Reviews

Cognitive Analytic Therapy: Distinctive Features

Claire Corbridge, Laura Brummer and Phillipa Coid

2018, Routledge

This new introductory volume is an important and timely addition to the CAT bookshelf. CAT's popularity continues to grow, but it has never had an accessible introductory book which helps newcomers get to grips with the ideas in a brief and straightforward way. Anthony Ryle and Ian Kerr's 2002 *Introduction to Cognitive Analytic Therapy* sets out the CAT model in comprehensive style and its upcoming second edition will be an important statement of its current state of development. Elizabeth Wilde McCormick's *Change for the Better* has been another helpful point of entry for many, and it contains a lifetime's worth of CAT wisdom which has influenced countless CAT therapists and trainees' practice, but written as it is for clients, it is not intended as an entry point to the theoretical background of CAT. Ryle's writing contains an immense amount of technically and theoretically rich material, but can be dense and challenging to unpack, especially for those new to CAT. We needed a new introductory text and Claire Corbridge, Laura Brummer and Phillipa Coid have done an excellent job of filling the gap. They have skilfully performed the delicate task of staying true to the values, principles and practice of CAT as established by Anthony Ryle, but presenting them in a straightforward and accessible way.

The book is organised into 30 short chapters, in two halves: Theoretical Features and Practical Features of CAT. Each chapter runs to three or four pages and covers a key idea in CAT, from the PSORM to the dialogic perspective in the theory section, and from assessment to endings in the practical section. The authors give effective, *in a nutshell* summaries of each concept, backed up with typical examples drawn from clinical work, often with illustrative maps. There is comprehensive referencing to the extensive CAT literature, and one of the useful functions of this book is to provide up-

to-date signposting to the CAT literature on the varied topics covered. Bookending the core concepts, the authors give a brief account of CAT's historical development and of newer applications of CAT, including CAT in groups and indirect consultation work.

From a CAT trainer's point of view, this is an extremely useful resource. The book is now a set text on our Newcastle CAT Practitioner Training along with Ryle & Kerr's introduction. With its straightforward language, the book will be a helpful anchor for trainees going through the familiar process when learning CAT, of having a momentary grasp of a concept only for it to slip out of reach.

There are variations in CAT practice that go with geography and theoretical leaning, so inevitably readers may find some aspects of their own CAT practice emphasised more than others. With such a short format there are areas which can only be scratched at. Some areas of theory can only be signposted, such as CAT's engagement with the research on early infant development and attachment. The 'theory–practice' split in the book (which I understand is a requirement of the Distinctive Features publishing series) is, at times, an odd fit for CAT since it is a model in which theory–practice integration runs throughout. But none of these issues detract from the book's fundamental purpose as an accessible introduction.

Although recognising the limited scope of the book, I did miss mention of the connections being made between CAT and other contemporary psychotherapeutic practices, such as embodied approaches, and the developments in trauma work, facilitated by neuropsychological understandings. There is excellent coverage of CAT work with trauma, dissociation and fragmentation, but using the language of 'personality disorder' without any critical discussion of the problems with the label and diagnosis feels untenable in the current culture where these terms are rightly being re-evaluated. CAT is so in tune with a trauma-informed care approach which takes seriously people's experiences of adversity in the past and present. However, this is now a crowded marketplace of therapy models and we do need to update our language. Whilst it is no easy task we do need to, at least, acknowledge the controversies.

This book will be a relief to many trainees grappling with learning CAT and is a useful reference and refresher for any CAT practitioner. I am so glad the authors wrote it and managed to do it with such clear-cut language whilst holding the full richness of the model.

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Cognitive Analytic Therapy and the Politics of Mental Health

Eds. Julie Lloyd and Rachel Pollard

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This volume is part of an important conversation in contemporary psychology and psychotherapy: is psychotherapy a political activity? Should it be? If not, why not?

The editors start with a question about whether CAT has lived up to the initial radical agenda proposed by Anthony Ryle (2010). They comment:

> '[t]here is a tendency for radical ideas to drift towards the centre and sometimes even further, and for previously radical discourses to become entangled with more conservative and authoritarian discourses.'
> (Lloyd & Pollard, 2019, citing Parker, 1992)

The authors in this volume have taken these challenges seriously and embedded the ideas they arrive at firmly within a CAT framework.

Paradoxically, a good place to start is the closing chapter: Anne Benson writes about the politics of training (Benson, 2019). In introducing the chapter, she brings home the sheer impossibility of doing justice to the complex themes raised in the book, but helpfully focuses on the microcosm of the training world as it applies in CAT. She reminds us of a central theme of the book:

> 'Poverty, trauma, isolation, stigma and prejudice produce environments that are extremely harmful to the mental health of individuals, families, communities and society.'
> (Benson, 2019, p.238)

This theme covers the key message of the whole volume, and Benson starts by challenging our assumptions about ourselves:

> 'We are a predominantly able-bodied, middle-class, white, female, (although men are disproportionately represented in senior positions of power), cis-gender, heterosexual profession. Such characteristics place psychotherapists in the more powerful pole in most binary power relationships; White-Black, able-bodied-disabled, middle-class-working-class, wealthy-poor. People in more powerful positions are more likely to deny the existence of power differentials. . . Despite overwhelming evidence many deny the truth of these inequities or argue that they are coincidental or irrelevant.'
> (Benson, 2019, p.243)

She goes on to comment on how difficult, and even shaming, it can be for a trainer to facilitate a discussion about such a challenging topic; the powerful feelings of inferiority and (partially denied) power threaten one's sense of self and identity. So, many training

organisations pay no more than lip service by having the minimum required number of sessions on inequality, or racism, or other specified topic, without encouraging trainees to look at the wider political context of their work.

CAT should have an advantage in this area since *'as a model, [it] explicitly incorporates socio-cultural understanding in its core theoretical framework'* albeit not yet having achieved its full potential (Brown, 2010).

There may be academic pressures that place politics and psychotherapy in a marginal place in the curriculum, but we are reminded that some reasons for reluctance are closer to home. We might fear engaging in this discourse because of the tendency to split into 'goodies and baddies', and we might be on the wrong side of history. We may fear withdrawal of approval from our peers or our students for challenging the *status quo* on the one hand, or for embodying it on the other. In the end we may be criticised not just for our views but for who we are. Benson argues that it is *because* of this multi-level resistance that we need to be even more determined to place politics and psychotherapy near the centre of CAT training.

The book argues that it is not just a matter of a couple of speakers on a course talking about the impact of racism, or the effects of poverty on child development, important as they may be. A more far-reaching approach is suggested by working and teaching whole-heartedly within a social justice framework. This is defined as the condition in which '*society gives individuals and groups fair treatment and an equal share of benefits, resources and opportunities*'. (Chung and Bemak,2012, 27).

Looking at the positions of privilege and marginalisation of both therapist and client in an open dialogue is advocated. But this has to be addressed within the training structure empowering the therapist – a privileged position in itself – to be active. The activity is not fully pinned down in this chapter, but should be at the level of the institution, community, and even within public policy and international affairs.

In contrast, currently, Benson argues that training focuses to the exclusion of most other perspectives on intra- and interpersonal awareness.

Within a training programme we can establish space to 'know' rather than 'know about' in a direct encounter (Lowe, 2014, citing Bion, 1962). 'Knowing', rather than 'knowing about', is central to being an effective therapist. It is embedded in 'the minute particulars' of being a therapist (Hobson, 1985, citing William Blake). Most of us probably try to work in this way as part of our core beliefs as therapists. However, this book argues that this is often taken to mean no more than 'staying with' the immediate experience and helping to shape a shared narrative or conversation. Of course, that is important, but we are also trying to hold in mind the different dynamics of the institution and wider society.

This multi-level awareness is difficult to achieve, of course, and Benson advocates using group relations methodology developed through the Tavistock Institute to develop a safe space to explore these issues. These suggestions are welcome, but they do not really address how a therapist tries to change the *cause* of these power differentials. That is covered in a brief section about being political as a psychotherapist which ends by saying

> '[t]he next questions then concern how we individually and collectively choose to use our own power and work politically as psychotherapists *to make a difference*.' (My emphasis p. 251)

This comment about 'making a difference' highlights a recurring problem in writing about politics and mental health: it is the politics of the left that defines the territory. It is quite difficult to imagine a politics of the right in this discourse, and at times I wished that the authors had given some space to develop a different narrative. Would such a politics be about resurrecting the notion of individual freedom, or about psychotherapy outcomes being defined by benefit to society? If we do not try to articulate a right-of-centre politics of psychotherapy how can it be challenged?

Here, the book defines political goals in terms of a left-oriented agenda by increasing equality and giving a voice to the marginalised. In having this as a starting and finishing point in the book we are clearly part of a long-lived discourse in radical psychology.

One tradition has been to assist clients to make changes in their environment to generate enduring changes. How to make those changes and still stay within a psychotherapeutic tradition has always been problematic (Smail, 2001) and the work with colleagues (Smail & Hagan, 1997) introduced a contextual tool called 'power-mapping' that should fit very closely with developments within CAT of the Sequential Diagrammatic Formulation [SDR]. As Ryle commented, we need to '*recognise the harmful effects of both current and internalised historical and social factors'*.

But, Hagan and colleagues (2019, p. 46) make the point that there has been little progress in integrating power-mapping explicitly into CAT reformulation. They suggest a bridge between the explicit power analysis of Smail and colleagues with the more individually focussed nature of CAT commenting,

> 'However, it is within the scope of CAT to re-formulate in the light of an understanding of how power has been used in an individual's life, what threats they have and still experience, and how the settings in which they live may perpetuate threat and power abuse.' (Hagan et al, 2019. p.46)

This model is illustrated with a diagram that can helpfully connect work with an individual or family to the wider social context. They describe this in terms of a resonance between distal and proximal influences (i.e. socially distant and near impacts).

> 'Reciprocal roles and procedures are societally and culturally driven[distal] and influence relationships that are experienced as proximal, personal and

> individual. These are part of our habitus; the dispositions that encompass procedures or survival strategies such as appeasing, soldiering on and self-protection through avoidance, dissociation and hypervigilance.' (Hagan et all, 2019, p 46.)

Power-mapping does not just passively describe the situation an individual finds, but actively encourages the person to find and harness resources like education, being part of a group with shared aims, and most of all being able to describe and confront a situation rather than feeling intimidated, alone, and without a voice. Smail did, however, recognise the limitations placed on individuals by lack of resources, and how frustrating this can be when working with an individual who is trapped not just by internalised reciprocal roles from the personal past, but also by reciprocal roles played out within society as a whole.

We can see that an unyielding bureaucracy and an unresponsive social safety-net resonates with an internalised powerful-to-powerless RRP. This can feel so overwhelming that the therapist also feels defeated by the sheer enormity of what our client faces. So, it is inspiring to be reminded that a difference, however marginal, can be sustained even within our existing roles as therapists. A small step can be of value even when we may feel shameful about our lack of wider impact.

One of the most impressive aspects of this book is the way it can shift from this intimate and personal level to dehumanisation at a global level. Brown (2019, pp28-32) explores these large-scale aspects:

> 'Marginalised communities necessarily evolve ways of expressing resistance and defiance because people on the receiving end of oppression have no choice but to accommodate to power in their choice of reciprocal role positions remaining vigilant in order to survive. . . [As] therapists we tend to encounter people who, as adults, do not have a sufficient range of role positions to help them function but also, we see people whose role positions are contradictory, fragmentary or intense.'

This leads to a discussion of extreme, but publicly sanctioned, dehumanising roles and the links to atrocities and political and sexual violence. These might involve, for example, psychologists and medical doctors who use their skill and understanding to make torture more effective by profoundly damaging the sense of self and connectedness of those tortured.

Brown draws on the work of Robert Lifton, who has written extensively on distortions of identity of oppressor and oppressed. Here he is quoted to critique the way in which a society can be shifted into 'malignant normality' (Lifton, 2017) where lies and distortion are normalised and individuals adapt to expectations that 'at another time they would have resisted or repulsed' (Brown, p.29):

> '[e]xtreme ideologies do much to create a malignant normality, which comes to pervade most institutions, including medical ones. Then ordinary people who work in those institutions adhere to that normality, often aided by bits and pieces of extreme ideology.

> The prevailing normality can be decisive because it excludes alternatives and provides strong pressures for destructive behaviour'.
> (Lifton, 2017, cited in Brown 2019, p.29)

In the same article, Lifton states:

> "[B]eyond that [Hippocratic] oath, and certainly beyond our adaptation to societal normality, we can be what I call *witnessing professionals*. We can extend our training and knowledge beyond its technical elements and make use of it to expose and reject, rather than become part of, unethical normality. In that way one would commit oneself not only to "do no harm", but to function only as a healer in any environment.'

This example of integration of concepts at the individual through global levels is reflected throughout the book. It is disturbingly up to date in helping us to make sense of politics in the modern world, and, also what we might do as psychotherapists in challenging some current political norms.

The book could easily have veered into becoming just a polemic, but potential readers can be assured that it is also grounded in clinical wisdom and courage. An outstanding example of this comes in the chapter 'Unequal Ground: Working with people affected by child sexual abuse' (Lloyd & Brown, 2019 pps. 149-174). The chapter opens with the authors sharing how unsure they felt about integrating their personal experience into the chapter. They discuss the dilemma of sharing their lived experience of abuse to show how it has enriched their work as therapists. However, they worry that being open might damage their credibility. They share the fear of being seen on the one hand as unassailable, powerful, 'smug' victims or as worthless 'trash', leading readers to apply diagnostic categories to them, or being seen as jumping on a 'me too' bandwagon.

They comment that 'hearing a child's experience may elicit visceral feelings, felt as sickening, tightness in the chest and gut and immediate feelings of wanting to detach or avoid, especially if the therapist wants to disavow knowledge about who the perpetrator was.'

The disavowal is not just a personal reluctance as Lloyd and Brown show: Paedophiles commonly put themselves in positions of power, being admired in prominent roles in the community. So, taking examples from recent scandals involving media stars, and powerful men in established positions within religion, whole communities can end up being silenced as well as those who have experienced the trauma.

The authors talk about being put in a problematic relationship to both truth and trust in others by their experience. They pose a question about their own experience: Do I stay distanced and looking through the wrong end of a telescope at the experience of abuse, or am I immersed in it and experience the pervasive feelings of bewilderment and shame? While talking from their lived experience, they also pose the same dilemma for the therapist role: Am I the

cool and detached professional here, or do I engage? This echoes the whole book in raising the fundamental question of what it means to engage.

I experienced visceral, vicarious shame to read about 'JL' as a trainee psychologist watching a family through a one-way screen when the psychiatrist commented 'Did you see how flirtatious that girl is?'

'She [JL] hadn't noticed any flirtation and the ignorance of the trainee psychiatrist could have adversely affected their work with the victim who had even less power than the psychology trainee. (JL hid in a loo weeping as she wondered if she had had been flirtatious herself without knowing it).'

Even more powerfully shaming of our profession is an account of how JL had been talking with colleagues, one of whom described that she

> '. . . could not stand people who had been sexually abused because those people insisted on describing what had happened. The others all agreed and vied with each other to describe how aversive they found survivors. . . I stood there terrified in case any of them had guessed my secret.'

As well as being a deeply moving and personal account, we can see here in miniature the politics of denial, projection, and fear of the 'other' played out in a group of professionals. This dynamic is still reflected at the level of society, although Lloyd and Brown both acknowledge that it is at least possible to speak of their experiences now, unlike a decade or so ago. Like many personal accounts, the personal meeting the political is a very powerful teacher. This chapter should be read by anyone working with persons who have been sexually abused.

This is not an easy book to read – it brings in many concepts that are on the fringe of psychotherapy discourse and I have had to go back and read around several topics to understand the points being made more fully, at times having to assimilate a whole new language. But there is a much deeper reason for it being a difficult read – the book challenges my assumptions. It simultaneously inspires me and instils foreboding about the future. Perhaps that queasy uncertainty is not an inappropriate place to be in our current political climate.

The book brings together political and social tensions alongside our identity as therapists in an uncomfortable but enriching journey. This book needs to be on the curriculum of CAT courses and beyond and will be a salutary and hopefully inspiring read for all teachers and practitioners.

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Power, Threat, Meaning: an overview

Johnstone, L. & Boyle M. (2018)

www.bps.org.uk/PTM-Main

Lucy Johnstone, one of the lead authors of the Power Threat Meaning Framework was a plenary speaker at the September 2019 national CAT conference in the UK. She spoke passionately and eloquently about the new paradigm for mental health which she and her colleagues had been working on in recent years. It was, and is, having a considerable and popular response in the UK. Her arguments were well-received by the CAT audience but with some reservations that echo also within the CAT approach as to how to keep the modelling of an approach open to change and development and multiple narratives.

This review is mainly of the overview text (Johnstone, L. & Boyle M. (2018). It is an extensive document of 135 pages and there are links to more detailed discussions. The full document is free and available online and offers a wide ranging and detailed practical and theoretical account of the framework (www.bps.org.uk/PTM-Main), which should find resonances and interest for any CAT practitioner. The general impression is of an important and carefully prepared body of work – boldly seeking to change the terms of the mental health debate away from an overly medical and emotionally individualised discourse to a more socially and contextually rooted one.

Reviewing for an international journal invites a perspective both on the implications for psychotherapy and mental health in the UK and its relevance to a wider international audience. Are there themes concerning the framing and ideology of mental health in play in other countries besides the UK? This review, perhaps at risk of being parochial, takes the key points of the PTM framework and looks for the parallels and resonances with CAT. Is there a match between the Power, Threat, Meaning framework (PTM) and CAT principles and practice?

Like CAT, the PTM framework is integrative and relational in its aims. Calling it a framework seems key. Like CAT it is not so much a model as an approach – a way of scaffolding the content and processes of psychological help. The PMT aims are: 'To support work, in conjunction with service users, on developing a multi-factorial and contextual approach, which incorporates social, psychological and biological factors.' Its philosophy is to develop, 'A conceptual alternative to psychiatric classification in relation to emotional distress and troubles or troubling behaviour.' This fits too since CAT has always been wary of reductive use of diagnostic categories to shape and close

the story of treatment and formulation.

PTM as a framework recognises that any process of formulation is sustained by a multiplicity of views. It sees 'medicalising discourse as so deeply embedded' and puts doubt on the authority of linear cause and effect sequences, 'Causality is probabilistic and contingent'. PMT accounts of recovery, fit a consciousness raising or empowerment model. They are about freeing the patient/client/service user from the monoculture of a medicalised discourse towards a more pluralistic approach.

The framework is built around the idea of 'general patterns' which resembles the CAT ideas of target problem procedures and reciprocal role patterns arising from psychosocial roots. The idea of using personal narratives within general patterns as proposed by the framework fits very aptly with CAT although the converse is also true for CAT of using personal patterns in general narratives.

The idea behind the framework is to help open or restore narratives where they have been closed. To quote,

> 'One of the main purposes of the General Patterns is to support the construction of narratives in their various versions, as an alternative to psychiatric diagnoses. "Personal Narratives" in this sense can encompass individual, couple, family or social networks. Depending on the situation and (if relevant) the model of intervention; and narratives may be of any kind, from structured psychological formulations to self-authored personal stories expressed in writing or any other medium.' (P74)

The full account of the framework explores this more fully with detailed philosophical support.

In Summary (P90), the PMT framework asks directly 'What has happened to you?' leading to exploring how *power* operates in your life. The *threat* element is the feelings of hurt and trauma or neglect that arise from these dynamics. The *meaning* element is the response, which is part cognitive, narrative and defensive, in terms of how you cope (*the threat response*) – within your (limited, neglected) power resources – with these feelings of *threat* which are arising from the social and psychological dynamics of *power* around you.

The formulation element of the framework then reverses the power dynamics by asking what power or resources are there around you to change, resist or cope (and deal the threats, feelings and meanings that will/may follow)? The concluding element is to find ways of giving voice to this as the person's story. As a relational model of trauma and deprivation, CAT would be very at home with this framework, though might offer to add the Vygotskian scaffolding of therapeutic mapping, reformulation diagrams and letters.

Another parallel with CAT is the goal of seeking to break out of diagnostic language and finding another more client centred and socially aware language. The CAT idea has always been to build a relational scaffolding for seeing things differently by meeting and

joining with the client's words. This is the essence of re in reformulation in CAT. It is a co-creative reworking of the client's existing map of the world and their distress. This reformulating process is, in its moments of connection and rupture, the key mechanism of a consciousness raising therapy. The rich variety of instances of working with the PTM framework show much common ground in this respect with the CAT approach. Indeed, there are thirteen examples of existing, or developing, good practice in the appendix to the overview document and these highlight the open approach to the PTM framework, which is seeking to scaffold links and integrations, supporting and promoting innovative models of work that fill out the framework.

Thinking about the framework internationally, practitioners of CAT in many different countries will find resonances with UK situation: the rise of populism on the right and the left, a sense of losing control in the face of ever-increasing complexity in the context of globalisation and stark increases in social and economic inequality, a concern for identity change and conflict across gender, generational and ethnic difference and diversity. The push to responses which offer magical stories and idealised promises of taking back control and restoring order.

In these times, it makes great sense for CAT practitioners anywhere to give close attention to the values, ideas and methods of the PMT framework. It shares with CAT a demystifying, common-sense relational approach. CAT practitioners may draw clarity about their own wider therapy goals by seeing them through the eyes of this framework.

Tony Ryle warned CAT practitioners to not turn CAT into a Procrustean bed. In the Greek legend Procrustes was the bandit who cut and stretched travellers to fit the length of his bed. The more CAT has developed the more it morphed and changed to fit different contexts and no more so than internationally. But the *procrustean risk* is always there. The intention with the PTM framework is to offer an open approach. Open dialogue is one of its examples (P122). Perhaps like CAT, the risk PTM faces is to become pigeon-holed by its opponents, or to get trapped in its own, self-made, singular story in the context of campaigning for change. The Power, Threat, Meaning Framework perhaps has as its best promise to be a paradigm that can hold and enable multiple stories of formulation and change in mental health including those rooted in a medical and neuro-biological framework. Perhaps the same challenge faces CAT both in the UK and internationally as instanced by other contributions in this issue of the journal.

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International Journal of Cognitive Analytic Therapy and Relational Mental Health

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