

Am I someone or something?

Agency and Alterity in Cognitive Analytic Therapy

DAVID CROSSLEY M.A., FRCPsych.

Abstract:

The concepts of agency and alterity (otherness) are examined in relation to Cognitive Analytic Therapy (CAT). The enquiry is set within the contemporary debate about the relationship between instrumental and exploratory values in psychotherapy. An account of psychopathology, understood as failed dialogue, and the role of moral ontology are used to broaden CAT's theory of agency, develop its understanding of relational meaning and bridge instrumental and exploratory values. The implications for CAT technique and its dialogue with related therapy models are explored. A clinical illustration of these implications is offered.

Key words:

agency, alterity, cognitive analytic therapy, instrumental values, exploratory values

COGNITIVE analytic therapy (CAT) is an evidence-based integrative and relational therapy widely used in the UK with an international practice base (Corbridge, Brummer and Coid, 2018; Chanen, Jackson, McCutcheon et al., 2008). It is a goal-oriented approach focussing on problematic relational patterns, called reciprocal role procedures (RRPs), which are assumed to originate in early life but are unhelpfully re-enacted in adulthood in self-to-self and self-to-other configurations.

Therapy explores the origins and expression of these patterns and seeks ways to revise them through a collaboration between therapist and patient to make and use narrative and diagrammatic reformulation of the patient's difficulties.

David Crossley is the
Clinical Lead, The Marie
Trust, 29 Albion St Glasgow
G1 1LH
davidcrossley@doctors.org.uk
07711323566

An understanding of agency is an important clinical issue for psychotherapy and mental health work in general but gets little attention as a focus in its own right in the literature on CAT. Patients often present feeling stuck in patterns of living that block their capacity for change and development. Agency can be understood volitionally as a capacity for self-originated activity (Mackrill, 2008; Frost and Hoggett, 2008). It is usually experienced as something which is co-created and co-owned with the patient which contributes to their sense of self. Patients can enter therapy because they are seeking to recover a sense of lost agency or to find new psychological resources to enhance their sense of agency. Before they can be helped instrumentally through the use of effective and safe psychological techniques, they need to recover their agency, their motivation, and their sense of ‘I am, I can, I will.’

CAT has an explicit view about what primarily motivates us and an implied account of the phenomenology of agency (Kerr and Ryle, 2006). The theory of primary motivation is derived from object relations principles. It asserts that primarily we are relationship seeking, which can be described in terms of aim-directed activity expressed in procedural form following certain steps. In CAT this is the so-called procedural object relations model. For CAT, a key feature of the phenomenology of agency – what the experience of being an agent is like – is the experience of dialogue. To be an agent is to be reflexive and relational, that is, to have the capacity to be in dialogue internally, with ourselves, and externally, with others. Forming relationships is formative for the self as we seek and learn to live in the lives of others. We create and discover our agency, developmentally speaking, when we live in the presence of carers attuned to our agentive potential, who can shape the expression of our pre-verbal intentions into meaningful gestures and signs. Our sign making enables us to become inducted into a language community, pre-verbally then verbally, learning at first from the other what subsequently we can do for and with ourselves. On this view, thought is considered as originating in and having the phenomenology of internalised speech. CAT would suggest that from a phenomenological point of view, agency therefore has a dynamic social origin and a dialogical intentionality as we seek to make psychological coherence of our internal and external relational worlds.

Agency: integrating who with what

CAT can be understood as an integrative therapy in a number of ways

(Kerr and Ryle, 2006). Firstly, by the way cognitive and analytic contributory theories fit together. These represent the analytic and cognitive components in the therapy’s name. Secondly, CAT can be regarded as integrating patterns of relationship into a theory of personality.

However, there is a third sense in which CAT could claim to be integrative insofar as it tries to reconcile potential tensions between the values embedded in those contributory theories (Brown, 2008; Taylor, 1991). Value tensions, such as those that could be described as instrumental and those that are more exploratory, may be given different emphasis in different therapy models.

The instrumental (means-ends) values of effectiveness and efficiency are embedded in treatments whose primary aim is to relieve distress and suffering. They underpin evidence-based practice. There are also exploratory and insight-oriented values embedded in therapies whose primary concern is to improve self-knowledge, understanding and self-awareness. These domains are not so easily measured and therapies that centre themselves on them may not fit into an evidence-based practice agenda as easily. Therapy models with a stronger instrumental orientation (such as cognitive behaviour therapy) can be underpinned by theories of change involving psychological tools (psychotherapy techniques) applied to objectified psychological domains such as cognition, mood, and behaviour. Agency per se is unlikely to become the unit of analysis; however secondary characteristics of being an agent, such as having a diagnosis, can offer instrumental leverage to enable outcome measurement of symptomatic or functional improvement.

Therapies in the ‘exploratory’ camp, on the other hand, stress the development of a synoptic perspective, fostering interpretation, promoting the value of the examined life, the self in dialogue with itself, and in so doing they raise the question of what makes for human agency. These therapies may be exemplified in psychodynamic or humanistic therapy models. (e.g., Wachtel, 2023; Rogers, 2003)

The tensions between instrumental and exploratory perspectives could be expressed in terms of differences between the styles of approach of an applied psychological theory and those of descriptive phenomenology. We could say the values in play emphasise different features of what it is to be self-conscious agents: we are both something and someone. All therapies may have instrumental and exploratory dimensions to some degree but the distinction can help to describe

differences in practice. and, for an integrative psychotherapy like CAT, create a conceptual challenge as to how to work with these different agendas at a theoretical level too. The question remains how well CAT is attuned theoretically and practically to both these instrumental and exploratory values.

This article will outline how a theory of alterity might help creatively to bridge value tensions such as these and in so doing develop CAT's understanding of agency. It will suggest a theory of alterity is involved in CAT's understanding of agency by constructing a relational account of meaning-seeking. In proposing this account within one therapy model (CAT) wider implications for other therapies can be drawn out. Specifically, a theory of alterity can make bridges in an integrative spirit to neighbouring therapies on either side of the analytic-cognitive divide such as mentalization and cognitive therapies. The issue also raises questions about contested assumptions about human nature that underpin therapy models and in particular whether a therapeutically oriented account of agency can disregard the existential concern of moral ontology (who it is good to be). Finally, we will look at some implications for the techniques and practical delivery of CAT.

Alterity

Alterity can be defined as the experience of the other. There are multiple ways to address the idea including in philosophical, political, social, artistic, theological, and psychological fields (Hazell, 2009). Stanghellini (2017) has outlined a volitional model of alterity to underpin his understanding of psychopathology. This is of relevance to CAT. He begins his project by outlining a philosophical anthropology upon which to develop a theory of psychopathology and a value-based humanistic approach to psychotherapy. Psychopathology, in Stanghellini's view, is the consequence of a failed dialogue with alterity. If agency implies that the self is volitional then alterity can be found in the experience of the unchosen and the involuntary. We are not fully in charge of many of our experiences; they come to us unbidden. This presents us with a description of an existential condition. He roots his ideas in the field of interpersonal existential and hermeneutic philosophy but in summary, he says, we dialogue. There is something unavoidably 'other' about parts of us, reflected in our dialogical nature. This alterity can be disclosed to us in our internal encounter with our emotions, drives (needs and desires) and embodied habits which involuntarily impinge on our inner

world. It is also encountered in the experience of external realities – traumatising events but also in the unpossessable presence of other people. This view of the volitional background character of alterity, its unchosen involuntary nature, shapes the way it is presented to us. The dialogical response we make to it shapes and configures our identity and raises the possibility of psychopathology.

How might this account of psychopathology, as a failed dialogue with alterity, inform CAT? CAT also has a dialogical account of psychopathology; one described in relational and procedural terms. Reciprocal role procedures (RRPs) are patterns of aim-directed behaviour fashioned by expectations. Each reciprocal role procedure can be enacted in three different ways: others in relation to me, I in relation to myself and, I in relation to others. These are formatively shaped by interpersonal experience. Roles are considered to be compositional, combining action with affect expectations and communication. They elicit the presence of other roles that stand in complementary relationship to them in ways that are analogous to but not identical with the process of projective identification (Ryle, 1994). If problematic, a role in a RRP gets enacted in a recursive process that returns the role position back to where it started. In that sense there is a sort of failure – a failure to move on or beyond.

These procedures therefore occur within a dialogical space in which we address ourselves to an 'other' and experience ourselves as addressed. We are dyadic subjects in which an agentive 'I position' – the role where we speak from – can shift between poles within the reciprocal roles, sometimes occupying a more active position, sometimes a more passive one. For example, I may identify myself as being controlled in relation to another role experienced as controlling. We could say that the 'addressed alterity' has the form of a counter position, sometimes being internally located, sometimes externally that is to say the 'controlling' other could be experienced changeably as an aspect of myself and/or another person. Commonly a patient might identify themselves as problematically occupying one role position and sometimes this is the child-derived role with a compromised sense of agency: we could call this their dominant 'I position'. This discloses something about their sense of agency living within the relational frame of a reciprocal role.

In Stanghellini's terms the sources of the alterity with whom/which the failed dialogue takes place can be located in the internal phenomenology of unchosen moods, drives and unacknowledged habits or the external world of the interpersonal and traumatic. This broadens the

usual conception for CAT about the sources of the self which often have largely looked to the origins of the reciprocal roles in the historic attachment experience of the patient's caregivers, although cultural sources are acknowledged as a potential background that fashions the self-other dyad. A way of introducing Stanghellini's perspective would be to say that we can be in the presence of and therefore in potential dialogue with component features of what CAT describes as a role: our moods, drives, and habits. These then come to be experienced as agentive, and this informs how we configure reciprocal role procedures and our fluid 'I positions' within them (Rowan, 2012).

From agency to alterity

From a phenomenological point of view, if we experience our inner life as dialogue then we experience a felt sense of an implied addressee. This 'inner other' shapes the agency of that I position. The intrapsychic addressee also has an agentive quality – implicitly capable of communication, bestowing an alterity that could become a source / resource for the self. Agency is disclosed by my position: where I speak from. But it is shaped and resourced by the counter position. An 'I' is not a thing but a relational term involving a 'you'. I am an I to myself in so far as I am a 'you' to another. This implies we find our account of ourselves in our social origins and through the history of our dialogical experience. It also implies the assumption that we are always 'in the presence of' another experienced in the patterns of our I-you relations even when the addressed other is oneself. Roles are compositional constructs offering agentive sources for the self – not just via relationship history or socio-cultural context but also in the experience of what is unchosen and involuntary in us.

Recognising these communicative qualities of alterity can inform CAT's understanding of the psychological development of our capacity to develop and search for meaning within the reciprocal role construct. Let me try and illustrate. To take an immediate example from my current agentive experience – writing this paper. If I take stock of the phenomenology of the experience, I notice a struggle for words. I am wanting to express I know not quite yet what to, I know not quite yet who. 'Struggling' encapsulates something of a role position but who is my addressee? Who am I in the presence of? They may be known and unknown to me – a critically demanding peer reviewer perhaps, or my upcoming professional appraiser or a parentally derived authority figure.

But in the mix, there may also be the phenomenology of mood, habits of life and drives enrolled into those counter positional voice(s), and these might not readily track back into a relational biography or even social context. Simply put, my drive to write speaks back to me, demanding something of me. The dominant counter position (drivenness) is experienced as an alterity with qualities that feel agentive in being both inside and outside, same and different, congruent and incongruent, chosen and unchosen. For example, we might say we are driven to write and the feeling comes to us and gives us agency but whilst inwardly experienced as an alienating relational pole.

From alterity to meaning: searching out the 'other'

Recall the question of the instrumental vs. exploratory value tension involved in integrative therapy. Are you something or someone – or in some sense both? The question could be reframed with alterity in mind as: how do we reflect on ourselves objectively, and so learn to theorise about ourselves, whilst being ourselves subjectively? (Britton, 2004) The experience of therapy often flows between these observer participant positions. I can be both something observed and so acted upon instrumentally using the tools available in a therapy like cognitive psychotherapy and I can also be someone observing and so participating in the phenomenology of holding a first-person perspective addressing and being addressed by 'the other'. As either participant or observer this suggests alterity is in play in creating new perspective and meaning. In order to be a human agent, as Ricouer suggests, I must know myself as another and in so doing, discover and create meaning (Ricouer, 1994).

Where does this fit into CAT? CAT suggests that the capacity to reflect on ourselves is both a relational and a cognitive achievement and articulates this implicitly in its combining of object relations theory with a cognitive one, Personal Construct Psychotherapy (PCP) (Winter and Viney 2005). Both theories elaborate accounts of how we achieve metarepresentational positions – seeing oneself from elsewhere when we objectify our subjective experience. For CAT there is no theoretical commitment to a developmental story like the Oedipal narrative but an analogue theory for the acquisition of the 'outside but inside' capacity is its use of PCP. In PCP, meaning is cognitively achieved when we are able to see sameness between two 'elements' (usually people or aspects of them) yet simultaneously see a difference (i.e., alterity) between them and a third element. This allows us to construct meaning and informs

the idea of reciprocal roles. For example, the drivenness to write an article like this (alluded to in the illustration above) could reflect being positioned within a reciprocal role (say critically demanding to striving to please). And that role relation could derive from an implicit reflection on three ‘elements’ (say a favourite teacher, a parent and myself as a primary school child) in which the first two elements are construed as alike (i.e. demanding) but different from the third (striving). Unlike psychoanalytic thought no developmental narrative is offered in PCP but there is the implicit acknowledgement that triadic relations develop meaning. Seeing sameness *in* difference is the heart of metaphor and symbol formation.

For CAT, the acquisition of these capacities could be described developmentally but fluidly at three levels. Leiman suggests reciprocal role procedures are relatively late psychological developments building upon an earlier state of affairs in which sign mediated agency is framed by what he terms semiotic dialogism (Leiman, 1994). Semiotic dialogism could be said to be an inchoate but primitive state of ‘being-in-the-presence-of-the-other’ prior to any crystallisation of it into reciprocated templates of mutual interaction. Following Bakhtin, Leiman claims that we can establish dialogic relations to the objects of our thoughts and actions not just to other persons. In other words, we can be in dialogic relation to what are constitutive partial features of a role (affect, expectation, action). At the other end of the scale there are metarepresentational levels of self-awareness in which the dialogical experience is made more explicitly visible: reflective self-awareness. This is cultivated in therapy.

In CAT’s case this is developed in particular methods of formulation. Reciprocal roles get recognised by the patient from an ‘observer-I position,’ looking at a view of themselves as networked patterns of I-you relations, described ‘from above’ often diagrammatically (in a so called sequential diagrammatic reformulation, SDR). This is a way of cultivating dialogue with their own dialogues. This superordinate level observes an intermediate representational layer of self-awareness – the configuration of reciprocal roles and procedures that connect them. The unrevised problem procedures are suggestive of what Stanghellini (following Bourdieu) terms our habitus – the structuring, structured structures that shape our experience of relational meaning in the world. In this way an ‘observer I’ can gain a position of thirdness. In diagrammatic form the ‘observer I’ is a relational tool to help develop a generative, created-yet-discovered caring relationship with what is experienced as both chosen

and unchosen. This superordinate template becomes a reciprocal role position sometimes symbolised by the observing eye drawn onto an SDR to signify this metarepresentational level.

The recognition of alterity does not have to be found through reading back into the psychological material preselected narratives about hidden motivation. Rather it proceeds through a phenomenological exploration of the dialogue with oneself as another. Importantly this could involve a dialectical step to generate new dialogue. When dialogue fails, it is functionally monological. The alterity is addressed but, in a sense, goes unheard and unrecognised. This is expressed by CAT in the recursive circular patterns described by an SDR in which the story of the agent is tracked round their identified procedures, a story without apparent exits. Nothing new is learned or heard or experienced. A dialectical step – the achievement of thirdness – is given cognitive resources by Personal Construct theory and its take on the production of meaning. For CAT, the dialectical achievement of a meta position of seeing oneself as another whilst being oneself, is what would be successful dialogue. This is an analogue to the concept of insight and the restitution of an openly dialogical self. Therapy is not just therefore the achievement of being accurately and validly informed in a cognitive sense (knowing our schematic propositional beliefs that we are this and others are that) nor the resolution of an unconscious internally driven conflict to enable the repossession of disowned projections into a self-contained monadic agent.

Table 1: Instrumental and exploratory values

Applied Psychological Developmental Theory	Phenomenology of agency
Semiotic dialogism	Other as inchoate counter position
Reciprocal Role Process	Dyadic agency: other as nameable and agentive
Meta-representation	Felt meaning, knowing, and being known knowledge as acknowledgement, insight, and oversight (myself as an other)

Taking an existential turn in CAT

CAT has adapted constructivist and object relations theories to form its core developmental theories about the relational self and then more recently used Bakhtin to resource the model further in a socio-cultural direction. The existential turn suggested here by a reading of Stanghellini's work centralises the issue of agency, choice and freedom in CAT – that is our moral agency (who it is good to be), our confrontation with what is unchosen in order to find meaning and our freedom to break away from failed dialogue.

Stanghellini suggests that if alterity is a non-negotiable condition of being human then any ideal of completed self-possession will always be unobtainable. To be a person is a project and a task without finality. This is a way of asserting a non-reductive anthropology. We are not just information processing systems that can be given a finalised account as if there were an itemisable number of true propositions about ourselves. The suggestion would be that if we are always in some relation to alterity, it is a state of affairs that is in some way generative. To attempt to eliminate alterity would be a form of failed dialogue and leads to psychopathology.

A psychoanalytic analogue to Stanghellini's role for the term alterity, could be the idea of the dynamic unconscious. The idea of the dynamic unconscious implies something that is unchosen, irreducible, and agentive indirectly presenting itself to consciousness. However, Stanghellini doesn't incorporate it into his more existential phenomenological view of alterity. He suggests alterity is disclosive in the way a text is: the meanings are to be read out of it from investigating the phenomenology of our lived experience as encounter with moods, embodied habits and needs rather than imposing background readings of hidden motivation and theories of normative development. CAT uses Bakhtinian dialogism as a non-reductive anthropology because it articulates a form of social generativity: we are endlessly in dialogue (Leiman, 1992). We are addressed by and respond to voices from without and from within which have no specifiable destination or origin in any finalisable sense although some of the proximate territory of these voices can be elucidated from our personal and cultural histories. It is not necessary to give a background reading about the dynamic unconscious in which the agentive centre of gravity is defensively repudiated to an unconscious location: the phenomenology of dialogue is where agency is located and can 'speak from'. The map we make in our minds of our way of being in the world remains provisional and fluid and in that sense the process is dynamic but revealed dialectically rather than disclosed because it has

become unrepressed. In this way, alterity is construed as a source of the self and a resource for the self, addressing and addressed by our repertoire of 'I positions'.

A theory of dialogical alterity such as this will also have a bearing on our sense of moral agency. Many of the reciprocal roles described in therapy are shame related. They often describe who we do not want to be in either polarity; bullying or bullied, controlling or controlled, abusing or abused and so on. These do not just have the phenomenology of being unchosen, involuntary roles. The experience of alterity, when problematically experienced, describes who it is not good to be. Shame has been described as the failed dialogical attempt to live in the mind of the other as a desirable attractive self (Gilbert, 1998). Shame is about a global evaluation of the self in the mind of a hostile or condemnatory alterity which undermines or restricts the patient's agency and gets expressed through their repertoire of reciprocal role positions. In shame the self is felt as powerless in the presence of a powerful shaming other. Therapeutic dialogue tries to help patients work through shame processes to find languages that can connect moral sources and values outside the self so as to resonate with and cultivate sources from inside it, thereby developing agency indexed to a personal vision (Taylor, 1989:510). The question of who it is good to be arises in the context of the experience of what is unchosen – our alterity – and therefore brings into the therapy questions about agency and identity.

Consequences for integrating other therapy models

Another consequence is how the dialogue with other contemporary therapies can be enlarged. Meta-cognitive therapy, Mindfulness and Mentalisation Based Therapy (MBT) offer perspectives that can be framed in dialogical terms with differing takes on alterity. The idea of alterity helps to make bridges between CAT and some of these therapies. Mentalisation Based Therapy, for example, describes modes of what are called pre-mentalizing – states of mind that prefigure and, if persistent and pervasive, challenge a coherent sense of self agency (Bateman, Ryle, Fonagy, and Kerr 2007). Mentalization theory describes one such state as psychic equivalence when inner and outer worlds are conflated – what is thought in the mind is felt to be automatically true. Put in the terms described above, in CAT the phenomenon of psychic equivalence would mean the agentive subject identified in the 'I position' by a reciprocal role would claim to know without doubt and precipitously the intentional stance of the other – who and what they are about – and may enact some

identified problem procedure that expresses this. In CAT terms in these circumstances a reciprocal role procedure loses any 'as if-ness' so the overview of the self is lost and thirdness never achieved. The other is not allowed to be other: alterity is not 'allowed' to be alterity. Or in another pre-mentalisation state, the so-called pretend mode, the reciprocal role procedure is entirely 'as if' and the agentive subject is always experienced as elsewhere and unreal. Again, there is no dialogue with alterity as everything is experienced as other. The therapeutic impulse in MBT to slow down, attend to and try and coherently flow between perspectives of the self and other is akin to CAT's ambition to elucidate the dialogical sequence and create empathic meta positions. Pre-mentalisation is a form of failed dialogue. Similarly, in an instrumental way, Mindfulness explicitly encourages patients to adopt an empathic witnessing 'observer' meta position: myself as a non-judgemental but inquisitive other in relation to myself as another (Segal, Williams, and Teasdale, 2013). This too could be expressed as a reciprocal role of an encounter with alterity. The point here is not to make competitive judgements between rival therapies or reductively collapse one therapy into the terms of another but to see where the instrumental expertise of various therapies offers complementary and potentially adaptive approaches to CAT within the flexible dialogical scaffolding CAT offers.

Consequences for practice

Developing an approach to agency and alterity in CAT in this way also offers some technical differences to the practice. Conventionally the communicative tools that CAT uses, such as the reformulation letter, have principally focused on particular source materials – the trauma and relational history patients bring with them into therapy – and in what is co-produced in the exploratory therapy process itself such as the development of relational maps. Stanghellini's suggestion would be to widen these sources to try and communicate something of the patients 'lebenswelt' (their 'lifeworld') to describe how lives and bodies are inhabited, where the agentive difficulties are, who or what they find themselves in the presence of and what the unchosen and involuntary experiences are that implicitly impinge on them. It stresses the compositional contributions to the role position (the affective experience, the behavioural enactment, the cognitive expectancies). Affect has an unchosenness about it – something recognised in cognitive therapy's instrumental use of the behavioural and cognitive contingencies of an experience to bring about changes in feeling states. The exploratory style

suggested here would reshape what gets captured by the reformulation letter in giving an account of the patient's world as a failed dialogue with alterity. The target problem procedures are examples of how agency is lost, thwarted, or never found and can be elaborated to develop a sense of the implied alterity in play – their embodiment, their moods, their interpersonal relations. In this way there is an attempt to try to enter into what CAT calls 'the zone of proximal development' with agency and alterity in mind to help give a containing but not foreclosed account of the experience of the patient.

A sequential diagrammatic reformulation usually goes through several versions, not to strive for a finalised picture of complete accuracy, but to try to be faithful to the unfolding encounter with what's not yet known. The dialogue with alterity leads to iterations with some of the reciprocal role procedures becoming revised through a process of dialectical change. The therapeutic challenge to change overly fixed or harm producing, 'unmentalised' reciprocal role procedures can be achieved not simply by the therapist's or patient's non-reciprocation of them – the process of abstaining from identifying with one position or another – or by suggesting an alternative form of values-based mentalisation or mindfulness informed relational template such as caring-to-cared-for. This is not to say either of these approaches are unhelpful. The suggestion here is the transformation of a reciprocal role can occur through exploration of its composition with the aim of achieving a new relational meaning by repositioning the dialogue with alterity into a new dyadic reciprocal space. CAT can therefore be regarded as both a hermeneutic and instrumental practice by trying to develop an active dialogue with alterity: the addressed poles that the dominant I position addresses within reciprocal role procedures experienced as belonging to me but unavoidably unchosen by me – my moods, my body, my needs – as well as those role positions sometimes originating in the addressed experience derived from my interpersonal world.

There are a number of difficulties with this expansion of CAT which need to be considered. It could be claimed that the terms in which Stanghellini describes alterity are not agentive. Moods, drives and habits cannot easily be made as it were subjects of active verbs and yet this could be required if they were located into reciprocated role positions. It could also be claimed that there is a cultural specificity about an emphasis on the volitional character of the self. It could further disquiet traditional CAT practice to move outside the usual sphere of using recollection of interpersonal experience to construct the repertoire of

reciprocal roles. Nevertheless, the lived experience of moods, drives and habits can sometimes position them as experiences that are both ours and unwanted, agentive, and yet other. This way of introducing them into CAT offers an instrumental framework to recover aspects of our agency as an iterative discovered/created process: we are dialogue. It may also resource the explorative dimension of a CAT therapy by instrumentally posing the proximate but exploratory question of where are you (speaking) from, in order to gain access to the more distal, agentive questions about who you are.

CAT can be seen as an integrative project by restoring the idea of agency understood as psychological coherence, seeing how moods, drives, habits and interpersonal relations fit together. We are both subjects and objects, someone and something. This integrative project is something that many therapies promote but in CAT's case they could be encapsulated in its heuristic use of the term 'reciprocal role' as involving affect, communication, expectation and action. The suggestion here has been to investigate this term as alterity involving. In so doing, the discourse about agency and meaning enables it to be further resourced from existential perspectives.

Fictionalised case material

Martin suffered from nighttime panics waking up unable to breathe convinced of the proximity of death. Panic had become habitual, almost his default way of being in the world. He had considerable problems on his mind – a failing career, debt, the loss of his house. He reported an affectionate family background with caring parents although he remembered being pushed by professional expectations of his family into the family business.

Martin repeatedly voiced feelings of powerlessness in the face of the panic and the counter transference pressure on the therapist were to take charge and provide some order. This could be transposed into a reciprocal role position of Martin being out of control in relation to a controlling (other) but this initial way of putting it didn't feel like it obviously captured his view of his attachment history. So, the exploratory question became what (or who) was Martin in the presence of when he was in the presence of his panic? He 'knew' it was panic when he *wasn't* in it. This is what clinicians had told him. But when in it, the experience had another 'speaking reality' and it wasn't clear what it was. It felt like being with something genuinely unknown but maliciously intentional.

The therapist got an account of it phenomenologically – the experience of him suffocating, his sense of time and space collapsing, being overwhelmed by a body, as Bakhtin might put it, with a mind of its own desperately isolated from other people. Above all he gave an account in this as loss of agency. In that way the panic came to be described not just as controlling but as domineering, crushing, entrapping in relation to him feeling abused and powerless, distant from others, lost to time and claustrophobically enclosed.

As a therapist I caught something of the experience once when Martin panicked in the room. Both of us felt out of control as if in the presence of something intractably alien. But the shared commonality of witnessing and surviving created new levels of rapport. So it was when this 'controlling / domineering' pole was identified as his body speaking catastrophic pronouncements that he was able to find an 'I' position that could address and approach it from a 'concerned observer' position and see the panic as agentive yet dialogical, in other words unpleasant but not necessarily imminently dangerous. It was only when the issue of the agency and alterity of the body had been considered that distress-controlling techniques could be used. He had to identify with the position of the 'controlling / domineering' body as something that was recognisably and agentively his – something that instrumentally speaking, behavioural experimentation consequently enabled him to do. He found that his body was signalling something more than just about the body's predicament. The dialogic move that reorganised his view recognised that there were other sources of himself, ones which he had felt somewhat ashamed of that also disclosed to him that he was a controlling person – often exerting his power passively and evasively and not just when the victim of controlling states of mind. Beyond the ownership of the counter position (the controlling/domineering role) was a discovered sense of willingness to approach what had been unknown about him, a newfound courage that represented a novel chosen role position. From this place he could find agency to gain emotional contact with the grief about the wasted time he had invested his life in by pursuing work-related goals he no longer wanted but had felt resentfully aggrieved about. The real issue of Martin's evasive way of living began to be faced in a more thoughtfully open and relationally flexible way. □

References

- Bateman, A.W., Ryle, A., Fonagy, P., and Kerr, I.B., (2007). Psychotherapy for Borderline Personality Disorder: Mentalization Based Therapy and Cognitive Analytic Therapy Compared. *International Review of Psychiatry*, 19, 51-62.
- Brown, P.R., (2008) Trusting in the New NHS: instrumental versus communicative action. *Sociology of Health & Illness Vol. 30* No. 3, 349 –363
- Britton, R. (2004) Subjectivity, Objectivity, and Triangular Space. *Psychoanalytic Quarterly*, 73 47 – 61
- Corbridge, C., Brummer, L. and Coid, P., (2018) *Cognitive Analytic Therapy (Psychotherapy and Counselling Distinctive Features)*. New York, Routledge.
- Chanen, A.M., Jackson, H.J., McCutcheon, L.K., Jovev, M., Dudgeon, P., Yuen H.P., Germano, D., Nistico, H., McDougall, E., Weinstein, C., Clarkson, V., and McGorry, P.D., (2008). Early intervention for adolescents with borderline personality disorder using cognitive analytic therapy: randomised controlled trial. *British Journal of Psychiatry*, 193, 477-84.
- Frost, L. and Hoggett, P., (2008) Human agency and social suffering *Critical Social Policy*, 28 (4) 438 -460.
- Gilbert, P., (1998) What is shame? Some core issues and controversies in Gilbert P. and Andrews B. eds *Shame: interpersonal behaviour; psychopathology, and culture*. New York OUP
- Hazell, C., (2009) *Alterity: the experience of the other*. Bloomington, AuthorHouse.
- Hermans, H.J.M., (2011) The Dialogical Self: A Process of Positioning in Space and Time in Gallagher S. (ed) *The Oxford Handbook of the Self*. Oxford, OUP.
- Kerr, I.B. and Ryle, A., (2006) Cognitive Analytic Therapy in Bloch S. (ed) *An Introduction to the psychotherapies* 267 – 286. Oxford, OUP.
- Leiman, M., (1992) The Concept of Sign in the Work of Vygotsky, Winnicott and Bakhtin: Further integration of object relations theory and activity theory. *British Journal of Medical Psychology* 65, 209 -221.
- Leiman, M., (1994). Projective Identification as Early Joint Action Sequences: A Vygotskian Addendum to the Procedural Sequence Object Relations Model. *British Journal of Medical Psychology*, 67, 97-106.
- Leiman, M., (2002). Toward Semiotic Dialogism: The Role of Sign Mediation in the Dialogical Self. *Theory and Psychology*, 12(2), 221-235.
- Mackrill, T., (2008) Constructing Client Agency in Psychotherapy Research *Journal of Humanistic Psychology* 49 (2) 193 – 206.
- Ricouer, P., (1994) *Oneself as Another* (trans Blamey K). Chicago, Chicago University Press.
- Rogers C.R., (2003) *Client centred therapy: its current practice implications and theory*. London, Robinson Publishing.
- Rowan, J., (2012) The use of I-positions in psychotherapy in Hermans, H.J.M. and Gieser, T., (eds) *Handbook of Dialogical Self Theory*, Cambridge, CUP
- Ryle, A., (1994). Projective Identification: A Particular Form of Reciprocal Role Procedure. *British Journal of Medical Psychology*, 67, 107 - 114.
- Ryle, A. (1994). Psychoanalysis and Cognitive Analytic Therapy. *British Journal of Psychotherapy*, 10 (3), 402 - 404.
- Segal, Z. V., Williams, J.M.G. and Teasdale, J.D. (2013) *Mindfulness-based Cognitive Therapy for Depression*. New York, Guilford Press.
- Stanghellini, G., (2017) *Lost in Dialogue anthropology, psychopathology, and care*. Oxford OUP.
- Taylor, C. (1989) *Sources of the Self the making of modern identity*. Cambridge, CUP.
- Taylor, C. (1991) *The Ethics of Authenticity*. Cambridge, Mass Harvard University Press.
- Wachtel, P. (2023) *Making Room for the Disavowed: reclaiming the self in psychotherapy*. New York, Guilford Press.
- Winter, D. A. and Viney, L.L. (2005) *Personal Construct Psychotherapy: Advances in Theory, Practice and Research*, London, Whurr.