

## Reviews

Introducing Cognitive Analytic Therapy: Principles and practice of a relational approach to mental health (2nd Ed.) (2020)

A. Ryle and I.B. Kerr Chichester: Wiley (pp.358)

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Ian Kerr had the rewarding but profound task of working with Tony Ryle on their core text on CAT for this new edition with the intention of revising and updating their original version (Ryle & Kerr, 2002). As all readers of this journal will know, Tony Ryle died in 2016 and Kerr continued the work on the new edition with an understandable delay to regroup. Ryle had always worked with colleagues on his major presentations of CAT. This can be seen in the contributions of Amanda Poynton and Bee Brockman as well as very close editorial engagement from Glenys Parry in his first key book *Cognitive-Analytic Therapy: Participation in Change (A new integration in brief psychotherapy)* (Ryle, 1990). That early book spelled out in detail the model of CAT and was in many ways the predecessor of both editions of 'Introducing Cognitive Analytic Therapy' (Ryle & Kerr, 2002, 2020: shortened to 'Introducing CAT' for brevity in this review).

*What does the second edition of Understanding CAT contain?*

The book can be divided into three main themes, plus a resources section: The first theme (Chapters 1-4) contains an introduction to CAT and the development of the self, where Chapters 1 and 2 give a brief account of CAT and how the main features of its current practice evolved, with an example of a therapy in chapter 2. Chapters 3 and 4 consider the normal and then the abnormal

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development of the self and introduce Vygotsky and Bakhtin's concepts which now form part of the underlying theory of CAT.

The second theme (covering Chapters 5 to 8) is how CAT is practised and developed: Chapter 5 covering the selection and assessment of clients / patients leading on to reformulation and mapping in chapter 6. The course of therapy and how to consolidate change is summarised in chapter 7 and this includes how to recognise and deal with re-enactments and how to bring a therapy to ending that promotes further change. Chapter 8 addresses an 'ideal model' of therapist interventions embedded in the CCAT competence measure and its relationship to the supervision of therapists.

Applications of CAT in various settings and contexts is covered in the third theme: A wide variety of patient groups and settings is described in Chapter 9 and treating complex presentations and so-called personality disorders in Chapter 10. The concept of the so-called 'difficult' patient and approaches to this problem, leading to 'contextual reformulation' and its use in reflective practice form the main themes of the final chapter (11).

These sections are all developed and expanded from the First Edition, so there is good continuity with what has gone before, whilst the book is also richer for the many additions.

There is then an extended section covering key resources for practice such as the Psychotherapy File, CAT competences, Personality Structure Questionnaire assessing stability of the self, and the basics of repertory grids.

Mapping these chapters against the contents of the First Edition there is a high level of similarity of the basic structure of both editions. However, there are some important aspects that have been updated. For example, the section on contextual reformulation is greatly expanded (Ryle & Kerr, 2020, pp. 269-281) with a rich array of examples and a reworking of the main diagrammatic example to show the evolution of *contextual understanding*. The current emphasis is on seeing the 'difficult patient' as a series of complex re-enactments between staff members engaging with different aspects of a fragmented self-structure, and looking at the whole as a complex system.

#### *Scope of review*

I have considered the second edition in its own right, but this review is also a way of reflecting more generally on progress for the CAT model.

All psychotherapy models, like religions, face an existential crisis when the founder is no longer here, and this review considers the health of 'CAT' through the lens of the second issue of 'Introducing CAT'. Acknowledging this, in his preface to the second edition, Kerr acknowledges that this book marks the end of an era:

'However, I hope that it may still represent an important "staging post" in the development and evolution of CAT in that it represents the last position and views of its creator.'

(p xii: from Preface to 2nd Edition, op cit, 2020)

This review is an opportunity to 'take stock' as CAT moves into a new era with all the risks that involves. Kerr comments on what he has taken on:

'... we all stand "on the shoulders of giants" and of many others, and depend on their very various contributions. In a very real, and dialogical, sense there is no such thing as completely original or independent work.'

(p. xiv, Preface, op cit, 2020)

He is confirming what we all know – that CAT is a shared endeavour, as much in its mode of development as in the therapy itself. This edition comes at a key point in the development of CAT having been in existence now for about forty years. I was privileged to see presentations and discussion of the very early synthesis that led to CAT by Ryle and colleagues from Guys' and Thomas's medical school at early meetings of the Society for Psychotherapy Research (UK) in Ravenscar, North Yorkshire. The publication of this book marks the evolution of those early ideas into a rich and thriving approach to psychotherapy after forty years of development.

Having a charismatic figure like Ryle as the founding figure of a therapy can bring its own problems in the transition between the initial generation and those that follow. This book gives us an opportunity to check how well CAT has prepared for making that crucial step.

In my mind, Ryle and colleagues giving those early talks represented the prototype and CAT 1.0 was Tony Ryle's 1990 book. We can perhaps see Ryle & Kerr 2002 as CAT 2.0 and the current book as CAT 3.0 – a new iteration building on the past but also taking stock and consistent with earlier iterations.

This review looks at how mature the CAT model is at this point. But, how do we recognise maturity in a model of therapy?

I suggest we consider the maturity of CAT in terms of six fundamental questions, each with a rider to help us reflect:

- Is the model coherent in itself and is it underpinned by a coherent body of theory?
  - Has the theory base continued to expand alongside the growth of training?
- Can the model be defined and differentiated from other approaches?
  - As part of that definition, can we assess whether the approach is being used in a competent way that is consistent with the theory?
- Has the approach been tested adequately across a range of conditions?
  - Are new areas of applicability being continuously developed?
- Are there tried and tested ways of teaching the model to a new generation?
  - Are new ways of developing therapy skills welcome?
- Are new approaches to practice welcomed, tested, and assimilated
  - Do these new developments link back seamlessly to existing knowledge?
- Finally, are there any warning signs of the field splintering into disparate factions?
  - Is there a new generation drawn to the model and generating new research questions, or are subgroups fighting for the right to be the true heirs of Ryle?

Ryle and Kerr's (2020) book provides us with a great vantage point to address all of these questions, but at times I have looked beyond the book to other contemporary work to review the development of CAT more generally.

*Is the model coherent in itself and is it underpinned by a coherent and expanding body of theory?*

The first chapters of 'Introducing Cognitive Analytic Therapy' address these key question of the theoretical coherence of CAT. On the very first page we are given a brief history of CAT in that it is drawn from cognitive and psychoanalytic roots and more recently the works of Vygotsky and Bakhtin, but the essence of CAT is:

'. . . a predominantly relational understanding of the origins of patient problems and symptoms and an explicitly empathic, proactive, and compassionate therapeutic stance, with an active focus on issues arising within the therapeutic relationship.'

(Ryle & Kerr, 2020 p1)

These fundamental relational and humane values exemplify the whole of the book.

There are distinct phases in the development of CAT and all of these are well-represented in both editions of 'Introducing CAT'. Also, there is research to show that the core reformulation used within the evolving model of CAT can be shown to be accurate at least as measured by comparison with another model such as the Core Conflictual Relationship Theme (CCRT: Luborsky & Crits-Christoph, 1989) and the SASB-CMP (Structural Analysis of Social Behaviour-Cyclic Maladaptive Pattern: Benjamin, 1987). So, the book succeeds well in its primary task of conveying how CAT conceptualises difficulties and how these can be represented succinctly in clinical work.

*Can the model be defined and differentiated from other approaches and be practised competently?*

CAT exemplifies an approach to therapy that supports reflective practice (see Ryle & Kerr, 2020, pp 279-81). To be a reflective practitioner it is important to know not only *what* you are saying but also *why*. Also, to conduct meaningful research on the effects of CAT we need to be able to recognise that something actually is CAT therapy against some agreed definition. This recent book traces the development of the tools for reflective practice.

Having produced a plethora of tools, Ryle commented (1990, p208-9) that this is more than a 'tick box' exercise. In discussing how change is internalised he comments that

'. . . in real life, thinking is embedded in a total living process. . .'

and comments CAT. . .

‘... aims to enhance subjective competence through the development of precise, appropriately aimed reformulations, which hold the patient to the task of addressing his actual important problems and which explicitly build up the patient’s skills in, and practice of, self-reflection.’

This is in the context of understanding the change process for client / patient, but it states a principle embedded in the learning of CAT and how it changes the therapist.

In the first edition of *Introducing CAT* therapists were encouraged to be self-reflective and to use tools to review what they were doing, but the methods were less clearly defined at that time and the focus was on internalising the model through supervision.

‘Supervisors are working in the supervisee’s zone of proximal development (ZPD) in their transmission of the methods and values of the model. . .’

(Ryle & Kerr, 2002, p128).

However, by the second edition, there is a much fuller exposition of how therapists internalise CAT. The early steps included simple tools like the Therapist Intervention Coding [TIC] method developed by Ryle (see Ryle, 1997). This is discussed as an early way of reflecting on practice to provide feedback to clinicians. It existed in three forms – first as a self-reflexive tool for self-supervision; secondly, for supervisors providing training; and, thirdly, for outside observers, for example in a research study. Although, as discussed below, the CCAT has largely superseded the TIC it is worth revisiting as an early example from more than 25 years ago of a very practical approach to assimilating complex concepts.

In the second edition there is a more explicit acknowledgement of the need for therapists to evaluate whether they are actually practising CAT as measured against some objective standards. In the chapter ‘The CAT model of Therapist Activity and of Supervision’ Ryle and Kerr, (2020, pp 141-159) acknowledge the work of Parry, Bennett and colleagues and the CCAT [Competence in Cognitive Analytic Therapy measure] (Bennett & Parry, 2004). This has been a significant change in the development of CAT: Ryle had been working on measures of competence in repairing alliance ruptures (Bennett et al, 2006) which led to the development of the CCAT, for years before the first edition of *Introducing CAT* came out, but the implications from task analysis for how we learn CAT had not featured so prominently until the most recent edition (Ryle & Kerr, 2020, pp 146-8).

The focus on both adherence and competence demonstrates that these concepts are now embedded in the mature model of CAT when previously they had been seen as the province mainly of researchers. Most training centres for the development of CAT therapists now build in learning from self-reflection assisted by measures like the CCAT, and detailed reflection based on audio and video recordings. Possibly I should own a bias towards this approach to learning (Margison, 1991), but in the context of this review it is vital to have clear descriptions of competent practice otherwise the field will inevitably fragment into personal idiosyncrasies masquerading as revised versions of the model.

*Has the approach been tested across a range of conditions and are new applications being developed?*

The research output for CAT is increasing steadily, but the situation has not changed greatly from the analysis from Calvert and Kellett’s review in 2014.

‘Cognitive analytic therapy is a popular and promising intervention for complex presentations. However, the evidence base currently lacks wider credibility due to having largely bypassed the rigours of the controlled phase of the hourglass model of psychotherapy evaluation. There is a particular need for further CAT outcome research with common mental health problems.’

(Calvert & Kellett, 2014, p.253)

The research base for CAT has been consolidated further since the publication of *Introducing Cognitive Analytic Therapy*, (2nd Edition) by the publication of a special issue of *Psychology and Psychotherapy: Theory Research and Practice* (Taylor and Hartley, 2021) which demonstrates the range of research strategies being used to understand the impact of CAT ,

I commented about the special issue (Margison, 2021):

‘[In] practice, research is an integral part of an evolving approach. Research questions are prompted by real dilemmas in the therapy room, and in turn, CAT as a model of therapy transmutes almost imperceptibly into a new version. Those of us working in psychotherapy around forty years ago hearing the first iterations of CAT would hardly recognise the model as currently described – the core values are unchanged, but the tools, length of therapy, range of formats and clients seen have changed hugely.

‘Research is always shooting at a moving target with therapies

evolving over time, and CAT focuses on reformulation rather than fixed diagnostic categories. The special issue shows both the health of CAT research but also some of the limitations of research being carried out on a relatively small scale. If we look ahead another twenty years from now we may see further development of this hybrid model of small-scale research supporting and enriched by larger projects.’ (Margison, 2021, pp. 163-4)

Taylor and Hartley (2021, p. 1) comment in their Editorial:

‘A notable characteristic of CAT research to date is that it has largely consisted of practice-based evidence (PBE), small-scale evaluations taking place in real-world clinical practice, often led by clinicians.

‘This focus is perhaps reflective of CAT’s origins as a pragmatic model developed primarily through clinical practice. Research of this nature comes with advantages and disadvantages. The small samples limit the generalizability of the results, and the lack of randomization and control or comparison groups limits the ability to attribute outcomes to the therapy itself. Nonetheless, such small-scale clinical work is important.

‘Case series and small-scale pilot trials represent an essential step in determining the acceptability and safety of novel interventions, and the feasibility of larger-scale evaluations.’

Ryle & Kerr, (2020, p285-6) comment that CAT was from its outset embedded in a culture of evaluation:

‘CAT arose out of the attempt to evaluate the validity and effectiveness of existing psychotherapy models and has aimed to maintain this as a fundamental component of its own self-evaluation. . .

‘We would see this position of critical self-reflection and evaluation as being central to the CAT model in terms of both theory building and clinical practice.’

The approach of both Ryle and Kerr’s books is still at the centre of gravity of CAT development and ethos: Research and self-scrutiny are both recognised as essential components of a therapy offered as part of public services. But, Ryle & Kerr do not follow the need for large scale RCTs slavishly and are sceptical about the distortions produced by large-scale funding structures for research.

### *When is CAT used?*

Both of the editions (Ryle & Kerr, 2002, 2020) are wide-reaching and eclectic in the range of conditions addressed. In the first edition, just under a third of the book (op cit. 2002, pp 131-201) addresses the conditions where CAT has been developed. The authors briefly describe how CAT can be modified for a whole range of conditions including depression, anxiety, PTSD, OCD, somatisation, deliberate self-harm, medical conditions (such as asthma and insulin-dependent diabetes), and substance misuse. There are also introductions to topics of early-stage dementia, gender identity issues, and unresolved mourning, plus a section on psychosis. The latter explored how a dialogical approach to voices may be fruitful and go beyond the then current models based on CBT. In one particular aspect the first edition was ahead of many in the field discussing complex PTSD, its relation to long-term trauma, and how it overlaps with the concept of borderline personality.

This strand is further developed in the context of current uncertainty as to the status of complex PTSD (Ryle & Kerr, 2020, pp 176-7). The advice given is consistent with a three-phase model reminiscent of Herman’s suggestions:

‘Recovery unfolds in three stages. The central task of the first stage is the establishment of safety. The central task of the second stage is remembrance and mourning. The central task of the third stage is reconnection with ordinary life’.

(Herman, 1998, see also Howell, 2020)

Ryle and Kerr (2020 p177-8) express it slightly differently but the underlying approach to complex PTSD can be seamlessly incorporated into the practice of CAT by incorporating strategies from other therapies:

‘The extent to which these [other treatments] can and should be helpfully embedded or ‘nested’ within relationally based approaches such as CAT to improve outcomes and engagement remains to be formally demonstrated, although clinical experience suggests a secure relational framework is very likely to be helpful and indeed necessary.’ (op cit. p.178)

Other developments not covered in depth in the book include some of the following examples.

Work with trauma has been central to the development of CAT in other contexts, for example following early sexual abuse (Pollock, 2001). Lloyd & Clayton, (2014) had previously extended the reach of CAT by describing innovative approaches for individuals with learning disability

and their families, and examined why the lack of engagement makes it difficult to work with severe autistic spectrum problems (Lloyd and Potter, 2014). They brought together innovative approaches to developing tools for those with limited verbal language and developed the idea of working in complex institutions such as forensic settings – a theme developed earlier by Pollock and colleagues (2006). At the same time, CAT has been used with older and younger individuals. Chanen and colleagues have developed integrated approaches using CAT for adolescents with early features of emotional dysregulation (Chanen et al, 2014, Chanen et al. 2015), whilst Hepple & Sutton, 2004) have described how CAT can be used with older people and their families.

### *Challenging presentations*

The diagnostic approach is critiqued, but then used as scaffolding for a long chapter as described above, covering diverse conditions (op cit. 2020, pp. 161-223 ). This is followed by a separate chapter dealing with especially complex and challenging presentations (op cit, 225-264). This works as an effective way of applying principles generally and then looking at a more complex level where the challenge for the therapist is much more intense. The section on challenging presentations (Ryle & Kerr, 2020, Chapter 10, pp225-263) is complex but clearly grounded in clinical experience. My lingering concern with this chapter is that it still reifies the concept of borderline and narcissistic personality disorders, when the markers of dissociated self-states belong equally well in the section on trauma (op cit, pp. 176-185). Other challenges include working with co-existing physical disorders, (for example, Fosbury et al, 1997; Ryle & Kerr, 2020, p.187)

Both of these chapters will be well-received by practitioners looking for guidance on how to work across a wide range of multiple and complex disorders. But, as discussed above it was necessarily based on the work of pioneering clinicians rather than a distillation of extensive outcome research and practice so these descriptions are still part of an emerging picture, where diagnostic categories are of limited help.

### *Limitations*

It is unreasonable to expect a single book to cover the whole range of human conditions in depth, but it is important to acknowledge that there are inevitable limitations. There is a summary from Robert Watson on ‘affirmative practice’ working with differently gendered individuals (op

cit. 2020, pp. 210-212). This is a welcome addition, but as it is such a salient issue currently a deeper discussion on gender identity and dysphoria specifically would have been welcome.

Some current topics receive very brief discussion – for example, there is only a very brief section on perinatal mental health although this is potentially an area where CAT’s understanding of early attachment issues may be particularly relevant.

‘The CAT model was subsequently influenced by insights from developmental psychology stressing the actively intersubjective nature of the infant.’

(Hamilton et al, 2021 and see Trevarthen, 2017).

I am not aware of CAT studies where the reformulation covers the parent and infant dyad, rather than the mother as an individual (albeit in the context of having a child and possibly a partner). Perhaps CAT as a way of exploring delayed bonding is an idea whose time has come.

Another area at the developing edge of therapeutic work is in neurodivergent states such as Autistic Spectrum Conditions [ASC], but the only mention of this area of work occurs in the discussion of neurobiology in the section of ‘permeability of the self’ (op cit, p36-7). The authors speculate about the role of ‘mirror neurons’ which are thought to mediate intersubjectivity (see Ammaniti & Gallese, 2014), but to do justice to the developing field of neuropsychology in CAT would probably need a whole volume. There have been attempts to work across the learning disability spectrum, but Lloyd and Potter (2014) draw attention to the difficulties faced when working with individuals at the severe end of autistic spectrum conditions. As such a common presentation to clinicians, more examples of work with individuals with neurodivergence would have complemented this section well.

### *Are there tried and tested ways of training new therapists and can new approaches to teaching further extend these?*

Both editions pay some attention to the development of CAT therapists through training, and Chapter 8 of the second edition (op cit, 2020, pp. 141-159) provides a good grounding in the model of training underpinning the development of CAT therapists. As discussed earlier in the context of competence and the CCAT (see Parry et al, 2021), there is increasing emphasis on ensuring that therapists are true to the model they say they are offering.

*Are new approaches to training being developed?*

There are approaches using Dialogical Sequence Analysis as a way of training individuals to see repeated cycles and links with the Assimilation model (Leiman & Stiles, 2001) but these have not been fully incorporated into training across centres and there is little exploration of these methods in the book.

There have also been developments in the use of role-play, film and video to enhance skills, for example the suite of training films developed by Catalyse (2023), or the films developed within ICATA to model how to map self-states (ICATA, 2023). Personal Reformulations are now used as an additional training experience with the learner experiencing a reformulation based on their own life story over 4 sessions, for individuals not able to access a full CAT therapy experience.

These approaches are not explored in *Introducing CAT*, 2nd edition, and the focus in the book has been on developing self-assessment with the CCAT and developments within relational Cognitive Analytic supervision (Bennett & Parry, 1998, Pickvance & Parry, 2017). One of the great achievements within the CAT model has been the enormous growth in training and possibly a theme ripe for development is to re-examine what aspects of supervision and modern approaches to learning would benefit from revision for the next generation.

*Is there a risk of splintering into factions?*

There is fortunately little factionalism within the CAT world, as yet – at least not in the sense that new leaders are pulling away from the main model as described by Ryle and his colleagues over the last four decades. This reflects well on Ryle's own ability to synthesise and integrate within the developing model (see Denman, 2002).

Denman describes Tony Ryle recounting how he designed the Procedural Sequence Model [later re-named PSORM: Procedural Sequence Object Relations Model] as an explicit attempt to provide an explanation for the finding announced in the 'Dodo bird paper' (Luborsky, et al, 1975) that all therapies were equal in efficacy. (Denman, 2002, p. 88). Ryle suggested that different therapies addressed different aspects of the sequence – whether appraisal as in cognitive therapy, action as in behavioural therapy, or aim as in psychodynamic therapy.

With such a broad theoretical underpinning Ryle to some extent future-proofed CAT as its theoretical base was wide enough to accept

many fellow travellers. It may have been possible in the past to say this person has a psychodynamic-flavour of CAT, or this one is a CBT-style CAT therapist but these tribes are much less in evidence as CAT becomes mature as a model in its own right.

## Critique

*Over-complexity*

All of the above positives remain true but there are still be some criticisms that should be considered. For example, Denman (2002, p. 88), whilst positive about the integrative aspects, pointed out gaps such as the weakness in linking with attachment theory although that has been partly remedied later by Jellema (2002), and subsequently others. On the one hand attachment theory is a different model to that of CAT, but its importance needs to be acknowledged. These gaps combined with openness to links with other approaches demonstrates an ability to assimilate and engage with other models seamlessly within the integrative nature of CAT.

However, such an ability to integrate other concepts comes at a price. Is the model now too complicated and has it lost its original simplicity to its detriment? We can see this dilemma graphically when we compare the simplicity of a basic mapping of snags, traps and dilemmas (see Ryle & Kerr, 2020, p. 106) compared with the complexity of the model of self (op cit, p. 57) where the self is as a complex construct embedded within several forces. Also, we can compare the simple basic model with the very high level of complexity seen in a contextual SDR (see for example, op cit. pp 235-6). There is no clear answer to how much complexity should be put into a diagrammatic reformulation, but the trend over time has been to assume that complexity increases the fine-grained nature of the formulation. In practice, with shifting self-states it is possible to identify 'where we are on the map', so putting the immediate experience into a wider context. But on the principle of Occam's razor, we should not multiply entities beyond necessity (Leff, 1975, pp 6-13) and make the map unnecessarily complex without clear reason.

The simple 8-session model with a distillation of Target Problem Procedures with Traps, Snags, and Dilemmas still exists, but there is a potential risk that this simplicity may become subsumed under greater and greater complexity. Ultimately it is an empirical question about the relative advantages and disadvantages of complexity of formulation. Potter (2020) exemplifies recent attempts to rethink mapping within CAT seeing

it as a multimodal approach that tries to capture rapidly the essence of what is happening at a first meeting, and this reminds us that mapping is a process rather than the carefully-refined end-product.

#### *Limitations of scope*

No single book can cover every aspect of CAT, but one of the refreshing aspects of CAT is its ability to embrace non-linear ways of thinking, whether in art, drama or poetry and as a statement of where CAT is embodied it surely includes those aspects of practice. The book does not do justice to this range of different ways of working and the 'poetics of experience' (Mair, 1989). Hughes (2013) develops the theme of arts-based therapy in her discussion of the integration of CAT with arts-based therapies, but that aspect of CAT is not prominent in *Introducing CAT* 2nd edition, and therapist creativity is encouraged but not fully developed in this book.

#### *Socio-political perspective*

It is equally true to say that the book focuses on difficulties experienced by individuals, albeit in a rich social context. But, there is little of the explication of Ryle's socio-political work evident directly in this volume. Fortunately, we can see the inspiration arising from that aspect in specialist texts for example (Lloyd & Pollard, 2018) which extends the political aspects of CAT in the spirit of Ryle

#### *Is the book an easy read?*

The first edition was well-received but also a demanding read. This edition has more space (358 compared to 265 pages), so there is more space for clinical examples. Still, at first glance some readers may hesitate at the start of entering into the theoretical and clinical detail of a book on this scale. Even the pictures are complicated! But, it is a book to savour and dip into from time to time, or to look for particular guidance. If you already know CAT, perhaps start in the section on contextual reformulation (in Chapter 11, pp 265-281) and then the Afterword for inspiration (op cit, pp 283-286). Contextual reformulation is a challenging topic but brings a new perspective to the practice of CAT. If you are fairly new to CAT perhaps start with the clinical wisdom in the pages on recognising enactments (op cit. pp 132-139) or connect with sections on CAT for specific conditions (op cit, for example, pp171-194). Those who persevere

and take their time will be well-rewarded with a full sense of a model of psychotherapy in all its versatility, maturity, breadth and depth, but even those who have been involved with CAT over decades will take time to assimilate the amount of information that Ryle and Kerr have provided.

## Conclusions

This book demonstrates a maturing and coherent model of psychotherapy. CAT has not stood still: This review shows that there is evolution and changing emphasis. However, can we learn from the trajectory of other therapies and identify the risks as this approach to psychotherapy matures?

Despite many books written on CAT, this book stands alone as the distillation of Ryle's views. Confusingly, there is also the *Oxford Handbook of Cognitive Analytic Therapy* (Brummer, et al (eds), 2022). This may eventually evolve into a comparable state of the art handbook, but it is being published chapter by chapter, initially on-line, and only two chapters are yet available to read. However, the advance notification covers several gaps in the Ryle & Kerr book by considering the contribution of arts therapies and of perinatal care amongst other topics.

Kerr has done a wonderful job of making 'the centre hold' (Yeats, 1994) after Tony Ryle's death. The book strains at times to hold in all the fresh ideas that invigorate CAT but it fulfils its main task of being an authoritative exposition of the model. The risk of making CAT top-heavy has been successfully negotiated, and we have a lot to thank both authors for. Ryle's voice is still clearly there, and his ongoing influence is enormous, and Kerr has succeeded in holding together a developing CAT psychotherapy world view. □

## References

- Ammaniti M, Gallese V. (2014) *The birth of intersubjectivity: Psychodynamics, neurobiology, and the self*. New York: WW Norton & Company; (Chapter 1)
- Benjamin, L. S. (1987). Use of the SASB dimensional model to develop treatment plans for personality disorders, I: Narcissism. *Journal of Personality Disorders*, 1, 43-70



- Bennett, D., & Parry, G. (2004). A measure of psychotherapeutic competence derived from cognitive analytic therapy. *Psychotherapy Research*, 14(2), 176–192
- Bennett, D, Parry, G (1998) The Accuracy of Reformulation in Cognitive Analytic Therapy: A Validation Study, *Psychotherapy Research*, 8(1), 84-103
- Bennett, D, Parry, GD, Ryle, A (2006) Resolving threats to the therapeutic alliance in cognitive analytic therapy of borderline personality disorder: A task analysis. *Psychology and Psychotherapy* 79(3) 395-418
- Brummer, L, Cavieres, M, Tan R (eds), (2022) *The Oxford Handbook of Cognitive Analytic Therapy* (online edn, Oxford Academic, <https://doi.org/10.1093/oxfordhb/9780198866572.001.0001>, Accessed 21 Apr. 2023
- Calvert, R. and Kellett, S. (2014), Cognitive analytic therapy: A review of the outcome evidence base for treatment. *Psychol Psychother Theory Res Pract*, 87: 253-277
- Catalyse (2023) <https://catalyse.uk.com> [Accessed 24/04/23]
- Chanen, A., Jackson, H., Cotton, S.M. et al. (2015) Comparing three forms of early intervention for youth with borderline personality disorder (the MOBY study): study protocol for a randomised controlled trial. *Trials* 16, 476
- Chanen, A.M., McCutcheon, L., Kerr, I.B. (2014). HYPE: A Cognitive Analytic Therapy-Based Prevention and Early Intervention Programme for Borderline Personality Disorder. In: Sharp, C., Tackett, J. (eds) *Handbook of Borderline Personality Disorder in Children and Adolescents*. Springer, New York, NY
- Denman, C. (2002) Integrative developments on cognitive analytic therapy. In J, Holmes and A Bateman (Eds.) *Integration in Psychotherapy: Models and methods*. Oxford: OUP pp. 87-106
- Fosbury, JA, Bosley, CM, Ryle, A (1997) A trial of cognitive analytic therapy in poorly controlled Type 1 patients, *Diabetes Care*, 20, 959-964
- Hamilton, J, Saxon, D, Best, E, (2021) A randomized, controlled pilot study of cognitive analytic therapy for stressed pregnant women with underlying anxiety and depression in a routine health service setting. *Clin Psychol Psychother*. 28: 394–408
- Herman, J (1998) Recovery from Psychological Trauma. *Psychiatry and Clinical Neurosciences* 52, (S1) S98-S103
- Hepple, J, Sutton, L (2004) *Cognitive Analytic Therapy in Later Life: New Perspectives on old age* London: Routledge
- Howell, E. (2020) *Trauma and dissociation informed psychotherapy: Relational healing and the therapeutic connection*. New York: WW Norton & Company
- Hughes, R (2013) Integrating Art Psychotherapy and Cognitive Analytic Therapy (CAT) *Reformulation*, Summer 2013, p.44-49.
- ICATA (2023) <https://www.internationalcat.org/resource> [Accessed 24/04/23]
- Jellema, A. (2002) 'Dismissing and Preoccupied Insecure Attachment and Procedures in CAT: Some Implications for CAT Practice', *Clinical Psychology and Psychotherapy*, 9, 225-241
- Leff, G (1975) *William of Ockham : the metamorphosis of scholastic discourse*. Chapter 1. Intuitive and abstractive knowledge. Manchester: Manchester University Press p 6-13
- Lloyd, J. and Clayton, P (2014) 'Cognitive Analytic Therapy for People with Intellectual Disabilities and their Carers', In *Cognitive Analytic Therapy for People with Intellectual Disabilities and their Carers*, London: Jessica Kingsley
- Lloyd, J Pollard, R (2018) *Cognitive Analytic Therapy and the Politics of Mental Health* London: Routledge
- Lloyd, J. and Potter, S. (2014) 'Heroic or Stoic: Why Do We Try So Hard, Or Give Up So Easily, in Helping with Severe Autism', In: P. Clayton, & J. Lloyd (Eds.) *CAT with people with intellectual disabilities and their carers*, P. Clayton, P. & J. Lloyd. London: Jessica Kingsley pp. 153-167
- Luborsky, L, Singer, B, Luborsky, L. (1975) Comparative studies of psychotherapies: Is it true that 'everybody has won and all must have prizes'? *Arch Gen Psychiatry* 37, 471-481
- Luborsky, L, Crits-Christoph P. (1989). A relationship pattern measure: The CCRT. *Psychiatry*, 52, 250-259
- Mair, M (1989) *Between Psychology and Psychotherapy: The poetics of experience*. London: Routledge. pp 59-69

- Margison, F (1991) Learning to listen: teaching and supervising basic psychotherapeutic skills. In J Holmes (Ed.) *Textbook of Psychotherapy in Psychiatric Practice*. London: Churchill Livingstone, pp. 165-185
- Margison, F (2021) Psychotherapy research and CAT (review) *Int. J Cognitive Analytic Therapy and Relational Mental Health*, 4, 151-159
- Parry, GD, Bennett, D, Roth, A, Kellett, S (2021) Developing a competence framework for cognitive analytic therapy *Psychology and Psychotherapy: Theory, Research and Practice*. 94, 151–170
- Pickvance, D, Parry, G (2017) Clinical and Ethical Challenges in Relational Supervision. In D. Pickvance, (Ed.) *Cognitive Analytic Supervision: A Relational Approach*. London: Routledge
- Pollock, P. (2001) *Cognitive Analytic Therapy for Adult Survivors of Childhood Abuse: Approaches to Treatment and Case Management* Chichester: Wiley
- Pollock, P.H., Stowell-Smith, M. (eds.) (2006) *Cognitive Analytic Therapy for Offenders: A New Approach to Forensic Psychotherapy* London: Routledge
- Potter, S. (2020) *Therapy with a Map: A cognitive analytic approach to helping relationships*, Shoreham-by-sea, West Sussex: Pavilion
- Taylor, PJ and Hartley, S (2021): Special Issue: Cognitive Analytic Therapy: Research Developments and Insights. *Psychology Psychotherapy Theory Research and Practice*, Vol. 94: (S1) pp i-iv, 1-170
- Trevarthen, C. (2017). The affectionate intersubjective intelligence of the infant and its innate motives for relational mental health. *International Journal of CAT and Relational Mental Health*, 1, 11– 53
- Yeats, WB (1994) The Second Coming. In: *The Collected Poems of WB Yeats*, Ware, Hertfordshire: Wordsworth Editions

**La Thérapie Cognitive Analytique CAT**, Marie-Anne Bernardy-Arbuz, self published, undated (2023)

Annie Nehmad

Marie-Anne is the only qualified CAT therapist in France, and she is keen to disseminate the model. Instead of translating the Ryle & Kerr introduction to CAT, as people in some other countries have done, she has written her own book, addressed to current and future trainees, and in fact to the interested lay reader.

This is a considerable achievement, and the result is very good.

The book is in three parts.

The first is a clear and engaging introduction to CAT's history, applicability, key concepts, and practice. She draws on Ryle & Kerr, and also on the writings of Rachel Pollard, Steve Potter, Liz McCormick, Corbridge et al, and others.

The second part includes accounts of actual therapies, including a young

woman with a 'Borderline' diagnosis (which allows a discussion of enactments and recruitments), a teenager, and the mother of a 15-year-old on the autistic spectrum (Marie-Anne works with children, adolescents and their parents). It also includes imaginary therapies, with contemporary versions of Hansel and Gretel, and Ebenezer Scrooge. There is also a Reformulation letter to Cinderella (translated from Alison Jenaway's 2010 article).

Marie-Anne shows how she integrates other approaches into her CAT therapies, such as Moreno's Psychodrama, and Family Sculpting. She also describes the use of CAT-informed diagrams within long-term therapies with adolescents.

I was particularly impressed by the lengthy account of the 16 session CAT of 'Dorothee'. This takes up 64 pages, allowing a lot of detail, and also, in a different font, explanatory comments by Marie-Anne. This very detailed account felt to me like just what a beginner would want to read before

(or while) embarking on their first case.

The third part of the book is about the power of writing in therapy. In earlier parts of the book she has spoken about Reformulation, Goodbye Letter, No-Send Letters and Diagrams. Here she adds the importance of shared phrases in writing, whether to help ‘unblock’ a therapy by writing down the ‘blocking’ phrase/belief, thus changing the client’s relationship to it; or ‘protective phrases’ (‘I am now a grown-up and I am safe’), as a way of grounding the person in the present, helping to prevent, or deal with, dissociation.

Throughout the book there are suggested exercises for readers (both lay people and psychotherapists), e.g.

Consider your reciprocal role with your favourite (and/or hated) schoolteachers?

What did you consider significant about this session?

Write a Reformulation and

Diagram for Snow White, perhaps focusing on her relationship with her mother-in-law.

These exercises provide food for thought and would be helpful for study groups, with or without a tutor/supervisor.

This is an excellent book, which I wish all my new supervisees could have access to.

Were there any disappointments for me? Yes, and I would like to offer these comments as suggestions for the second edition.

Marie-Anne repeatedly refers to the Reformulation Letter as happening in the fourth session. This could make CAT seem rather rigid, almost manualised. In fact, CAT is practised flexibly. There can be good reasons for delaying the reformulation, such as needing to build a therapeutic relationship with scared or mistrustful patients.

Some concepts and tools, such as timelines, are very useful, but they are presented as if they are an inextricable part of CAT – and could come across to

readers as if they were invented by CAT.

The Window of Tolerance is referred to several times, without a real explanation of its meaning and significance, and without referencing Dan Siegel, who originated it.

Though there are several references to Ryle’s 1997 book, CAT and Borderline Personality Disorder<sup>1</sup>, and his 1997 article, ‘The structure and development of borderline personality disorder: a proposed model’, *British Journal of Psychiatry*<sup>2</sup>, Marie-Anne does not address the concepts of Level 1, Level 2 and Level 3 procedures, nor the importance, especially with fragmented clients, of working at Level 2 (ability to choose appropriately from one’s repertoire of procedures) and Level 3 (reflective capacity). I consider these one of Ryle’s most important contributions. There again, one can hardly criticise his

disciples for such an oversight, since Ryle himself lost interest in these ideas after 1997 (they didn’t make it into the first edition of the Ryle & Kerr book in 2002)

The book would greatly benefit from a glossary, or even a glossary/index (a glossary which says, after the definition, See also page X).

Message to all CAT supervisors (to be included in next ACAT mailing): find out which of your supervisees is fluent in French, and recommend this book! □

<sup>1</sup> Ryle, A (1997b) *Cognitive Analytic Therapy and Borderline Personality Disorder*, Chichester: Wiley, pp 34-38.

<sup>2</sup> Ryle, A. (1997a) ‘The structure and development of borderline personality disorder: a proposed model’, *British Journal of Psychiatry*, 170: 82-87

### **Cognitive Analytic Therapy: Theory and Clinical Practice**

Iannis Vlachos

Rita Toli

This is the first Greek book discussing the theoretical framework and clinical use of Cognitive Analytic Therapy (CAT). Its timing coincides with CAT's increasing expansion around Greece, with training courses taking place in different areas of the country on an annual basis. The book is written in simple and understandable language, accessible to mental health professionals or lay people, who are interested in different models of psychotherapy and do not have expertise in psychiatry or psychology.

Firstly, the book introduces the reader to the main twentieth century psychotherapy models and their understanding of the psychotherapist's part in the therapeutic process and how it's changed in recent years. It also offers an overview of how the relationship between the therapist and the client is

perceived by the different models. The importance of these two factors is addressed through a CAT stance. Subsequently, the writer could not but refer to Tony Ryle's background and the socioeconomic circumstances which he had in mind when he developed the idea of CAT and its theoretical framework. It was Ryle, who trained the writer, Iannis Vlachos, in the use of CAT at Guy's Hospital, London. This might have contributed to Iannis' warm style in his presenting CAT's essence and applications across various mental health difficulties.

The book goes on to talk about the procedural sequence model and other fundamental CAT concepts, including reciprocal roles and different maladaptive patterns, which are key in contributing to unhealthy relationships. An important asset of the book is that it offers readers, who are not well-familiarised with the model, an insight into the clinical use of CAT through the detailed outline of the model's different stages and the tools available. Additionally, the author makes a specific reference to some well-known aspects of therapy,

such as the therapeutic alliance, transference and termination, explaining how these are perceived and managed within the process of CAT. A detailed step-by-step diagrammatic reformulation follows, illustrating how the client's problems and core feelings are maintained. The wealth of the clinical examples helps understand the different ways in which procedural patterns contribute to problematic relationships and situations.

In the last section, the reader finds an extended reference to the application of CAT with borderline personality disorder and some preliminary reflection on special topics including the use of CAT with children and adolescents as well as incorporating art in CAT. The book finishes with the discussion of well-known theories, which form the theoretical basis of CAT.

One could argue that this book consists of a concise overview of the theoretical bare bones of CAT and a practical guide for its use across different problems and populations. It comes as a helpful tool for the increasing number of therapists in Greece, who have recently been introduced to CAT, and those who wish to learn more about the model. However, a topic which has not been considered and would add to the value of this book is the challenges faced by Greek therapists, when attempting to offer CAT in their practice. The current socioeconomic reality of Greece which has followed a severe economic crisis and a pandemic has significantly affected health services and comprise a very different context to the British NHS, where CAT was first envisaged and developed. □

**Rita Toli** is a Clinical Psychologist and CAT therapist

**Wild Therapy - Rewilding our inner and outer worlds** (2nd Edition)

Nick Trotton, PCCS Books, 2021. First Edition (2011)

Nick Barnes

Nick Trotton, through his book is looking to make a radical departure within the world of psychotherapy. He is challenging us to explore how we might rewild ourselves and our practice, not only to support those that might present to us with profound distress but also to ensure we all may find ways of managing and coping with the existential threats upon us within the age of the Anthropocene. As he states in the opening line of his first edition

‘Therapy is by nature wild: but a lot of it, at the moment, is rather tame. This book is intended to help shift the balance.’

Wild Therapy starts with an exploration of the polarisation of wildness and domestication which has run throughout human history and culture. This polarisation has been held within a structure of binary oppositions, such as

male-female or light-dark, which often contribute to significant hierarchies and power imbalances evident in societies today and that have given rise to the need for movements such as #blacklivesmatter or #metoo.

The thinking within this book looks not only to encourage us to explore a more eco-psychotherapy and eco-psychological perspective, but rather to contextualise the reasons why there are such deep inequalities and marked social injustices throughout societies. Trotton conceptualises this as our alienation from the natural world around us – referred to by him as the other-than-human and more-than-human, giving us permission to dislocate ourselves further from nature.

Even starting with an exploration of what we mean by the word, Wild, Trotton notes there are 36 different meanings within the Oxford English Dictionary, which then also encourages a plurality of opposites, moving from wild-tame to wild-civilised, wild-peaceful, wild-constrained, and so on. Many of us (perhaps also within the world of

psychotherapy) could easily be drawn into these oppositions. The idea of wild carries with it a sense of danger, and possibly excitement, but encourages a response of caution. What Trotton asks us to consider is the possibility that

‘there is both a fear and longing contained within the idea of running wild.’

What has been missing from how we define wild, is the possibility of complexity. Wild has often been located within a simplified and elemental construct, that has not yet connected with or drawn upon the opportunities offered through civilisation. Trotton would argue that now wilderness – something beyond the boundary – has become so scarce:

‘wild is more likely to signify the irreplaceable richness and depth of the climax forest, threatened by the crude slash of the bulldozers and the geometric grid of cities.’

Many climate activists position their arguments for climate justice within the context of a growth in extraction and

consumerism that has its origins within the rise of capitalism, and consolidation through the western scientific revolution and enlightenment. Trotton completely accepts how the global and societal inequalities are sustained by the obsession with growth-based economics, but also asks us to explore the origins of the demarcation between domestication and wildness through an interpretation of the neolithic revolution that resulted in the defining of our parameters – the placing or othering of the wild spaces beyond the boundary of civilisation or beyond our control.

The reason why this then becomes of paramount importance to us, as therapists, and those interested in relational mental health, is that we are now being asked to think about and consider the boundaries – in our practice, in our communities, for our societies and for our globe – of how we might explore the possibility to re-connect to find an exit, or at least a way of coping, within this current climate and ecological crisis.

It is highly significant that the

subtitle of this book has changed from its first edition to the second. Initially presented as the Wild Therapy: Undomesticating Our Inner and Outer Worlds, the second edition has the newer subtitle, Rewilding our Inner and Outer Worlds. Rewilding has become one of ‘the’ words of our time, with the incumbent risks of being rapidly aligned with greenwashing ventures across the globe. Likewise, within settings such as the Highlands of Scotland, rewilding sits within the political context, where local communities see themselves, yet again, being displaced and alienated from their land, as ‘green lairds’ are accused of buying up estates to enable markets to offer carbon offsetting as a way to displace responsibility for climate inaction.

But Trotton encourages us to recognise the potential and possibilities inherent in re-positioning ourselves in our relationship with the other-than-human and more-than-human. If we embrace the definitions offered by

Scotland, The Big Picture – ‘Rewilding is an evolving process of nature recovery that leads to restored ecosystem health, function and completeness’<sup>1</sup> – and position this within the context of our relationships with ourselves, with each other and the world around us, then seeking ecosystem health, function and completeness is a meaningful, reachable and relevant goal.

This book is hugely important for all who are seeking change – therapeutically and or societally. Colleagues within the Cognitive Analytic Therapy world are drawn to the model by its awareness of how we are socially defined, and a desire to seek ways of enabling others to explore and empower change, overcoming profound social inequalities. But it has also become increasingly evident that access to Green Space and opportunities to engage in green / blue spaces are not only hugely important for our individual wellbeing and development, but also have a demonstrable impact on addressing and overcoming inequalities – they are equigenic<sup>2</sup>. The rallying cry of Psychologists for Social Change<sup>3</sup> has long been, ‘Equality is the best therapy’ –

and this is one of the books that can offer a how, as we strive towards achieving that equality. To overcome the alienation and displacement that drives so much emotional and mental distress, as well as profound physical hardship, we all need to consider how we might rewild ourselves, and find a way to reconnect – within, between and around.

My only sadness in reading this book was that Trotton had not trained as a Cognitive Analytic Therapist. Throughout this book he talks about the need to prioritise relationships and to recognise the reciprocity that exists in our relations with each other as well as with the natural world around. Through a description of reciprocal roles, I believe it would be easier to articulate how we don’t necessarily hold on to such polarised and oppositional positions and stances. Rather, we can find ourselves moving between both. There may be times when we hold a place that could be alienating. Or moments of connecting and enabling. Whichever way we seek to articulate the possibility that we might move between domestication and wildness, it is clear that it will be through

a relational awareness that we might better facilitate our engagement with rewilding and allow ourselves the chance to connect with wildness – to allow ourselves to feel wild. After all, as Thoreau stated in 1862,

‘In Wildness is the preservation of the world.’<sup>4</sup>

For those who may wish to explore this work, the ideas of wild therapy, and the developments of Wild CAT and how to develop CAT skills for working in the outdoors. then please contact [wildcatstherapy@gmail.com](mailto:wildcatstherapy@gmail.com) □

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(1) Scotland: The Big Picture <https://www.scotlandbigpicture.com/our-take-on-rewilding>

(2) Mellor, C et al (2022) Seeding hope: restoring nature to restore ourselves. Nature restoration as an essential mental health intervention. *International Review of Psychiatry* 2022, VOL. 34, No. 5, 541–545. <https://doi.org/10.1080/09540261.2022.2092391>

(3) Psychologists for Social Change - <https://www.psychchange.org/>

(4) Thoreau, H.D (1862). Walking, Part II. [www.walden.org/wp=content/uploads/2016/03/Walking-1.pdf\(p665\)](http://www.walden.org/wp=content/uploads/2016/03/Walking-1.pdf(p665))

# 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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