
Introduction to Cognitive Analytic Therapy: A case example

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Cognitive Analytic Therapy (CAT) was developed by Anthony Ryle, a UK psychotherapist, during the 1970's. The model arose at a time in the UK where there was a "continuing commitment to research into effective therapies, and from a concern with developing appropriate, time limited treatment in the public sector. Originally developed as a model of individual therapy, CAT now offers a general theory of psychotherapy with applicability to a wide range of conditions in many different settings" (Ryle & Kerr, 2001, p. 1). CAT is an effective therapy for example, with anxiety, depression, psychosis, eating problems, self harm, and personality disorders. There is a growing evidence base for the efficacy of CAT, which includes two recently completed randomised control trials. For a full account of the theory and practice of CAT, refer to Ryle and Kerr (2001).

CAT initially evolved as an integration of cognitive and analytic ideas, particularly drawing on personal construct theory (Kelly, 1955) and object relations theory (for an account see Ryle, 1982) which were blended and revised to establish a coherent model of psychopathology and psychotherapy. It has also incorporated key concepts from attachment theories based on studies including those by Stern and Trevarthen (cited in Ryle & Kerr, 2001), and more recently it has incorporated ideas from Vygotsky and Bhaktin (described in Ryle, 1991), who were interested in the social formation of the mind. The basic structural units in CAT are reciprocal role procedures (RRP), and are based on a child's early life experiences of relationships. As children we all acquire over time a repertoire of reciprocal roles which are stored internalised templates or working models for structuring and maintaining relationships. When these reciprocal roles become activated either with others, or oneself, they manifest as RRP's, the repeating patterns of relating that we "see" in our relationships with others as well as ourselves (i.e., self care, self

management). For clients some (or all) of their RRP's represent a source of distress, which is maintained by a failure to recognise and revise harmful outcomes.

The standard length of a CAT is 16 sessions (although it is shortened and lengthened to accommodate severity of presentation). The assessment phase takes place over the first three sessions (S1-3), and culminates in a reformulation of the client's difficulties. Reformulation is a central feature of CAT and aims to provide an accurate description of essentially what is wrong, and how problems are maintained through maladaptive procedures. "The early sessions in CAT focus on the joint creation of *written* and *diagrammatic descriptive reformulations* of a patient's overall picture of distress and dysfunction and its developmental origins. These become central to the subsequent work of therapy" (Ryle & Kerr 2001, p. 80). This written narrative, or reformulation letter, is presented to the client in session 4. Subsequent sessions focus on constructing a diagrammatic version, called the Sequential Diagrammatic Reformulation (SDR). The SDR offers the most complete representation of how problem procedures are generated, connected and maintained. The focus of therapy is for the client to be able to recognise then revise these maladaptive procedures. Over the course of therapy "exits" or "ways out" of unhelpful patterns are developed. CAT also actively uses the therapeutic relationship as a vehicle for change, and information obtained from the transference and counter-transference is shared and recognised as potential or actual reciprocal role enactments. The ending of therapy is made explicit throughout and actively worked with, and this is marked through the exchange of "goodbye letters" between therapist and client in either the penultimate or final session (S15/16). The aim of these therapeutic letters is to estimate realistically what has been achieved in therapy whilst also allowing a place for the client to

acknowledge and name any disappointments, unresolved issues or further therapeutic work. The goodbye letter represents another conceptual tool that the client can internalise and continue to use to guide them in their process of change post therapy. A follow up appointment is usually arranged for three months after therapy has ended.

Case example

Identifying details have been changed in order to protect the client's anonymity. Dan is 35 years old, of Maori/European ethnicity and was admitted to an acute psychiatric inpatient unit following deterioration in his mental state. He had been under considerable stress over the previous weeks, due to being harassed and intimidated by local youths and displayed increased irritability, and persecutory ideas mostly directed toward his family, and on occasion had become physically threatening towards them. Dan was an inpatient for a period of four weeks during which time he was assessed for CAT therapy. He was offered 16 sessions of CAT on discharge from hospital.

Dan is also physically disabled following a car accident which occurred when he was 21 years old, which had resulted in permanent paralysis of his legs, so that he required a wheelchair. He lives in his own home with support from a paid carer, and family members. Prior to the accident he studied at university and played rugby at a competitive level. He had attempted to resume his studies a couple of years after the accident but found it difficult to continue due to ongoing physical health complications and psychological problems adjusting to life following this trauma. Following the accident, Dan received psychological therapy for PTSD, and had a neuropsychological assessment which revealed mild concentration difficulties.

As part of the assessment phase (S1-3) a developmental history was obtained with an emphasis on Dan's experiences of early relationships in order to elicit key reciprocal roles. The reformulation letter was read out to Dan in session 4. The following extracts provide a fuller account of Dan's presenting problems with links

to key experiences and early relationships, and goals for therapy.

Dear Dan

...During your recent admission to hospital you began to open up about things that have happened in your life over the past 15 years which have caused you much distress, anger, and sadness, such as the death of your nana when you were 20, and one year later the car accident which altered the course of your life, as well as more recently your friend's suicide.... We also acknowledged that there were times that you have been violent and intimidating towards members of your family...your willingness to stick with these aspects of yourself which are perhaps hard to face at times, demonstrates a courage and commitment to wanting to make positive changes to your life...We have attempted to understand some of the ways that you think and feel about things, by knowing a little more about your early life experiences and relationships. You described an incredibly close relationship with your mother... she was your "biggest fan" in encouraging you and supporting your talents in many sports, watching all your games and events... when you won you described feeling like "the world champion". ..Your nana was also very important to you, and you had a special relationship with her...She died of cancer when you were 20 years old, and you wonder whether feelings of grief have been pushed down deep inside you ever since. In stark contrast to being treated as special by your mum and nana, you experienced your father as resenting of you and intimidating, and for the most part he seemed uninterested in your academic and sporting achievements. You felt that he continuously put you down, and undermined your confidence, by telling you that you were "useless and stupid", and you ended up believing that you were somehow being punished by him. The more you attempted to impress him by excelling the more resentful he became: "the more I win, the more I lose" is how you have described how you felt...In fact you grew up believing that you were the source of your parent's many arguments, and left feeling responsible and to blame for things that were not your fault. This belief was reinforced when your parent's separated in your late teens, as a result of your dad's physical violence towards your mother and threatened violence towards you.

A lot of these feelings re-surfaced again after the accident. You had been an aspiring rugby player and your dedication to sports had provided you with a way of channelling a lot of your pain and anger... You have also

carried overwhelming feelings of resentment and anger about the injustices you suffered as the result of the crash. You have continued to struggle to come to terms with the fact that perhaps there was no one to blame for this tragic accident. That may feel impossible to accept right now and you have understandably searched for meaning as a way of trying to make sense of what happened to you. However, in doing so you end-up blaming yourself by believing that you are being punished in some way, for something else you might have done in the past, that it is "bad karma". It is understandable why you may think like this because as a child you repeatedly felt responsible for the conflict that occurred at home, so blaming yourself may have become a habit that you didn't even realise that you were doing.

Your love of the Star Wars films gave rise to your idea of "Luke Skywalker" and "Darth Vader", as a way of describing different people, or different ways that you might be feeling. You described your father as Darth Vader, and you as a child growing up saw yourself as Luke Skywalker. We have discussed the extreme opposites that Luke Skywalker and Darth Vader appear to represent, and how striving to be Luke Skywalker once again would put you in an impossible position, of never being able to achieve that aim, with the recognition that he is a fictional character. In order to be Luke it would not be possible to own either any weaknesses or negative feelings or behaviours, as that would make you Darth Vader, the other extreme. However, our deeper exploration of these characters revealed that both Luke Skywalker and Darth Vader were essentially one, both possessing good and bad bits. In essence what it is to be human. This may free us to begin to think about the possibility that it is OK for you too to acknowledge and own aspects of yourself and feelings that are difficult, negative at times, and hard to express.

The reformulation letter ended in a collaborative description of the main Target Problems (TP) and a description of how they manifested (Target Problem Procedures, TPP) which formed the focus for therapy.

TP 1. Polarisation: Luke Skywalker or Darth Vader

TPP: Dan tended to perceive other people and himself in terms of extremes. By striving to be Luke Skywalker (worthwhile, accepted, special) but either not getting there, or if there, it not lasting, confirmed to Dan that he had "lost again". This produced overwhelming feelings of anger, depression and emptiness which were kept buried, for fear of turning into Darth Vader if they were expressed.

TP 2. False Choices

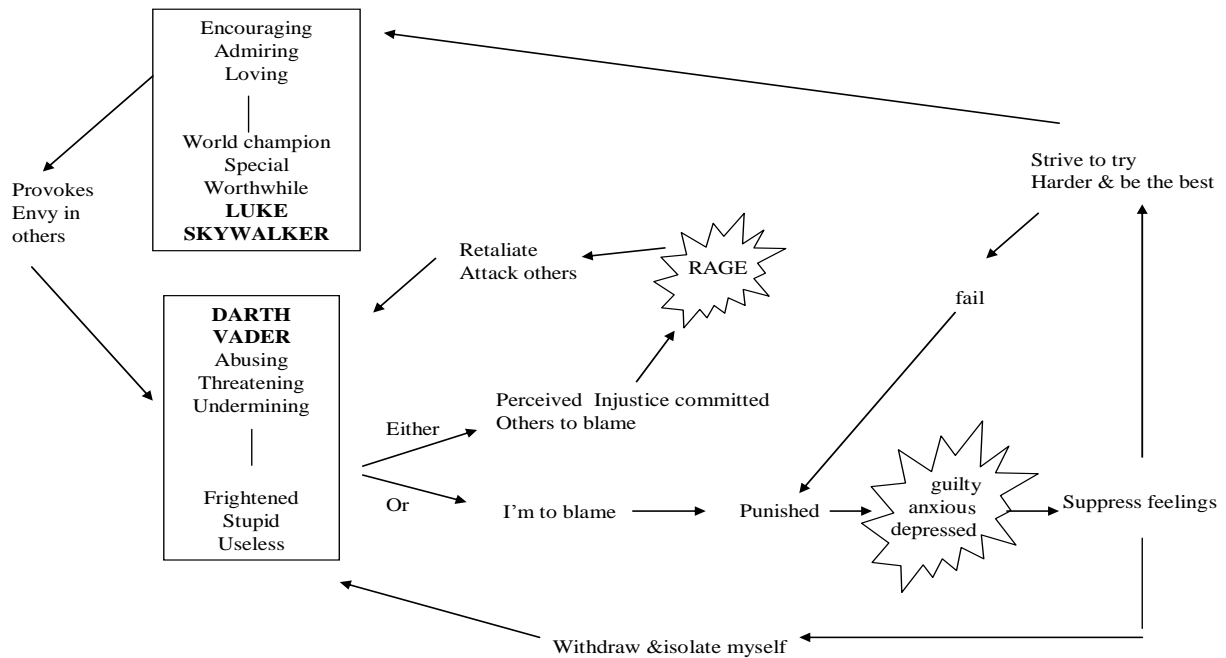
TPP: Dan interpreted any difference of opinion, or other people's body language as *either* him being "to blame", or that "others were to blame". If he believed he was at fault, Dan felt overwhelmed by feelings of anxiety, panic and guilt. He either worked hard to convince other people that he was a good person, or avoided situations altogether leaving him socially isolated. However, if he perceived others were to blame (that an injustice had been committed) he became enraged and sought "justice", which could result in verbal and physical aggression.

TP 3. Management of overwhelming feelings:

TPP: Most of the time Dan suppressed difficult feelings by bottling them up, however at times he lost total control when they exploded, and he became violent. He then saw himself as Darth Vader.

There was also an acknowledgement in the letter that these patterns were likely to manifest at some stage in the therapeutic relationship, and if so they could be used positively as opportunities to recognise the RRP's, and in time to try out some alternatives, that did not reinforce unhelpful patterns of the past. During the active phase of therapy (S5-15), an SDR was constructed collaboratively with Dan over several sessions (Figure 1). The SDR became the main tool for helping Dan to recognise when he was enacting patterns. He monitored his recognition and later on revision of the TP's and TPP's using weekly monitoring sheets, specifically designed for use in CAT.

Figure 1. Dan: Sequential Diagrammatic Reformulation



The goodbye letters were exchanged in session 15, and some excerpts from the letters are presented, which also describe some of the interventions used in the therapy.

Therapist's goodbye letter: "...Over the course of therapy you have been able to acknowledge and express safely, for perhaps the first time, a range of strong emotions such as rage, betrayal, panic, hurt and grief, which in the past have overwhelmed you. You recognised that they were linked to unresolved trauma and losses in your life...Through using our diagram you have learnt to recognise when you may be heading for a "flat spin"(intense feelings of panic or rage), and have been able to steer yourself on a different course. You have achieved this in many different ways such as by expressing your feelings either through painting, or talking at an earlier stage, which has prevented them from escalating... you have been able to ground yourself in the here-and-now, and then question the probability or likelihood that for example a car crash might happen again...You recognised that you tended to interpret situations with other people by automatically assuming that they were getting at you or blaming you in some way, or that you were to blame. This left you either feeling resentful and needing to defend yourself against "attack", or feeling guilty and depressed

because you believed that it was true... recognising when this pattern occurs has allowed you to slow the process down, and give yourself some breathing space in order to think more clearly about all the possibilities. You have noticed as a result that you are no longer jumping to conclusions, but weighing up each situation as it arises. We also used the concept of Luke Skywalker and Darth Vader to help understand how you have at times characterised others and yourself in terms of extremes... We used this analogy when exploring your feelings about David's suicide. You likened him to Luke Skywalker when he was alive, a successful artist with an enviable lifestyle. What he did was hard to comprehend and you have struggled with feelings of betrayal, disappointment and anger following his death. I wonder if his self-destructiveness put him in that Darth Vader place on the diagram? However, during this discussion you had a realisation that you too were following a similar self-destructive path after your accident as you struggled to find meaning to your life...more recently you seem to be able to remember David in his entirety including both positive and negative parts of him. Perhaps this has also occurred in relation to me, where I was like Luke Skywalker at the start of therapy, and you felt you had to be on your best behaviour with me, in order to be accepted. You described

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experiencing our early sessions as "going out to dinner on a first date". I may have disappointed you when I cancelled a session...so it was no longer possible for me to remain as Luke Skywalker. However, you were able to tolerate that disappointment and continue to find value in our meetings. This may have been an important step in moving away from seeing others in terms of extremes, and being able to integrate and accept all aspects of them and still value them as a person. I wonder if this is a step towards you also being able to own all parts of yourself, and that acknowledging negative aspects, or weaknesses do not make you Darth Vader, but human?..."

Dan's goodbye letter contained many similarities suggesting that he had understood and also begun to internalise the therapy: "... *We looked at how some of my bad experiences with my dad had shaped some mental processes and we used diagrams to illustrate how this can lead to crisis point if the appropriate exits are not put in place and used. We also recently used mathematics to rationalise some of my anxieties, in particular nervousness about driving but also the panicky state I get into at times...I think our time has been used constructively and even though the issues have mainly been negative, I felt it was necessary to deal with these to get to the positive...Even though the sessions for therapy are over, the actual therapy still continues. I think we all have ups and downs and some of my issues are going to re-appear in the future no doubt. Hopefully though I have learnt some strategies, methods and new skills and tools with which to manage any potential crisis...*"

At his three month follow up, Dan had maintained the gains he made in therapy. He appeared and reported feeling bright in mood, confident and optimistic about his future. He had arranged an interview in order discuss resuming

his studies, and had not experienced further anger outbursts. He also described a closer relationship with his mother and sister.

Summary

It is hoped this case has illustrated that CAT is an individualised psychotherapy, but one which shares key aspects, known as the "three R's": *Reformulation, Recognition, and Revision*. The reformulation (letter & diagram) is the central feature of CAT and this guides the therapy. The types of specific interventions offered will vary depending on the client's preferences, and also the theoretical orientation and skills of the therapist. Therefore no two CAT therapies are ever the same. From a theoretical perspective CAT offers a coherent model for understanding psychopathology and therapy.

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