Troublesome Words

STEVE POTTER introducing a regular feature

Introduction

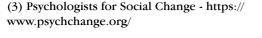
In editing five issues of the journal over as many years I have learnt from and struggled with what Bill Bryson (2007) in his personal dictionary of the same name calls **troublesome words**. They are troublesome in the CAT lexicon in good ways if they take us to the threshold of new understanding or troublesome in bad ways if they divert or foreclose the search for meaning. Readers may have their own troublesome words and contributions to future issues on this topic are welcome. Here are few to start with.

Relational?

This is one of those adjectival words that needs endless bracketing in CAT. In one very general sense everything human is relational. The word developed a modern currency in psychotherapy with Stephen Mitchell (1999, 2000) calling out the relational turn in psychoanalysis with the combination, in his case of British Object Relations approaches with the Interpersonal legacy (of Sullivan, Fromm and Thompson at the William Alanson White Institute in New York) attachment theory and feminist theory (see for example, *The Space Between Us* by Ruthellen Josselson 1995). Mitchell died in 2000 but his legacy and those of others lives on in the work of the International Association for Relational Psychoanalysis and Psychotherapy. To quote from their forthcoming 2023 conference (https://iarpp.net/events-hub-page/) Relational Psychoanalysis as framed by Mitchell and others above is:

'Further nourished by significant contributions from anthropology, sociology, philosophy, political science, infant research, attachment

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(4) Thoreau, H.D (1862). Walking, Part II. www.walden.org/wp=content/ uploads/2016/03/Walking-1.pdf(p665) studies, gender studies and the neurosciences, among others, Relational Psychoanalysis continues to develop in exciting ways. As we confront the intrinsic impact of the socio-political on our psychic lives, how we think, and work clinically has shifted to encompass the significant and inevitable meeting and recognizing the "other" both externally and internally.'

I think CAT would sign up to all of the above but add something by courtesy of Leiman and Bakhtin which for simplicity's sake I will call simultaneity. We are simultaneously in and out of awareness of relational dimensions within, between, around and beyond us. The relationality of interpersonal encounters are simultaneously woven with social narratives of gender, generation and class, sexuality and ethnicity. Our internal worlds are simultaneously formed in mind and body (Vygotsky style) by external family relations, school and neighbourhood dynamics. In contemporary language we other as we are othered. The dynamics of 'othering' and 'worlding' (see Spivak'https://jan.ucc.nau.edu/~sj6/ Spivak%20CanTheSubalternSpeak.pdf) or in CAT terms the oppressive and undermining creation of narrative power to position and be positioned is also explored by the literature on intersectionality (as defined by Kimberlé Crenshaw https://www.youtube.com/watch?v =ViDtnfQ9FHc).

In all this, with a CAT map I can walk my fingers and develop a conversation that in alternate breaths refers to the interpersonal, the social, the 'infant' developmental, the cultural context, systems of power over roles, world views and language and so on. All of it troublesome in a good way if we have the tools to hold it in mind. The CAT thesis is that mapping conversationally together builds or restores reflective capacity, and this is a mutual shared experience of relational awareness. I say this with the legacy from Tony Ryle in mind. He was pragmatic and economical with theory and the most notable tool of CAT - the reciprocal role procedures - were mapped out as what Ryle called 'necessary simplifications' which were (and are in my view) freely adaptable to scaffold all the different dimensions of relating touched upon above. CAT is not a psychological model, a sociological model, a humanistic, a feminist or existential, or neuro and narrative model. It can irreducibly and simultaneously be all of these thanks to the necessary simplifications and versatile scaffolding of reciprocal role procedures.

Model and models?

CAT is a model although Ryle informally resisted this description preferring at times the idea of it being an understanding. It makes conversational sense to talk of a CAT model of anorexia, or depression, or addiction but it might be better put as 'using the CAT model' to understand and work with such and such a condition. Within CAT there is not a model of narcissism, borderline, anorexic or depression. Maps, templates, diagrams and reformulations using the CAT approach would do.

A CAT Lens?

The phrase is offered quite often as in putting on a different lens will see things differently. It chimes somewhat with the observing eye (though this is a rich and troublesome idea in its own right) but the idea of the eye on the corner of the diagram or added in the process of mapping is to invite zooming in and out and taking the larger and wider perspective or even an authorial I (for more see Alison Jenaway on the Observing Eye in CAT https://www.engage.acat.org.uk/observing-eye-in-cat/) The observing eye graphic probably should always be mediated in a multisensory way with a listening ear or a speaking voice graphic.

A specific reciprocal role or a trap, snag or dilemma might fit the idea of a lens (looking at life through my *nice guy* lens) but CAT as an integration of several concepts, tools and methods is more than a lens. It is indeed more than a camera. It is a multi-sensory, multi-media scaffolding for creating a language and frameworks for working together to relieve distress and build understanding. The idea of the lens risks relativising the approach and conjures the image of a therapist with a set of lens to put on the camera of his or her therapy. Then the limited use of the idea of a lens might work comparatively. Looking through an EMDR Lens compared to a CAT might work as a shorthand. But then another problem arises in positioning the therapist or clinician as an outsider to what in CAT we might conceive as a collaborative endeavour.

Intervention?

This striking medical or military term does not sit easily with the collaborative (doing with rather than done to or done for) spirit of CAT therapy. CAT is a shared, conversational and collaborative educational

experience. The idea of intervention makes some sense from the viewpoint of a general weighing up different lines of attack or a commissioner choosing between different kinds of treatment. In both cases detachment and a cool head is needed to weigh up the choice between interventions. In psychotherapy intervention is a troublesome word in a bad way if it slips into meaning something that is provided and delivered independent of human agency and emotional context. The idea of intervention should not become the dominant narrative to the therapy. CAT mediates and moderates a therapy relationship, and we don't at any point ask how was your intervention today.

Patient, client or service user?

Different professions and different settings have different preferences in naming the person taking part in psychotherapy with them. It makes sense to refer to patients if the setting is clearly medical and some CAT therapists very much prefer the compassion and care in the idea of patient and their role in addressing the suffering and providing a healing experience (see also the preface to Ryle & Kerr 2020). It makes sense to refer to clients where there is a contract, and the client is making a choice of therapist and therapy. The etymology online dictionary https://www.etymonline.com/word/client says a client is...

'one who lives under the patronage of another', from Anglo-French clyent (c. 1300), from Latin clientem (nominative cliens) 'follower, retainer' (related to clinare 'to incline, bend'), from PIE *klient-, a suffixed (active participle) form of root *klei- 'to lean'.

The reciprocal role pointed to here is one of chosen dependency or leaning in and following. Perhaps in the CAT spirit we should think of *'clienting to cliented'* and a reciprocal role dynamic that might swap between the provider of therapy and the receiver.

The phrase service user draws out the multi-disciplinary context of the overlap between psychotherapy and mental health care but perhaps has connotations of 'arm's length' detachment and autonomy. All three words are potentially troublesome in the context of a collaborative educational approach. Is it that there is not a good word for the active co-creative participants in a therapeutic conversation. Perhaps participant would do the job?

Cognitive analytic therapy?

Is there a mischievous mix of troublesome words in the very title of our approach to therapy. There is Ryle's hope in the title of a common language across psychoanalysis and behaviour therapies using the tools of cognitive psychology. Also in the title is a healthy provocation that schools should talk to each other and be surprised at the similarities in what they do when their mysteries are stripped away? The name is fixed for all time or at least until good integrative and relational practice becomes the common sense of psychotherapy. There is also possibly some quick thinking in the original choosing of the name. According to Annalee Curran (the first chairperson of ACAT in the UK) when talk began from others of calling his work Rylian Therapy, Tony Ryle quickly came up with the pragmatic title of Cognitive Analytic Therapy. It was the way of thinking in the model that mattered to him not the kudos. Some twenty plus years ago I asked Tony Ryle what, now in hindsight, would he call CAT? He paused for a minute and said, partly in jest, Vygotskian Object Relations Therapy (VORT). He wondered for a minute more and then corrected himself. What about Vygotskian Object Relations Social Therapy (VORST). But CAT is CAT for all that.

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Contributions for short descriptions of troublesome words for future issues please email to journalicata@gmail.com

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Spainhower, Kirsten (2011): 'Twin Labs: Silicon Valley and BRAC', Journal of Social Business, Vol. 1, No. 3, October, Pp61-64.
Yunus, M, Moingeon, B and Lehmann-Ortega, L (2010): 'Building Social Business Models: Lessons from the Grameen Experience', Long Range Planning, Vol. 43 (2-3 April), Pp308-325.

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