COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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RECIPROCAL ROLE PROCEDURES; DESCRIBING & CHANGING

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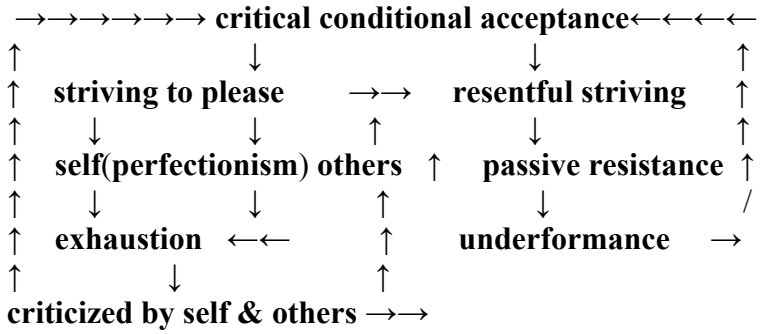
Definition: Helping patients describe, recognise and change dysfunctional Reciprocal Role Procedures (RRPs). RRPs are patterns evident in the patients' relationships and self-management e.g. care-dependency, control-submission, abuse-victimisation.

Elements: Based on the patient's history, interaction with the therapist, and diary keeping, the therapist and patient identify, discuss and record dysfunctional states - the feelings and behaviours that accompany the patient's enacting a given role with reciprocating others. As dysfunctional RRPs are identified their antecedents and consequences (including switches to other RRPs) are summarised in writing and in sequential diagrams. These extend the patient's self reflection and help the therapist avoid reciprocating and reinforcing dysfunctional RRPs. For example: A patient may show the RRP **anxious striving in relation to critical conditional acceptance** through perfectionism and excessive striving to please others, including the therapist. He might come to feel exhausted and abused, at which point **striving to please** might be replaced by **resentful striving**, expressed as passive resistance**.** The sequential diagram (see below) demonstrates how both striving and resentment maintain the existing RRP. The therapist may be seen as offering critical and conditional acceptance and can challenge that perception and help the patient see the impact of these RRPs and explore alternatives. In Borderline Personality Disorder, more or less dissociated RRPs such as **bully in relation to victim, ideal care seeking in relation to perfect carer** and **soldiering on**, or **affectless zombie in relation to perceived demand** are common and switches are frequent between them and may seem unprovoked. This may confuse patients and evoke counter-hostility or unrealistic offers of care from staff. In such cases use of the diagrams in daily life and in sessions to recognise, control and replace dysfunctional RRPs by more adaptive ones is particularly valuable.

Sequential Diagram



Applications: Supporting constructive, collaborative non-collusive work in therapy and management in individual and group settings. In teaching and supervision, can enlarge clinicians' awareness of intra- and interpersonal reactions.

Related procedures: *Transference interpretation*, *use of countertransference*, *diary keeping*, writing therapy, reframing, personal construct techniques.

1st Use? Ryle A (1975). *Frames and Cages*. p36. London: Chatto & Windus for Sussex University Press.

References:

1. Ryle A (1975) *Frames and Cages*. p36. London: Chatto & Windus for Sussex University Press.
2. Ryle A, Kerr IB (2002) *Introducing Cognitive Analytic Therapy*. Chichester, Wiley.

Case Illustration *(*Ryle, unpublished)

M had had numerous contacts with mental health services since her father's death and the birth of a congenitally handicapped child six years ago. She had broken off contact from therapy and counselling several times. Care workers called her 'overpoweringly loud'. She had had a brief admission to a psychiatric ward 2 years previously. She described low mood, suicidal ideas, panics and anger, and had Borderline Personality Disorder. She received 24 sessions of cognitive analytic therapy). The patient said she had been raised by her grandmother apart from her siblings, who never accepted her (**rejecting to rejected RRP**). Grandmother could be overprotective and at other times harsh; M was the same with her children (**either overprotective or harsh in relation to depending RRP**). Over sessions 1-4 M and the therapist identified three recurrent dysfunctional states and associated RRPs, and drew a sequential diagram linking these:

1. VICTIMISED state: RRP **victim in relation to controlling neglect**.
2. RAGE state: RRP **anger in relation to perceived threat or rejection**.
3. POWERFUL CARETAKER state: RRP **controlling care in relation to submissive dependence**.

The therapist and patient traced the sequences between the states. When M sees others as being or likely to be **neglecting or controlling** she feels she is or will become a **victim. When** anticipating or responding to this she gets **angry** (RAGE state), shouting and ignoring others and provoking rejection. She is most secure in the POWERFUL CARETAKER state where she feels **in control** but where others are **submissive and dependent** and don't meet her needs. She risks dependency only with her husband.

As M and the therapist came to recognise these states and RRPs as they appeared in sessions the therapist suggested that they were developing a new **listening in relation to listened to** RRP. Gradually M became more able to reflect and care for herself and lessen control of her children. In session 19, however, she arrived in a bad mood, dismissed the therapy as useless and refused to take off her coat, saying she was leaving. The therapist suggested she was **angry** because of **perceived rejection** implied by the impending end of therapy. They used the summary of state sequences to understand this. For sessions 20-23 M conversed calmly and acknowledged how her loud voice had been a way to hide her insecurity. They exchanged 'goodbye letters' in session 24; in hers, M expressed gratitude for the changes achieved. Scores on a measure of identity diffusion fell from a borderline to a normal level.