CHAPTER 7

Cognitive Analytic Therapy

Anthony Ryle and James Low

INTRODUCTION

Cognitive analytic therapy (CAT) evolved as an integration of theory and practice from various sources. In the course of its development a number of particular therapeutic methods have evolved and an underlying theoretical model has been elaborated. The main sources were cognitive psychology and cognitive psychotherapy on the one hand and psychanalytic object relations theory, restated in a more cognitive language, on the other. The method is marked by an emphasis on the process of reformulation of the patient's problems, the resulting descriptions being used as a "scaffolding" within which a range of therapeutic methods may be applied. Cognitive-behavioral methods and the use of transference are combined with the use of these descriptions by both therapist and patient as tools of understanding and change. A full account of the approach will be found in Ryle (1990).

The idea of reformulation can be linked to the following description from artificial intelligence: "learning to learn is like learning to debug complex computer programmes, to be good at it requires one to be good at describing processes and good at manipulating such descriptions" (Minsky and Pappert 1972). The particular skill required of the CAT therapist is to be good at generating accurate and useful descriptions of the patients' difficulties. The difficulties will be described in terms of patterns of thought and behavior, with an emphasis as how these actively maintain the problems; written description will often be supplemented with diagrams.

Elaboration of these descriptions requires active patient participation. The final written and diagrammatic reformulation will be agreed between the patient and the therapist and provides the basis for therapy, the aim of which will be the revision of these negative or maladaptive procedures. Thus, reformulation is a tool used by the patient for self-monitoring and used by the therapist to understand and guide the process of therapy. Cognitive analytic therapy is normally applied in therapies lasting between 8 and 16 sessions to a wide range of patients, such as are encountered in public service outpatient practice.

THE THEORETICAL BASIS OF CAT

Initially, CAT evolved from outcome research in psychodynamic therapy. It became clear that the kind of target problem descriptions used in
behavioral therapy outcome research were not satisfactory for dynamic therapy, where changes in patterns of understanding and of action are sought. Consideration of a number of completed therapies led to the identification of three main patterns through the operation of which maladaptive processes were sustained. These patterns were entitled traps, dilemmas, and snags (Ryle, 1979). The characteristics of these patterns can be summarized as follows: Traps involve negative assumptions about self or reality, leading to actions which generate consequences evidently confirming the assumptions. Dilemmas represent false dichotomization of the options available for roles or actions. Snags represent the true or false, conscious or unconscious, appraisal of appropriate actions as being forbidden by self or others, leading to the avoidance of, undoing of, or paying for achievement or happiness.

Descriptions of traps, dilemmas and snags, making use as far as possible of the patient's own words and metaphors, proved to be a satisfactory way of focusing upon the particular areas of difficulty or abandoned aims in a given patient. A more general model of how aim-directed activity is normally organized, maintained, and revised, called the procedural sequence model (PSM), was then developed. This model offers an account of the regularly recurring sequences of mental processes, actions and environmental events which are concerned in the maintenance of intentional behavior. Understanding why patients fail to revise maladaptive behaviors requires that the full sequence of both internal and external processes be described. The normal sequence is described in Figure 1 and can be summarized as follows: Environmental event; perception; appraisal (involving memory, beliefs and systems of value and meaning); formation of aim; consideration of the capacity to achieve the aim and of the consequences of so doing; the choice of means (subprocedures) and action. The evaluation of the effectiveness of the act and of its consequences will lead to the reinforcement, revision, or abandonment of the means or of the aim.

Such a sequence will normally be maintained through a process of continuing anticipation and feedback. In terms of this model, neurosis consists of the persistent use of unrevised procedures and the aim of reformulation in therapy is to identify these procedures and demonstrate how it is that revision has been prevented. Relating this model to the description of traps, dilemmas and snags, it is clear that these can be located upon it as follows:

1. Traps involve the full circle: negative beliefs and assumptions underlying appraisal generate actions which produce consequences which serve to reinforce the underlying assumptions.
2. Dilemmas occur at the point at which alternative subprocedures or means are being considered and essentially represent the narrowing down of possible means (actions or roles) to two polarized alterna-