction of the self in Figure 4.1 reflects the individualistic concerns of our present culture, the CAT model should nonetheless be able to account for cultural variance in its development. The detached individualism of the Western world would be inconceivable in more traditional societies. The distinction between these extremes has been described in anthropological terms as that between 'egocentric-contractual' and 'sociocentric-organic' modes of social being (Shweder and Bourne, 1982). In terms of the model outlined, the self, its procedures and sense of narrative would be experienced in a traditional, closed culture as largely defined by existing relationships with others, implying

both powerful attachments and restrictions (see review of these issues in Stevens, 1996). This contrasts with the 'inflation' of the detached self in our contemporary culture, manifest pathologically in those with, for example, 'narcissistic' disorders. Many recent authors have highlighted this 'narcissistic' trend as a feature of our 'post-modern' culture and have expressed concern about its deleterious effects on our (common) well-being (e.g. Frosh, 1991; Tacey, 1997; Symington, 1999; Gordon, 1998).

Models of psychotherapy must consider these issues if not resolve them. We believe that this is an area where the CAT model may have something to offer. Any model of psychotherapy should be able to generate some meaningful account of cultural and ethnic diversity as manifest in the range of individuals and their problems who may, or may not, present for treatment (Dalal, 1992; Krause, 1998; Bhugra and Bhui, 1998; Burman et al., 1998). In some cultures emotional distress may be experienced as somatic symptoms, in some as overt anxiety or depression. In others, including our own, distress may be 'repressed' through 'coping' or 'soldiering on' role procedures. Another example of how culture is manifest in terms of self-identity is evident in the ways in which meaning is ascribed to gender. The diversity and acceptability of gender-related role enactments is a clear, and in the West rapidly changing, example of how cultural values are internalised and enacted and one which again requires an appropriately sensitive model to address it. We would argue that some form of 'culture mapping' should be at least implicit within any model of psychotherapy and that psychotherapists should aim to be free of normative cultural values. CAT's practice of collaborative reformulation aims to reflect and understand what each patient brings to therapy, including their cultural assumptions and formation.

STUDIES OF INFANT DEVELOPMENT

One important influence on CAT has been the body of literature which has emerged over the past couple of decades from the observational work of infant researchers and developmental psychologists, notably Stern (1985), Murray (1992), Trevarthen (1993), Aitken and Trevarthen (1997), Tronick (1998), Brazelton and Cramer (1991); see also the review by Rutter et al. (1997). Many of the findings emerging from this fascinating body of work have illuminated in unexpected ways our understandings of early infant experience, abilities and development. In particular, they have contradicted and disconfirmed many of the speculative ideas developed previously within the psychoanalytic tradition. This work describes an infant busily engaged from birth in a process of recognising, remembering and interacting with significant others, notably mother, capable of perception and demonstrating an increasingly dominant intersubjective focus. An important feature of this process is a collaborative playfulness which, from the beginning, is imbued with social meaning and makes use of

signs, as in Winnicott's famous 'transitional object'. The developmental importance of play, its role in creativity as well as its relevance to therapy was stressed historically by Winnicott (1971). These issues have been further emphasised and explored by later writers such as Trevarthen (1993), Meares (1993) and, from a CAT perspective, parallels with the work of Winnicott have been noted by Leiman (1992). The psychological predisposition to behave in these ways has been described by Aitken and Trevarthen (1997) as an innate or 'intrinsic motive formation' (IMF). These studies demonstrate a rudimentary, preverbal, sense of self existing from birth. This sense of self is developed and transformed in the context of a constant interaction with others, resulting eventually in a capacity for self-reflection and a subtle awareness of others. This culminates normally in the development of an empathic, imaginative understanding of others (a 'theory of mind') by the age of three to four years. These observations refute earlier theories which suggested 'fused' or 'symbiotic' states in early development; rather than 'fusion', the presence of an exquisite intersubjectivity between baby and mother is now stressed.

The predominant affects reported in these studies of infants and children are those such as joyfulness and curiosity, albeit tempered by intermittent frustration, shame or depression (Trevarthen, 1993). These observational studies provide no evidence for such postulated entities as a 'death instinct' or any innate predisposition to destructiveness or to pervasive, endogenous anxiety. They also refute the idea that infants can undertake the complex, mental operations such as 'splitting' or 'projection', postulated by Kleinian writers. The damaging effects of insecurity and of externally generated anxiety on infant development are, however, stressed in this literature and CAT would regard this as a critically important developmental issue. Such damage would include the effects of maternal depression and other ways in which the infant's need for interaction are denied (Murray, 1992). Some of these effects are described in the disturbed patterns of attachment behaviour observed in the 'strange situation' experimental tests as developed by Ainsworth (Ainsworth et al., 1978). These observational studies overall confirm the importance of real, social experience in the formation of mind. They also confirm the Vygotskian emphasis (see below) on the importance of a competent and enabling other in development and on the active, collaborative participation of the infant in this process.

THE CONTRIBUTION OF VYGOTSKY'S IDEAS

Many of the criticisms made of psychoanalytic theory and practice during the evolution of the CAT model and many features of the specific methods employed were grounded in a wider perspective with the incorporation of a Vygotskian perspective into CAT theory (Ryle, 1991; Leiman, 1992, 1994b, 1997). Useful reviews of these ideas are given in Volosinov (1973), Burkitt (1991) and Stevens (1996). This involved the application of ideas originally concerned with

intellectual development to the formation of the self. Four distinctive aspects of Vygotsky's thought which have been important for CAT theory will now be summarised:

1. *The social formation of mind*

Individuals are not self-generated or self-maintained. Born with a unique genetic endowment, their individuality is shaped and maintained through their relationships with others. This rejection of the monadic view of personality is shared with Mead and many others (see Burkitt, 1991, for a useful survey of the field). It emphasises that the activities of learning and becoming a person take place essentially in relation to others. In this process our activity and the acquisition of facts and of their meanings are inseparable. We do not store representations to which we apply a mayonnaise of meaning, representations are inextricably imbued with the meanings acquired in the course of our activity in an intersubjective universe, through our relation to others, notably parents, whose own meanings in turn will reflect those of the wider society. Child-rearing practices are guided by deliberate educational intent to a small extent only and their impact on the growth of the self is registered without conscious reflection on the part of the child.

Just as the realisation that the world was not the centre of the cosmos was resisted for a long time, so to think of the individual self as being formed and maintained in this social, interpersonal way, rather than as being the central source of thought and action, does seem to present major conceptual difficulties to many trainees and many members of our contemporary professional culture. This point is returned to at the end of this chapter.

2. *Sign mediation*

Long before language is acquired children are active in the presence of others who, by gesture, expression, movement, rhythms, mimicry, sounds and by jointly created rituals and symbols, communicate wishes, intentions and meanings. Repeated parental responses which reflect, amplify, control or ignore the child's actions and expressions offer a commentary on the child's activity, whether its object is a part of its own or its mother's body or a pattern of light or a spoon or a toy. These responses shape the child's understanding of the world and also constitute a defining example of the parent–child relationship and are hence a source of the sense of self.

From a Vygotksian viewpoint signs are created and used between people or within cultures. A well-known example of the creation of meaning and intention is provided by Clark's (1978) extension of Vygotsky's account of what happens when a child attempts to reach an object beyond its range. Whether it elicits from the caretaker assistance, encouragement or removal from possible harm, the fact of the response transforms the attempt into a gesture which, with

repetition, can come to serve as a statement of intent and as a means of influencing the caretaker, that is to say it becomes a jointly elaborated interpsychological sign (see Leiman, 1992).

Within psychoanalysis, Winnicott's understanding of the transitional object as standing for the mother in her absence was an example of such an interpsychological sign and was related to his insistance that the mother–baby dyad was the proper focus of attention for developmental psychology. Language is a shared system of signs which is 'de-contextualised' and hence flexible, allowing more abstract and theoretical forms of thought. It creates for the individual (as it did, in the course of evolution, for the species) the possibility of conscious self-knowledge and it represents the main human way of making sense of the world.

3. *Internalisation*

One of Vygotsky's well-known statements was: 'What the child does with an adult today she will do on her own tomorrow'. In this he was proposing a two-stage learning process whereby interpersonal activity, involving the development and use of skills and the acquisition of concepts which convey meaning, always precedes internalisation. In this way speech, which is first acquired in conversation with others, is practised in conversation with the self (the instructions and commentaries and judgements of their own actions of young children bearing witness to this) before finally 'going underground' as the internal speech which is a main component of conscious thought. It is important to recognise that the 'protoconversations' between mother and infant (see Braten, 1988 and Trevarthen, 1993), and the reciprocal role relationships they embody, which are major determinants of the development of personality, involve prelinguistic mediating tools and are, as a result, largely unavailable to conscious reflection. It will be clear from this account that internalisation of external interpersonal activities takes place by way of signs conveying meanings and is quite distinct from representation. An important feature of Vygotsky's concept of internalisation is that the process is also understood to transform the psychological structures which mediate it.

4. *The zone of proximal development (ZPD)*

This is defined as the gap between what a child is able to do alone and what he or she could learn to do with the provision of appropriate help from a more competent other, who may be parent, teacher or peer. The good teacher will aim to work in the ZPD, not assuming that current performance is a measure of capacity, by providing what Bruner (Wood et al., 1976) described as a 'scaffolding' in the form of support and the provision and development of the appropriate conceptual tools which are then 'handed over' to the pupil. Importantly, this also implies a 'prospective' view of development (and of therapy). The aim is to

explore where one can get to rather than describe where one came from, as in classical psychoanalysis. This has some commonality with the 'synthetic' and prospective therapeutic position stressed in analytical (Jungian) psychology (Samuels, 1985). It is clear that individual therapists must work within the ZPD but the same is true of the opportunities for learning through peers as provided in groups.

Vygotskian ideas in CAT

The Vygotskian ideas of relevance to therapy are those which are derived from the understanding of the formation of self processes. They indicate the need for the therapist to (1) 'scaffold' learning in the patient's ZPD (perhaps better labelled here the zone of proximal personality development, ZPPD), (2) provide a significant, empathic relationship in which (3) appropriate mediating 'tools' are created. The relevance of this fertile concept of scaffolding to therapy was noted in Ryle (1982) and had some influence on the later development of CAT; through this, the object relations ideas in CAT were modified in a way emphasising actual experience.

In their exploration of the world children constantly encounter a reality which is imbued with the meanings conveyed by others. Through the early joint, and the later, increasingly sign-mediated, activity of the mother–infant dyad (Leiman, 1994b), children learn both the meanings of reality and the definitions of self and other. The 'learning' involved in personality development differs from intellectual learning in many ways. Formal rules of conduct and explicit social norms have a small and late impact compared to the indirect transmission of values and assumptions about the world and the self through the child's joint activities with others in the early years. These formative experiences are the source of most of the issues addressed in psychotherapy. What is learned through them is, to a greater or lesser degree, unreflected upon. This is not to say that later experiences of deprivation, adversity or frank abuse and trauma may not also have profound or catastrophic effects on mental health.

The child's sense of self and emergent repertoire of reciprocal roles will largely reflect the style in which the scaffolding for early learning is supplied. For example, this may be sensitive, over-controlling, inconsistent, abusive or deficient, and will determine how small or large a range of possibility was conveyed and how much support and how much space for initiative seems to have been offered to the child. The values and procedures governing the sense of self and of others will be shaped and limited in these ways. Therapists need to work with their patients by identifying these restrictions and distortions by offering a different, respecting and accurate scaffolding in the patient's ZPPD.

The use of these metaphors of scaffolding and of the ZPPD offer crucial insights into the process of therapy and will recur through this book. They must be used with caution in one respect: the zone is not a place and the scaffolding

is not a structure and neither is static; as development and therapy proceed both undergo continual revision. With change from therapy or other influences the extent of the zone may be extended and new forms of scaffolding may be called for.

DEVELOPMENTAL STUDIES OF ROLE ACQUISITION

The key importance of reciprocal roles in CAT theory was presented in Ryle (1985). It was derived from early work with the dyad grid and from clinical experience and involved in particular a restatement of ideas put forward by Ogden (1983). From a quite different background, the basic importance of reciprocal roles in early development are described by Oliviera (1997, p. 116) in her summing-up of a detailed and sensitive Vygotskian study of interactions between children in day care aged between one and six. She writes: 'From birth, the child is involved in social matrices in which meanings are constructed in each baby–caregiver dyad. Then, in the dynamic process of coordination of the roles that the partners assume in the here-and-now situation, a confrontation of needs, goals and senses is created. While playing roles ... the individual has to follow, not necessarily in a conscious manner, a way of acting that involves complex abilities, dealing with postures, gestures and emerging representation... Children become able to master several role relationships... while interacting with others with their own and maybe opposite intentions. The as-if atmosphere created in symbolic play and in other situations ... allows them to examine and modify some rules and images mediating their interactions'.

Oliviera's study traced the development of forms of collaboration from the one-year-old's use of expressive gestures and reciprocal imitation through the creation by two-to-four-year-olds of 'a collage of fragments of experiences' integrated by a range of signs or 'starters', including the use of language to take turns and reverse roles. Between four and six this 'memory in action' is increasingly replaced by speech and by rule-governed playing as the process of alternate imitation and reciprocation continues.

Oliviera's paper serves as a reminder of the extent to which other children are involved in the acquisition of reciprocal roles, but it is important to recognise the particular power of parents who may impose rather than negotiate their reciprocal role patterns and who have the power to define the agenda. The parents' personal restrictions and distortions may create idiosyncratic and confusing patterns and they may be unable to supply mediating concepts with which to make sense of some aspects of reality. This last point can be underlined by paraphrasing Vygotsky as follows: 'what the child does not do or say with the adult today she will not do or say on her own tomorrow'.

Further evidence for the powerful way in which observed and experienced role enactments are internalised and re-enacted by children comes from a fascinating projective test known as the 'the teddy bears' picnic' developed by

Mueller (1996). In this test, young children are asked to describe what would happen next during a story about a picnic, using teddy bears and props such as a cart and picnic basket. The range of responses to imaginary situations, such as the cart getting a puncture, is remarkable. In the case of 'daddy' teddy bear, for example, the child may describe a calm, reassuring and problem-solving response or, at the other extreme, an angry and abusive outburst directed towards 'mummy'. These results correlate well with the quality of the family background and with a child's psychopathology, much of which might have been undetected by conventional clinical interviewing. These descriptions clearly demonstrate the fundamental and pervasive effect the experience of such family role enactments has on the developing internal world of the child and on how they will be, for the most part unconsciously, re-enacted, in this case by proxy. Many other projective tests can be interpreted similarly in terms of reciprocal role enactments.

BAKHTINIAN CONTRIBUTIONS

Although Vygotsky and Bakhtin were contemporaries and worked in overlapping fields they did not collaborate and their perspectives were different in important ways. Leiman (1992) introduced the ideas of both into CAT thinking and has drawn on the latter to propose a 'dialogic' model of the self (1997). In a recent paper, Cheyne and Tarulli (1999) offer a further, illuminating discussion of the implications of the differences between Vygotsky and Bakhtin which, although at first reading apparently rather esoteric, in our view merits consideration. What follows here draws on and attempts to summarise their work.

Vygotsky was primarily concerned with the ways in which the skills and knowledge of the culture were acquired by the child. A narrow interpretation of his theory of the social formation of mind would define the parent or teacher as an agent or interpreter of the wider culture, aiming to transmit what the culture values and knows to the receptive child. For Bakhtin, on the other hand, the emphasis is different; for him, open-ended dialogue is seen as the essential and most valued basis of human consciousness: 'To live means to participate in dialogue: to ask questions, to heed, to respond, to agree and so forth. In this dialogue a person participates wholly and throughout his whole life: with eyes, lips, hands, soul, spirit, with his whole body and deeds.' (Bakhtin, 1984, p. 293). Dialogue is a fundamental human activity; every utterance will be directed to an addressee who may be 'an immediate participant-interlocuter in an everyday dialogue, a differentiated collective of specialists..., a more or less differentiated public, ethnic group, contemporaries, likeminded people, opponents and enemies, a subordinate, someone who is lower, higher (Bakhtin, 1986 p. 95).

To this model of dialogue Bakhtin adds a highly significant idea, that of the third voice or 'superaddressee'. In the address of the first (e.g. parent, teacher, therapist) voice to the second (child, pupil, patient) voice there is this implicit

third voice, representing the wider culture or some part of it. The third voice (superaddressee) legitimises the first one who is in effect its conduit to the second voice. What is transmitted might be the current paradigm of a branch of science, the membership rules of a club, the articles of faith in a religion, the definition of gender roles, and so on. The social formation of mind, in this view, can be seen as a distillation of the whole range of human history and culture, while being inevitably focused and filtered by the particular time and place and family into which the child is born.

The discussion by Cheyne and Tarulli of the forms of dialogue employed as scaffolding sets the comments made above on the effect of different styles of parenting in a wider context. Drawing on Bakhtin's ideas they propose a spectrum of scaffolding styles from the authoritative 'Magistral' dialogue typical of religious training in the Middle Ages through the 'Socratic' questioning dialogue to the 'Menippean' upturnings and carnival. The voice of Menippean dialogue is described (Cheyne and Tarulli, 1999) as a mocking and cynical questioning after the Menippean satire which Bakhtin considered and associated closely with the notion of carnival. The 'Magistral' voice provides a restrictive scaffolding which imposes compliance on the pupil or initiate. In the 'Socratic' form of dialogue the scaffolding is less rigid; the first voice (parent, teacher etc.) will question the second (child, pupil) but may in turn be questioned. Through this, the child, pupil or patient not only receives a broader and more complex introduction to the conceptual tools of the culture but may actively enter into dialogue, using, modifying and elaborating the ideas provided by the other voices and not necessarily arriving at an agreed conclusion. This is clearly the preferred therapeutic mode, but Cheyne and Tarulli, in an interesting aside, point out that some psychotherapies, while supposedly 'Socratic', in reality impose a disguised form of the 'Magistral' approach in which clients are taught to ask the right questions. In a developing 'Socratic' dialogue the relation between teacher and pupil becomes decreasingly hierarchical and increasingly mutual. As a result, the assumptions of the third voice may also be questioned. From this often liberating scepticism of the child, pupil or patient (or citizen) more extreme refusals may emerge in the increasingly undermining, mocking, seemingly comic but also tragic and potentially violent and destructive 'Menippean' dialogue.

The internal dialogue of psychotherapy patients inevitably bears traces of their childhood scaffolding. Some bear signs of the childhood internalisation of harsh 'Magistral' scaffolding (or in more extreme cases of persecution and cruelty); others may convey the chaos and confusion of an essentially tragic 'Menippean' revolt against such harshness and others again show the lack of structure consequent upon the absence of adequate scaffolding. Psychotherapists need to provide a reparative scaffolding, explicitly 'Socratic', respecting and caring, creating descriptions of current procedures in words and diagrams which open for reflection the patterns which have operated automatically since their early formation.

It is of interest that whole cultures may be characterised by certain dominant modes and voices in this fashion. Protestant cultures, for example, would be partly characterised by harshly self-critical (or 'Magistral') voices and the task of therapy may in fact be at times to work explicitly with a patient to question internalised culturally derived voices.

MODELS OF INDIVIDUAL DEVELOPMENT AND THEIR RELATION TO CAT

Psychoanalytic models

In the early stages of CAT the model of development was based on the attempt to restate psychoanalytic object relations theories in accessible language (for an account see Ryle, 1982). Developments in the field since that time, introducing concepts such as 'internal working models' and 'implicit relational knowledge', have to some extent paralled the development of the CAT model, although these developments appear to have had little impact on psychoanalytic practice. Nonetheless, object relations theories made a considerable contribution by indicating the importance of early development in determining personality, by offering an account of how parental figures were 'internalised' to form a part of the personality and by recognising the parallel, linked features of intrapsychic and interpersonal processes and their emergence in transference relationships. Many psychoanalysts have, however, remained preoccupied with innate structures and processes, the detection and understanding of which has appeared to depend for the most part on theoretical invention. Historically, the only clinical confirmation sought for many psychoanalytic theories and practice was the assent given by analysands to interpretations based upon them. The resulting constructions offered infinite scope for in-house debate, but as a basis for understanding early development such theories are long overdue for radical dismantling.

The evolving CAT model aimed to offer an account which was compatible with the growing body of observational research, especially of infant–mother interactions, which over the last two decades has offered a major challenge to conventional psychoanalytic tenets, particularly those within the Kleinian tradition, concerning the qualities and capacities attributed to infants and the timetable of development. Stern (1985, p. 255) concludes his survey of the implications of observational research for a model of development by insisting on the primacy of experience over fantasy, as follows: 'It is the actual shape of interpersonal reality, specified by the interpersonal invariants that really exist, that helps determine the developmental course'. This assertion has major implications for certain forms of psychodynamic psychotherapy. In some of these, the traditional aim to construct, by interpretation, the unremembered past and the implicit requirement to find evidence for the effects of such entities as the

Oedipus complex or for a 'death instinct' have deflected attention from the indirect evidence for, or memories of, childhood experiences presented by patients. Even the increasing emphasis on 'here and now' interpretations of transference remained constrained by these theoretical requirements. There still appears to be a reluctance within the psychoanalytic tradition to discard old theories although to some extent these issues are now being reconsidered in ways more consistent with observational studies and convergent with developments in CAT.

The recognition of the importance of intersubjectivity has, in some quarters, altered the traditional interpretive stance and the description of 'implicit relational knowledge' and of its modification through the 'shared implicit relationship of therapy' by the Process of Change Study Group (Beebe, 1998; Lyons-Ruth, 1998; Stern et al., 1998; Tronick, 1998) has some parallels with the CAT model of reciprocal role procedures and their modification in therapy. Implicit relational knowledge is described by this group as procedural and is distinguished from what is conscious and from what is dynamically repressed. The recognition of this kind of knowledge in the development of CAT was first based on the experience of feeding back repertory grid analyses to patients (Ryle, 1975). Implicit relational knowledge is seen to create an intersubjective field which includes reasonably accurate sensings of each person's ways of being with others, a process described in CAT as the enactment of reciprocal role procedures (Ryle, 1985). Description of this process has, of course, become fundamental to CAT theory and practice. In the 'dyadic expansion of consciousness' hypothesis Tronick (1998), with reference to mother–child and therapist–patient interaction, suggests that each self-organising system can be expanded into more coherent and complex states in collaboration with another. These are described as 'moments of meeting' and are considered a crucial aspect of therapeutic change. Here too, some convergence with the dialogic model of CAT is apparent.

However, it is not clear from these accounts what modifications to traditional analytic practice are being suggested. This would be of considerable importance given that, in our view, many aspects of traditional psychoanalytic practice are actually antithetical to the joint recognition, acknowledgement and changing of procedures.

Attachment theory

Although Bowlby's development of attachment theory initially provoked considerable hostility from, and was neglected by, the psychoanalytic community, it has latterly been enthusiastically embraced by some. Many of the more implausible aspects of psychoanalytic theory were derived from the attempt to construct a model of personality based on drives embodied in conflicting structures or internal objects within the 'mental apparatus'. Bowlby offered a more

acceptable biological basis in ethology, suggesting in particular that experiences and behaviours related to attachment and loss could be seen as examples of complex innate behaviour patterns found throughout much of the animal kingdom. This revision, easily linked with some versions of object relations theory and in his view constituting a version of it (Bowlby, 1988), drew attention to the profound importance of the quality of the infant's bond with the mother. This constituted a radical and humane revision of contemporary psychoanalytic theory although it was received with considerable hostility and misrepresentation at the time (Schwartz, 1999). The theory was developed using cognitive psychology concepts to describe the early formation of internal 'working models of relationships' responsible for the subsequent shaping of relationship patterns.

Workers in the attachment theory (AT) tradition have carried out research describing how the form and content of parents' recollections of childhood are linked to the patterns of attachment displayed by their children. These findings are of considerable interest and importance but ultimately appear to be limited by a number of features: (1) the exclusive focus on patterns of attachment to the exclusion of other aspects of the active infant's concerns; (2) the use of the one-way concept of bonding to describe the intense reciprocal activity of mother–infant pairs; (3) the heavy reliance on limited forms of experimental observation—the Adult Attachment Interview and the Strange Situations Test—which attend separately to child and parent and do not observe their interaction directly; (4) the relative neglect of the extensive observational research into caretaker–infant interaction of the past two decades; (5) the often loosely-used concept of the 'secure base'; (6) the reduction of the complexity of relationship patterns to a list of categories. Crittenden's (1990) theoretical developments of AT to take more account of pathological forms of attachment have multiplied these categories considerably (Jellema, 2000). It has been observed that they are now as numerous as the signs of the Zodiac! This, and the laborious processes involved in assembling the data on which this classification rests, means that these categories are only marginally useful clinically. (7) More fundamentally, in seeking a respectable scientific base in biology, AT has, it appears, largely ignored what is essentially human, namely the formative role of culture and, from Bowlby's 'working models of relationships' on, has adopted restricted, cognitivist assumptions. The creation and maintenance of self processes and the transmission of social values in the mother–child relationship are not explicitly considered.

It would appear that AT has been enthusiastically overextended in an attempt to account for all aspects of development (including the generation of 'theory of mind') and psychopathology. In our view, and that of many others (Gilbert, 1992; Leiman, 1995; Aitken and Trevarthen, 1997, Brown and Zinkin, 1994), this theory, although important, describes only some of the factors involved in healthy growth and development. Although the issues which attachment theorists stress are important, in particular loss and attachment throughout the life

cycle (Bowlby, 1988), AT does not, in itself, appear to offer an adequate account of the complexity and subtlety of development or of psychopathology.

Cognitive psychology and cognitive therapy

One important early influence in the development of CAT was personal construct theory (Kelly, 1955), an approach which challenged both psychoanalytic and behavioural assumptions and which, especially if linked with social constructivism, goes some way towards acknowledging the specifically human, cultural influences on personality. The dominant cognitive theory of the last decades, however, influenced by artificial intelligence research and computer metaphors, has been concerned with information processing and storage. In our view this is still largely the case, although some authors show an increasing interest and awareness of the effects of early interpersonal experience and of the importance of (social) meaning in development and in therapy (see Brewin, 1988; Stiles, 1997; Salkovskis, 1996; Perris, 2000; Safran and McMain, 1992; Power and Brewin, 1997). An important contribution of these cognitive and behavioural theories to the CAT model was their demonstration of the value of analysing and describing sequences (for example, linking behaviours to outcomes, cognitions to emotions) and their demonstration that many problems can be understood without postulating unconscious forces. The cognitive component of CAT theory was derived initially from the work with repertory grids and, to a degree, from personal construct theory. Miller, Galanter and Pribram (1960) and Neisser (1967) were also significant influences. In Ryle (1982) the Procedural Sequence Model (PSM) was compared in some detail to Beck's model of cognitive therapy (Beck, 1976), to Roth's model of learned helplessness (Roth, 1980), to Rehm's model of depression (Rehm, 1977) to Rotter's model of generalised expectancies (Rotter, 1978), to Forstelling's attribution theory (Forstelling, 1980) and to Bandura's model of self-efficacy (Bandura, 1977). In terms of practice, the use of patient self-monitoring was derived from Beck and became one important aspect of the reformulation process, but in CAT the focus of attention was shifted as soon as possible from symptoms to procedures. Later developments in cognitive-behaviour therapy (CBT), for example the work of Guidano (1987) on the self and the development of schema-focused approaches (Young and Lindemann, 1992), have shown some convergences with CAT in shifting attention to higher level functions and more complex disorders but important differences remain, as will become clear in later chapters.

The early CAT model (PSM) therefore resembled cognitive ones, but differed essentially in that the unit of observation—the procedural sequence—involved linking environmental, mental and behavioural phenomena. The level of address in CAT is on self processes and structures understood in developmental terms, whereas CBT is still usually focused on particular beliefs, symptoms

or behaviours and pays little attention to development or structure. Differences in the practice of CBT and CAT are further considered in Chapter 9.

ABNORMAL DEVELOPMENT AND THERAPEUTIC CHANGE

Adverse early experience may affect development of the self in three main ways, namely through the internalisation of negative or maladaptive reciprocal role procedures (RRPs), through the replacement of these by restrictive or symptomatic procedures and through the anxiety or trauma-induced dissociation of self processes. This damaging process is depicted diagrammatically in Figure 4.2 where all levels of potential damage are shown. A tendency to dissociate into different self states is indicated by broken lines. All three forms of damage are found in overt Borderline Personality Disorder (BPD) and to varying extents in other disorders, both neurotic and psychotic, where the

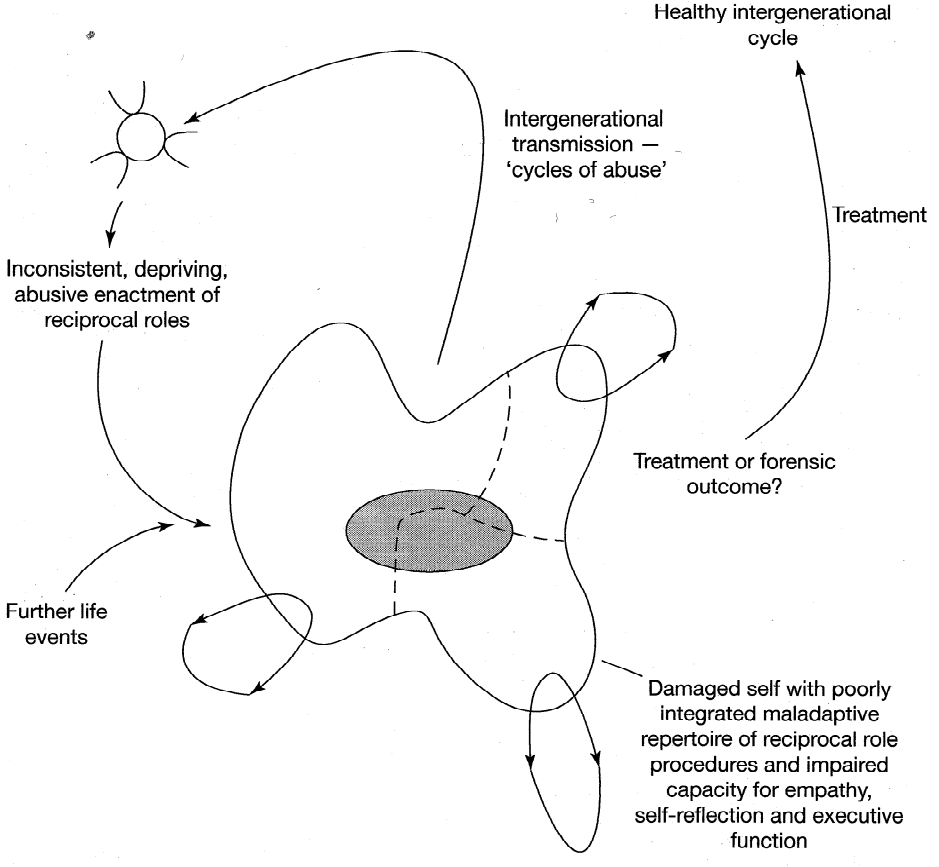

Figure 4.2 CAT-based diagrammatic sketch of abnormal develoment of the self

internalisation of abusive and neglecting role relationships is manifest in abuse and neglect of self and others. In addition, the metaprocedures, which normally link and mobilise appropriately the individual's reciprocal role repertoire, are disrupted or undeveloped with the result that separate, unconnected (partially dissociated) reciprocal role patterns persist. Furthermore, deficient parenting, marked by little or no concern with the child's experience (as opposed to obedience or appearance, for example), offers no source from which a self-caring role might be internalised. This, combined with the disruptions of self-reflection accompanying switches between states, results in an impaired capacity for self-reflection and hence an impaired ability to take responsibility for damaging behaviour or to learn from experience.

Persistent negative role patterns

In less severe disruptions, where the scaffolding provided by caretakers was authoritarian or neglectful, a wide range of individual problems may be created but the main legacy will be concerned with issues of control and care. Thus the child of a parent offering critical, conditional care may be critical of self and expecting criticism from others, manifest in perfectionist striving or placation and depression, and may also be critical of others. It is the overall pattern, not the detailed manifestations, that persists through to adult life. Such patterns persist because they are the only ones known and constitute identity and because apparently confirmatory reciprocations can usually be elicited from others. These patterns may be involved in various forms of disorder such as anxiety or depression as well as in psychotic disorders such as schizophrenia (see Chapters 9 and 10).

Avoidant, defensive and symptomatic role replacements or 'coping strategies'

Role procedures which are experienced by the child as dangerous or forbidden may be replaced by avoidant, restrictive or symptomatic procedures. Psychoanalytic theory emphasises the role of fantasy—for example the Oedipal castration threat—but in clinical practice the 'actual shape of interpersonal reality', as experienced in the preverbal and later phases, offers a more parsimonious explanation, although it remains true that such experience may be amplified, distorted or misinterpreted.

The actual shape of experience may reflect direct parental prohibitions on acts or feelings, the persistance of which may further provoke guilt. Or the consistent failure to name evident facts—for example sexuality—may mean that the child has no way of thinking about the area and may again feel unease or guilt. A depressed mother may be unable to offer the appropriate

affirmations of the child's explorations and energy, an anxious parent may convey mistrust in the child's capacity and in the world, an emotionally needy parent may discourage independence in the child, an obsessional parent may inhibit all signs of spontaneity in the child, a parent deprived and abused in childhood may overprotect the child, may envy the care the child receives and may react abusively to the child's anger, which may be felt to be abusive. In all these cases the child may feel irrationally guilty, as if the abuse or deprivation was deserved. Symptoms (affecting mood or somatic functions) and avoidant procedures can be located on the role procedures governing self-management and relationships, serving either to replace, avoid or punish acts or feelings sensed as forbidden (primary gain, in psychoanalytic terms) or they may serve to control others (secondary gain). All role procedures are, in some sense, compromise formations between the desired, the possible and the culturally and parentally provided definitions of the permissible. The ego defences of classical psychoanalysis are conceptualised here as aspects of RRPs in which the avoidance of feeling and memory and the editing out of certain behaviours—usually linked to anger and sexuality—are linked to patterns of relating to others or managing the self.

Dissociation

A third legacy of negative childhood experience, one in which inherited vulnerability plays a large part, is the failure to achieve adequate integration of self processes. While everyone is aware of being made up of many component parts, most of us have a clear sense of a central identity, are able to acknowledge all aspects and can usually mobilise the aspect appropriate to the context. These features are absent or partial in borderline personality disorder (BPD) and also certain psychotic states. In severe personality disorder genetic predisposition and abuse and neglect have disrupted or impaired the development of an integrating central self. Much of the phenomenology of BPD is the result of the presence of a number of partially dissociated RRPs (self states) which are narrowly defined and often extreme and of rapid, confusing switches between states. Such patients put powerful pressures on therapists and others, seeking reciprocation to their extreme and unstable states.

Some psychoanalytic object relations theorists attribute many of these features to 'splitting' and projective identification, locating the pathology in the posited internal system of object relations and in 'ego weakness', innate destructive instinctual forces and unconscious fantasy. The phenomenon of projective identification, whereby others are powerfully induced to experience feelings or play roles which the person cannot tolerate, is not regarded as a defence in CAT; it is seen to represent an exaggerated example of the normal processes of reciprocal role relating. Self states (dissociated reciprocal roles) are precarious and this leads the person to induce powerful identifying responses

in, or to forcefully seek reciprocations from others, even where these are harmful. While usually discussed in relation to destructive procedures, the same intense pressures can characterise the seeking for ideal care.

COMMON THERAPEUTIC FACTORS

Change in psychotherapy is in part the result of those factors common to the majority of approaches, namely the experience of a relationship with a recognised expert who offers close attention and respect and provides some new framework of understanding, features which serve to restore morale. The early negotiation of a definition of the problem in a language shared by patient and therapist is also helpful (Frank, 1961). CAT would aim to address all of these factors. As an individual therapy it also fulfils most of the criteria reviewed by Bateman and Fonagy (1999a) for effective treatments for very damaged patients with personality disorder. Such treatments should be well structured, have a clear focus, devote effort to enhancing compliance, be theoretically coherent to both therapist and patient, be longer term, encourage a powerful attachment relationship and be well integrated with other services.

CHILDHOOD DEVELOPMENT AND THE CAT MODEL OF THERAPEUTIC CHANGE

Many therapies, especially those derived from psychoanalysis, see parallels between the process of childhood learning and therapy. Whereas in psychoanalysis this has meant that 'deep' change is seen to depend upon a process of regression and recapitulation, in CAT the emphasis is on working with the adult prospectively to enlarge the capacity for conscious self-awareness, through the reformulation process. Reformulation makes recognition possible and recognition opens the way for revision. It is based on description rather than interpretation. Understanding and control are derived from this joint work of therapy in which the therapist offers a reparative scaffolding designed to allow the maximum opportunity for the patient's own initiative by working together to create and use carefully developed conceptual tools. In most cases direct attempts to modify defensive and symptomatic procedures are not needed; they fade from view as the agenda shifts to the revision of the associated or avoided role relationships determining self-care and interactions with others.

In the course of reformulation and with the help of symptom monitoring, most somatic and mood disorders can be identified as accompanying defined reciprocal role procedures, either those that are continuations of early damaging patterns or those that have replaced the more effective modes which were disallowed by others or by an internalised voice derived from others. An internal prohibition on anger, for example, is likely to be accompanied by submissive

behaviour to others and by guilt and anxiety if anger is experienced; depression and somatic symptoms are common accompaniments. Reformulation will focus attention on the procedure rather than the symptom. As patients begin to apply their new understandings, as they experience the reality of the therapist's concern and as the expressions of their problematic procedures in the therapy relationship are described and not reciprocated, symptoms and negative moods usually fade without direct attention.

Practitioners who use both CBT and CAT usually use CBT with more cooperative and less disturbed patients. It is our impression, however, that even in such patients the CAT 'top down' focus on high level self processes (which can incorporate more focal attention to lower level issues if this is indicated) is as effective and quite possibly quicker than CBT in controlling symptoms, while also dealing with interpersonal and self-managing procedures and avoiding its possibly diminishing (Magistral) assumptions. Some therapists with a CBT background have a need to be busy and helpful and can find the less active, dialogic and reflective CAT mode difficult. Clearly a controlled trial comparing CBT and CAT in less disturbed patients would be helpful. With more disturbed patients the understanding and use made of the difficult therapeutic relationship in CAT is a boon to both patients and therapists and can be extended, in some situations, to other members of a treating team (Kerr, 1999, 2001).

It is of interest that Fonagy (1999), from within psychoanalysis, suggests that 'therapeutic work needs to focus on helping the individual identify regular patterns of behavour and phantasy' and says that 'there is good reason to believe that psychoanalysis works by modifying procedures [sic] rather than by creating new ideas'. However, this convergence with the ideas and language of CAT has not so far led to a convergence in respect of therapist activities.

WHO DOES THE THERAPIST SPEAK FOR?

Every family and every culture will determine and set some limit on what may or may not be said and done; the dominant range of social values and attitudes will be made evident by what is celebrated, what is acknowledged, what is discouraged and what is ignored and by how power and privilege are distributed. In this way every individual's internal regime (including the psychoanalytic 'unconscious') will contain the voices of the external social and political reality as refracted by parents and teachers. Therapists have themselves been formed in the same society as their patients, but, in many cases, are seeking to offer a different perspective in order to remedy the effects of harsh external social realities and of forms of control which have been internalised by their patients. So who is the 'superaddressee' in therapeutic dialogue? To what social agency or what value system does the therapist refer in his or her comments?

We seek to extend awareness, choice and control but we inevitably convey some more specific social values for, although procedural descriptions can be

understood in utilitarian terms as simply pointing out the unwanted consequences of current behaviours, most therapists do not conceal their ethical concerns. Thus most, when considering damaging relationship patterns, will favour revisions towards more mutual and respecting modes and all will vote with varying force against murder, child abuse, wife beating and racism. In less extreme ways, many personal restrictions or deformations, while socially congruent and adaptive, seem to contradict the therapist's broader definitions of human values and needs. In these circumstances the neutral therapist is a myth; tacitly he or she is either challenging or identifying with current social power. If a patient holds views which the therapist cannot stomach it may be impossible to work effectively, but assuming or imposing normative ethical values should be done with extreme caution. One should remember that many therapists have argued (and some still do) that homosexuality should be 'cured' and that working class patients cannot use therapy.

As psychotherapists, a heightened self-awareness of our tacit social assumptions is every bit as important as the forms of self-knowledge which may be acquired through personal therapy. We do want to have influence in order to help our patients change but we do not want to impose compliance to our personal views. Whether we identify ourselves as agents or as critics of society, we should be explicit when we voice or convey an opinion and should emphasise that our aim is to extend conscious choice not to impose solutions. To this end, we should encourage a therapeutic relationship which is argumentative as well as collaborative.

We need also to avoid too literal an understanding of the stories patients tell. While the origins of the internal conversation may usually be directly linked to historical experiences, it is of course the case that children may misjudge and misremember their experience (Offer et al., 2000) and the extent of their own responsibility and the meanings and intentions of others. The range of characters and behaviours described in fairy tales are often extreme in the degree of their wickedness or their perfection; they still appeal to children whose life experiences have been relatively benign and mild, serving as concrete representations of their fantasies and misinterpretations.

AVOIDING COLLUSION

Having a therapist whom one likes and respects is effective in assisting change in patients with mild or moderate levels of disturbance and in these cases psychotherapy 'technique' is of limited importance, provided it does not damage the quality of the relationship. In more disordered patients, however, the maintaining of a good relationship and the provision within it of useful understandings is often problematic as patients disrupt or distort it, just as they do their everyday relationships. In these cases the specific CAT techniques and understandings play a key role in establishing and maintaining a working

relationship; without them, therapists are likely to be drawn into inadvertent collusion which will reinforce problem procedures or lead to the end of the therapy.

The most problematic collusions are those which are justified by the system belief guiding the therapist, especially when these prescribe withholding or controlling attitudes which commonly echo the patient's childhood experiences (although becoming over-involved and excessively sympathetic to a patient can be just as unhelpful). Only an accurate and sensitive awareness of the evolving therapy relationship can allow the establishment of a therapeutic relationship which is emotionally intense, honest and thoughtful and which generates well-focused mediating conceptual tools which can be internalised as a corrective to, or replacement of, the previous damaging and restricting patterns.

In summary, the CAT understanding of therapeutic change requires the following:

1. The creation and maintenance of a non-collusive and respecting relationship with the patient.
2. The collaborative creation of mediating tools (descriptions, diagrams) which make the patient's specific problematic procedures and structures available for conscious reflection. In most cases the ZPPD is seen to include the high level 'strategic' procedures operating in relationships with others and in self-management. More focal and limited issues may be addressed within this overall procedural understanding.
3. Movement through the stages of reformulation, practice in recognition and the process of revision or replacement of problematic procedures. The process is not a simple linear one as the safety established through reformulation may allow access to previously avoided affects and memories which need to be addressed and worked on. The time limit and the use of concrete, collaboratively constructed conceptual tools, including the goodbye letter, encourage the internalisation of what has been learned in therapy.

SELF-ESTEEM

Many descriptions of psychiatric syndromes refer to the level of self-esteem; it is, for example, low in depression and excessively high in hypomania. The term is used more often than it is defined and is sometimes taken to represent a stable character trait. It is important to assess not only the level of self-esteem but to work out what maintains it. Any maladaptive procedure as listed in the Psychotherapy File if persistently enacted might result in low self-esteem. Arguably one of the most fundamental and defining procedures contributing to low self-esteem would be one based on historical experience leading to an assumption that 'whatever one does, nothing will ever work out'. The result of this is that one gives up trying with the consequence that nothing changes or

improves, so perpetuating the original assumption. Low 'levels' of self-esteem may reflect (1) external realities such as unemployment, poverty and social powerlessness; (2) restrictive procedures such as the traps listed in the Psychotherapy File, dilemmas such 'as if either a brutal success or a nice failure' or snags whereby success is felt to be undeserved or forbidden; (3) dominant patterns of reciprocal role relationship, for example having a *critical/conditionally accepting or loving* to *guilty/striving* pattern which is manifest in unreasonable, idiosyncratic and extreme conditions for self-acceptance and in the taking on of submissive or humiliating roles in relationships. Understood in these terms recognising low self-esteem is only the first step; the range of underlying maladaptive procedures must be identified and accurately described. The Personal Sources Questionnaire, described in Ryle (1990, pp. 249–252), can help the systematic exploration of individual sources of self-esteem.

THE 'FALSE SELF'

This somewhat loosely used term suggests a person whose sense of self is overdependent on the responses of others and in some sense out of touch with 'authentic' feelings. In CAT theory, where conscious experience is seen to be mediated by signs created with others, what is the basis for a distinction between a 'true' and a 'false' self? Both the development of the self and restrictions upon its development are determined by the form and content of the scaffolding provided or imposed by parents and society. While the shaping of personality in terms compatible with the society is a necessary and inevitable process, there are some societies, or some sections within societies, and some families, and maybe some therapies, in which compliance to social norms leaves little room for individual exploration. Their scaffolding imposes narrow solutions and fails to provide the materials for personal learning. Seen in this way the concept of the 'false self' implies a restricted sense of self and, given our quintessentially social character, a consequent sense of inauthenticity or not being 'in dialogue'. It suggests that the concept of the 'false self' may be seen as a shorthand for a certain group of RRPs which result in the features described above, including the critical feature of being 'out of dialogue' with self and others. This conception also implies an extensive ZPPD within which personal development might occur provided that therapy can offer a reparative, constructive scaffolding and a meaningful dialogue through which change may occur.

UNDERLYING PHILOSOPHICAL DIVERGENCES; DIALOGISM VERSUS CARTESIANISM

The divergences of CAT from psychoanalytic and cognitive theories are aspects of a more general difference in assumptions which can be illustrated by consid-

ering a recent proposal to link research into how children acquire a theory of mind with attachment theory (Fonagy and Target, 1997). According to Premack and Woodruff (1978) an individual has a theory of mind if he imputes mental states to himself and others. Research in this field measures a child's performance in two kinds of test, namely the change of location paradigm and the surprise paradigm (Jenkins and Astington, 1996). The child who answers the test questions correctly understands that people pursue their goals on the basis of beliefs and that these beliefs may be false. Povinelli and Preuss (1995) attribute the acquisition of a theory of mind to an 'evolutionary specialisation of human cognition'. This biological view is challenged by research findings which suggest that the achievement of a theory of mind is associated with general intellectual development, is correlated with verbal intelligence (Jenkins and Astington, 1996), with the presence of siblings (Perner et al., 1994), and with using tests which resemble the child's normal activities, all findings which support the view that learning in a social context provides a satisfactory explanation (Boyes et al., 1997).

Fonagy and Target (1997) seek to link theory of mind research with attachment theory. They properly question cognitive theories in which the child is seen as an isolated processor of information engaged in the construction of a theory of mind using biological mechanisms, and point to the fact that the child's central cognitive concern is with its emotional relationship with its parents. Their account of how attachment encourages mentalisation remains essentially a cognitive one, however, depending on 'representational mapping', which is defined as the process of coordinating representations of self and other. As an example, an anxious child, seen to be suffering a confusing mixture of physiological changes, ideas and behaviour, is helped by perceiving the mother's mirroring of the anxiety, a process described as follows: 'the mother's representation of the infant's affect is represented by the child and is mapped on to the representation of his self-state'. Representation is used confusedly here; presumably the mother's representation of the infant's affect refers to her expressive enactment or mirroring of it, not to her mental processes. They add that the mother's mirroring of the anxiety should not be exact for, if it is accompanied by the expression of other affects, the soothing effect on the child is greater because, it is claimed, infants recognise the reflected emotion as analogous to, but not isomorphic with, their experience and thus the process of symbol formation may begin. However, it is not clear how a perception (of the mother's enactment) is mapped onto a self-state representation, how a child determines whether mother's enactment and its own subjective state are analogous or isomorphic and what converts mother's added expressive elements into symbols.

This account describes the infant as a separate if immature entity, reflecting the Cartesian assumption of the centrality and independence of the thinking self (monadic cognitivism), an assumption which appears to be as hard to dispose of as was the belief that the world was the centre of the cosmos. An alternative view, which can be called dialogism, will now be presented.

Dialogism

As described in the last chapter, natural selection favoured individuals who were biologically endowed with the potential to be socially formed, who were therefore capable of living in groups and able to adjust flexibly to a wide variety of physical circumstances and social structures. The biological underpinnings on which these capacities rest are far more complex than can be explained by the persistence and modification of attachment behaviours. The newborn human infant is engaged from birth in activities with caretakers. Every infant in every culture enters into a particular world in which it finds the reciprocating activity and conversation of its caretakers. Rather than simply receiving impressions, storing representations and constructing theories, the child is engaged in an evolving joint enterprise through the experience and creation of which the self is shaped. In Bakhtin's words: 'Just as the body is formed initially in the mother's womb (body), a person's consciousness awakens wrapped in another's consciousness' (Bakhtin, 1986, p. 138). In a related understanding, Winnicott's 'there is no such thing as an infant' emphasised the need to make the unit of observation in understanding development this infant–caretaker dyadic system rather than the infant alone. In essence, the dialogic approach replaces the 'I think, therefore I am' of Descartes with 'We interact and communicate, therefore I become'. This dialogic model presents an unproblematic way of understanding the acquisition of a theory of mind. It differs crucially from that of Fonagy and Target and from cognitivist models in drawing on three Vygotskian assumptions, namely: (1) that a child's activity in the presence of (scaffolded by) a more experienced other will come to be repeated independently, (2) that the activity and the meanings related to it will involve the joint creation and use of signs, and (3) that internalisation occurs through this process of joint sign mediation rather than through representation and that external conversation is transformed into the internal conversation of the dialogic self.

CONCLUSION

At a minimum, to be doing CAT, a therapist must engage with the patient in a process of descriptive reformulation, itself a powerfully alliance-generating activity, and must aim to use the descriptions and the therapy relationship to modify the identified problematic procedures. This basic practice involves even unrepentant Cartesians in a form of dialogic understanding and exchange. However, the detailed application and the further development of the model require that practice is rooted in a dialogic theoretical understanding. Knowledge, memory, meaning, affect and action, although differently processed in the brain, are joined in life and are considered together in procedural descriptions. They are formed and maintained in relation to past and

present others. This understanding involves the linking of a developmental history with current structures and current relationships (RRPs) and requires the description of (1) procedural sequences, (2) internal and enacted reciprocal patterns of relationship and dialogue, and (3) structure. The latter involves (a) hierarchy (how tactical procedures are determined by strategic ones) and (b) a system of metaprocedures which organise and mobilise procedures. Therapy represents the modification and development over time (which may often be much less than traditionally postulated) of the patient's self system by conscious sharing of these understandings and by the deeply felt, mutual experience which they make safe and possible.

FURTHER READING

The specific characteristics of the CAT model rest upon interpretations of observational data strongly influenced by the ideas of Vygotsky and Bakhtin. Accessible introductions to, and comments on, Vygotsky's ideas will be found in Wertsch (1985) and Wertsch and Tulviste (1992). Holquist (1990) provides a good introduction to Bakhtin. The paper by Leiman (1992) played the major part in introducing these ideas into CAT. The notion of the socially formed dialogic self presents difficulties to many. Burkitt (1991) presents an historical account paying particular attention to Mead and Vygotsky. Various contributions on the Vygotskian concept of internalisation, some of which describe fascinating empirical studies, are to be found in Cox and Lightfoot (1997). Bruner (1990) offers a thoughtful review of the importance of language and culture in the formation of mind which is highly critical of much current cognitive psychology. Psychoanalytic self psychology is described by Kohut (1977) and Mollon (1993). Guidano (1987, 1991) offers a cognitive model of self processes. Jellema (1999, 2000), writing from a CAT perspective, argues for a less critical evaluation of attachment theory than is offered in this chapter.