MIND THE GAP — ACADEMIC ADDENDUM

The Case for Academic Scrutiny

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Preamble

This addendum is not a claim of proof. It is an invitation to test.

The frameworks described in this document have been developed across thirty years of clinical practice with hundreds of clients in individual therapy, group work, executive coaching, and end-of-life support. They have been refined through postgraduate study, clinical supervision, peer consultation, and the slow accumulation of observational evidence across a range of presenting problems, client populations, and therapeutic contexts.

They have not been subject to formal empirical testing. The author is a practitioner, not a researcher. He does not have access to the institutional infrastructure required to conduct controlled studies. What he has is fifteen years of clinical observation, three originated frameworks that appear to work with consistent reliability, and the conviction that they are worth examining.

The purpose of this addendum is to provide a sufficiently clear account of the theoretical grounding, clinical claims, and testable hypotheses associated with each framework to allow an interested academic researcher or clinical psychology department to evaluate whether a formal collaboration or independent empirical study is warranted.

The author offers these frameworks openly. He does not seek to control the research agenda or the findings. He seeks scrutiny. That is what any serious clinical contribution deserves.

This is not peer-reviewed research. It is the case that peer review is needed. Those are different things. The author knows the difference and states it clearly.

The Practitioner Background

Paul Roebuck has been in clinical practice since 2015, following thirty-seven years in commercial environments including engineering, ERP implementation, and sales and marketing leadership. His qualifications include a Post-Graduate Teaching Certificate in Emotional Education (University of Derby), an Advanced Diploma in Emotional Therapeutic Counselling, a Supervisors Certificate, and accreditation with the National Counselling and Psychotherapy Society.

His clinical work spans individual psychotherapy, executive coaching, couples and family work, grief support, end-of-life preparation, and the training of junior doctors in delivering life-limiting diagnoses. He is a patient ambassador with a national cancer charity and has represented [name held] NHS in supporting patients facing terminal illness.

He is a mouth cancer survivor. His personal encounter with serious illness, loss, and the reconstruction of identity post-diagnosis has informed his clinical perspective in ways that are documented in his published work and in the book Mind the Gap (first draft, May 2026).

His clinical lineage draws primarily from the psychodynamic tradition — Bowlby, Bion, Bollas, Klein, Firman — with significant influence from psychosynthesis (Assagioli, Ferrucci), transactional analysis (Berne, Harris, Stewart and Joines), and humanistic approaches (Rogers, Yalom). His originated frameworks sit at the intersection of these traditions and represent an attempt to make their insights practically accessible in clinical dialogue.

The Theoretical Context

Three observations underpin all three of the frameworks presented here. They are stated plainly because they are the foundations on which the clinical claims rest.

First: all behaviour is learned behaviour, but not all behaviour is taught.

The patterns of response that govern human behaviour in relationships, under pressure, in conditions of threat or loss, are acquired through experience rather than instruction. They are shaped by attachment relationships in early life, by the response of caregiving environments to the child's needs, and by the accumulated weight of reinforced patterns across a lifetime. This is not a novel claim — it is the consensus of the psychodynamic, attachment, and behavioural traditions. The frameworks described here apply this observation clinically.

Second: the primal wound shapes the self before language is available to name it.

Following Firman (1997), the originating wound — the acute disruption to the attachment relationship in early life that the self registers as a threat to its existence — is stored below the threshold of conscious access. It cannot be approached directly. It expresses itself through sub-personalities, behavioural defences, and the compulsive repetition of patterns that once served a protective function. Clinical access requires indirect methods. The frameworks described here are indirect methods.

Third: integration is the goal, not elimination.

Following Assagioli and the psychosynthesis tradition, the therapeutic objective is not the removal of problematic sub-personalities or behavioural patterns but their integration into a coherent self that can choose among them rather than being driven by any one of them. The five outcomes of the clinical process — Cease, Reduce, Reframe, Retain, Integrate — reflect this position. Not all blocks need to be ceased. Some need to be understood, named, and given a different relationship to the whole.

The Originated Frameworks — For Academic Consideration

Three frameworks are presented here for academic consideration. Each is described in terms of its theoretical grounding, its clinical claim, what would constitute a testable hypothesis, and what collaboration the author would welcome.

Framework One — The 12-Stage Cycle of Grief

Theoretical lineage: Kübler-Ross (1969) five-stage model; Worden (2008) four-task model; Stroebe and Schut Dual Process Model (1999). The author positions this framework against these established models, arguing that grief is non-linear, biologically embedded, individually variable, and not adequately captured by sequential stage or task models.

Clinical claim: Grief is a non-linear cycle rather than a sequential progression. Individuals move between stages in both directions, return to earlier stages under conditions of stress or anniversary, and may inhabit multiple stages simultaneously. The biological substrate of grief — cortisol dysregulation, immune compromise, sleep disruption, appetite change — is not adequately accounted for in existing stage models. The 12-Stage Cycle attempts to provide a more granular and clinically useful map of the grief experience that accounts for non-linearity, biological impact, and individual variation.

What is testable: Whether clients presenting with complicated grief show movement patterns consistent with the 12-Stage Cycle rather than the Kübler-Ross or Worden models. Whether the biological markers of grief (cortisol, immune function, sleep architecture) correlate with specific stages of the cycle. Whether clinical interventions targeted to specific stages of the cycle produce better outcomes than stage-agnostic grief support. Whether the cycle's non-linear framing reduces shame and self-pathologising in grieving clients compared to sequential models.

Invitation: *The author invites collaboration with researchers in clinical psychology, grief studies, bereavement counselling, or psycho-oncology. He is willing to share the full framework documentation, provide clinical case material (appropriately anonymised), and participate in study design. He does not seek to control the findings. He seeks rigorous examination.*

Framework Two — The NGE-FOF Continuum

Theoretical lineage: Bowlby (1980) attachment theory; Firman (1997) primal wound; Harris (1995) life positions in transactional analysis; Goleman (1996) emotional intelligence. The continuum maps the progression from the originating attachment wound (not-good-enough, NGE) through its manifestation in performance contexts (fear-of-failure, FOF) and its further expression in professional identity (fear-of-being-found-out, imposter syndrome).

Clinical claim: The not-good-enough position — established through early attachment experience and reinforced through developmental experience — is the single most common substrate of performance anxiety, imposter syndrome, and self-limiting

behaviour in high-functioning professional adults. It manifests not as a generalised anxiety but as a specific, contextually triggered response that fires below the threshold of conscious awareness, producing behavioural patterns (avoidance, over-preparation, perfectionism, self-sabotage) that are recognisable across clinical populations. The continuum provides a diagnostic framework for locating where on this progression an individual client is operating, and an intervention framework for working with each position.

What is testable: Whether the NGE-FOF continuum positions can be reliably identified in clinical populations using structured interview or psychometric assessment. Whether interventions targeted to the specific continuum position (NGE versus FOF versus FOFO) produce better outcomes than generalised anxiety or performance coaching interventions. Whether the continuum positions correlate with attachment style classifications (Bartholomew and Horowitz, 1991) in expected ways. Whether the biological markers of threat response (cortisol, heart rate variability) differ systematically across continuum positions.

Invitation: *The author invites collaboration with researchers in occupational psychology, clinical psychology, coaching psychology, or attachment research. He has access to a clinical population with relevant presenting problems and is willing to participate in instrument development, case material provision, and study design.*

Framework Three — Russian Doll Therapy

Theoretical lineage: Firman (1997) primal wound and sub-personalities; Assagioli and Ferrucci (1984) psychosynthesis and parts work; Winnicott (1960) true and false self; Bradshaw (1990) inner child work; Bowlby (1969–1980) attachment. Russian Doll Therapy operationalises the psychosynthesis parts work tradition using a set of physical nested dolls to give form to sub-personality states, enabling clients to encounter and work with aspects of the self that cannot be approached through verbal dialogue alone.

Clinical claim: The use of physical objects as externalisations of internal states reduces the psychological threat of direct confrontation with the primal wound, enabling clients to encounter material that verbal approaches cannot access. The nested structure of the dolls provides an intrinsically meaningful metaphor for the layered self — the adult containing the adolescent containing the child containing the infant — that clients grasp immediately and work with productively. The method produces documented movement in clients who have been in verbal therapy for extended periods without reaching the originating material.

What is testable: Whether Russian Doll Therapy produces measurable movement in clients with treatment-resistant presentations compared to verbal-only approaches. Whether the use of physical objects reduces physiological threat response (measured via heart rate variability or cortisol) during engagement with traumatic material compared to verbal confrontation of the same material. Whether clients who complete the Russian Doll process show sustained change at six-month and twelve-month follow-up. Whether the method is reliably replicable by other practitioners with appropriate training.

Invitation: *This is the most practitioner-dependent of the three frameworks and the most complex to study, because the instrument is the practitioner and the practitioner cannot be fully standardised. The author is aware of this methodological challenge and would welcome collaboration with researchers who have experience of studying practitioner-dependent therapeutic methods, including person-centred approaches and psychodynamic therapies.*

The AI Literacy Framework in Mind the Gap

A fourth area of potential academic interest arises from the book itself rather than from the pre-existing clinical frameworks.

Mind the Gap proposes a behavioural framework for understanding human interaction with conversational AI systems. It argues that the gap between what AI outputs and what produces those outputs is a behavioural problem before it is a technical one, and that the mechanisms driving human misinterpretation of AI — social attribution, projection, transference, the fluency bias — are well-documented psychological phenomena being triggered in a novel context.

This argument is, to the author's knowledge, not yet the subject of systematic empirical investigation. The questions it raises are researchable:

Do humans consistently attribute mind to conversational AI systems after extended interaction, regardless of stated awareness that no mind is present?

Does the fluency of AI output correlate with trust in AI-generated content independently of the accuracy of that content?

Do individuals with insecure attachment styles show greater susceptibility to the interpretation trap than securely attached individuals?

Does training in the six behavioural disciplines described in the book produce measurable improvement in AI interaction outcomes (accuracy of outputs acted on, detection of drift and compression) compared to untrained controls?

Do clinical populations with specific attachment presentations show characteristic patterns of AI interaction that are consistent with the interpretation trap framework?

The author invites contact from researchers in human-computer interaction, clinical psychology, cognitive psychology, or AI ethics who are interested in exploring these questions empirically.

What the Author Is Not Claiming

For the avoidance of doubt, the author is not claiming:

That any of the frameworks described here have been empirically validated.

That his clinical observations constitute a controlled study.

That the frameworks are superior to established alternatives.

That the book Mind the Gap is a research document.

That any academic engagement is conditional on a particular outcome.

The author is claiming that thirty years of careful clinical observation have produced frameworks that appear to work with consistent reliability, that are theoretically grounded in recognised traditions, and that contain testable hypotheses. He is inviting the scrutiny that would determine whether the appearance of reliability reflects something real.

The frameworks are offered for examination, not for endorsement. That is the appropriate posture for a practitioner making a case for academic scrutiny. The author holds it without reservation.

Contact and Next Steps

Researchers or academic institutions interested in exploring collaboration or independent empirical study of any of the frameworks described in this addendum are invited to make

contact.

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The full manuscript of Mind the Gap (first draft, May 2026) is available on request. The framework documentation for Russian Doll Therapy, the 12-Stage Cycle of Grief, and the NGE-FOF Continuum is available on request. Clinical case material can be provided in appropriately anonymised form subject to ethical review.

Ideas and direction: Paul Roebuck

Words: Claude AI (Anthropic) — claude-sonnet-4-6 | May 2026

The Tomb Map →