

GLOSSARY

- Contextual reformulation** A diagrammatic portrayal of the linked processes and role enactments identified in patients, staff relationships and institutions.
- Core** (a) Refers to boxed-in list of reciprocal roles from which procedural loops are drawn in diagrams. (b) Describes or postulates unaccessed or deep feelings, as in 'core pain'. (To avoid confusion best to replace this use of 'core' with 'deep', 'unaccessed' or 'unmanageable'.)
- Countertransference** The feelings or actions induced in therapists by their patients; may reflect a general or easily mobilised personal RRP of the therapist but more often is elicited by the patient's behaviour and directly or indirectly conveyed transference. May represent either an identifying response, echoing the affect of one or other of the patient's roles, or a reciprocation to one of the patient's RRP's.
- Descriptive reformulation** The transformation of the patient's account into a narrative and/or a diagram which reorders and links the material into a more explanatory and useful form. Carried out with the fullest possible participation from the patient. Creates a shared written and diagrammatic account of the issues to be addressed in therapy.
- Dialogic self** A model of the self as based on dialogue/reciprocal roles with external and internalised others.
- Dialogic sequence analysis** The analysis of interactions by describing the sequence of roles played and their reciprocals.
- Dialogism** An understanding of self formation and processes as essentially derived and expressed in relation to others and to culture. Emphasised by Bakhtin. Contrasted with the Cartesian assumptions of cognitive psychology which places the centre of experience and action 'in the head' of the individual.
- Diary keeping** Homework assignments may include diary keeping in relation to particular procedures or may involve noting significant events and then locating them onto the mapped procedures.

Dilemma A problem procedure: the evident restriction of possible acts/ roles etc. to polar opposites, described as 'either ... or', or as 'if ... then'.

Goodbye letters Exchanged at the end of therapy as a means of summing up and evaluating what has been achieved and what remains to be worked on.

Internalisation The process whereby what is learned through interpersonal experience becomes an aspect of the self, a part of the internal dialogue. Distinguished from representation in that it involves the creation and use of mediating signs and transforms the psychological structures which mediate it.

Masochism See *Motivation*. In CAT it would be described as playing the abused role in an 'abusive (sadistic) to abused' RRP.

Metaprocedures The largely unconscious processes whereby the range of RRP's is linked and appropriately mobilised with smooth transitions.

Motivation An over-used concept which often appears to imply that every action must be explained as initiated by a separate motivating system or a 'motivating ghost in the machine'. Thus, in psychoanalysis submitting to pain and abuse is interpreted as motivated (masochism), and assumed to be 'unconsciously gratifying'. In CAT most maladaptive behaviours, including self-hurting ones, are understood as expressions of one or other of a limited or restricted range of RRP's; people can only mobilise the procedures in their repertoire.

Procedure, procedural sequence The basic CAT unit of description required to understand the persistence and possible revision of problematic behaviours and experiences. Combines mental, behavioural and external events and other people in a sequence (and hence not equivalent to the cognitive concept of a schema).

Procedural Sequence Model (PSM) See *Procedure*.

Procedural Sequence Object Relations Model (PSORM) A development of the PSM with the focus on identifying the reciprocal role procedures of which the enacted procedures are examples.

Projective identification A psychoanalytic (object relations) concept used to explain the forceful, controlling 'putting' of powerful (usually anxious or hostile) feelings in another. In psychoanalysis this is seen as a defensive process, 'getting rid of the bad by putting it into the other'. In CAT it is seen as a particular example of the general mode of inducing role reciprocation. It is most evident where the dissociated RRP's of borderline patients are concerned: powerful pressures to elicit empathic or reciprocating (collusive) responses are a central aspect of transference-countertransference in such patients.

Rating sheets Ratings by patients of change in respect of TPs and TPPs, usually made weekly as a means of maintaining the focus and as a way of learning accurate self-reflection. Initial ratings record recognition, later ones revision. Similar ratings may be made of the intensity/frequency with which problem procedures described as procedural loops in diagrams are evident.

Reciprocal role procedure (RRP): A stable pattern of interaction originating in relationships with caretakers in early life, determining current patterns of relationships with others and self-management. Playing a role always implies another, or the internalised 'voice' of another, whose reciprocation is sought or experienced.

Resistance A psychoanalytic concept implying, or seeming to imply, a motivated opposition to change. In CAT more usefully thought of as either (1) the enactment of one of the patient's procedures (because it is all—or maybe the safest of all—they know), the giving up of which is threatening to the sense of identity, or (2) the failure to change in response to ineffective therapy.

Role Combines action, memory, affect and expectation of reciprocation. See RRP.

Self The structure and function of self is seen, in CAT, to include and integrate such functions as memory, affect, perception, thinking, self-reflection, empathic imagination and executive function. It is understood to comprise both subjective and experiential as well as functional aspects. It emerges developmentally from a genotypic self characterised by various innate predispositions, notably to intersubjectivity. The mature, phenotypic self is considered to be fundamentally constituted by internalised, sign-mediated, interpersonal experience and the dialogic voices associated with it. The self is also characterised by a tendency both to organise and be organised by experience.

Self monitoring A homework task. Early in therapy applied to symptoms and unwanted behaviours. After reformulation applied to the recognition of problem procedures or state shifts.

Self state To avoid confusion, these are best described as 'self states: partially dissociated reciprocal roles'. In diagrams, they are drawn in separate boxes as separate sources of procedural loops. A heuristic device. Patients may only know one pole but with reformulation can learn to recognise both. They may sometimes experience the two poles in interaction subjectively, as in a debate between a wish and the voice of conscience.

Sign mediation A key Vygotskian concept describing specifically human modes of learning. Signs convey meanings between people. Infant–mother pairs develop early interpsychological signs; later those of the wider culture, notably language, are adopted. Early experience is internalised through signs rather than stored as representations.

Snags A form of problem procedure in which legitimate and appropriate goals are abandoned or undone either because of the assumed attitudes of others or because of irrational guilt.

State A state of mind or a state of being. Experienced primarily by the dominant mood but accompanied by sense of self and other, degree of access to feeling and control of feeling. The subjective experience of playing a particular role.

State switches or shifts Abrupt changes both experienced and conveyed to others, not always obviously provoked. May reflect (a) role reversal within an RRP, or (b) a response shift between alternative reciprocations to a given role within an RRP or (c) of a switch to a different RRP/self state.

Target problems (TPs) A list agreed early in therapy of the problems which therapy will address. Includes presenting problems and those identified during the reformulation process.

Target problem procedures (TPPs) A list of verbal descriptions of the problem procedures which will be addressed in therapy in the form of dilemmas, traps and snags and/or the repertoire of problematic reciprocal roles.

Transference The (inappropriate) feelings/behaviours elicited or roles experienced or played by patients towards therapists or towards the therapy situation. Usually

based on, and hence informative about, the patient's repertoire of RRP, including those not acknowledged or known consciously. May be identifying with or reciprocating the roles played by or, attributed to, the therapist.

Trap A problem procedural pattern: self-reinforcing patterns of thought and behaviour. Basically a negative belief generates a form of action which produces consequences that are seen to confirm the belief.

Zone of proximal development (ZPD) A Vygotskian term. Defined as the gap between current performance and the level which could be achieved with the assistance of a more competent other.

Zone of proximal personality development (ZPPD) A proposed extension of the concept of the ZPD to apply to the development of self processes.