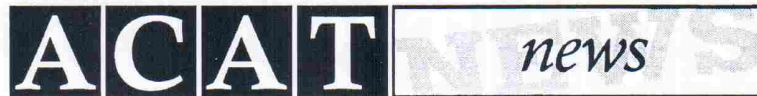


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Association for Cognitive Analytic Therapy

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Letters to the Editors

Whilst I have always applauded the structure that allows the reflective processes within CAT it has saddened me that in the interest of developing a "theory", innovation has somehow been stifled whilst undue emphasis seems to have been accorded to aligning with or discovering similarities to other theories that demonstrate suitably academic credentials. This is of course driven by the need to demonstrate superior academic rigour and efficacy, but as far as I know no particular body can claim this particular Holy Grail and one wonders if it ever could be. Steve's suggestion then is both welcome and to the point. I do hope the Training Committee and Research Committee will respond.

Ian Kerr's reflections on the new introduction to CAT seem to emphasise the generic importance of the model and as ever **Cherry Boa** gives us a flavour of the energy that the Introductory Workshop experience unleashes, even if it is too soon frustrated by a lack of training opportunities.

Claire Tanner's Target Problems for Basic CAT 1 were I thought refreshingly to the point and of course once more relevant to the generation of a truly collaborative relationship as has always been identified by Tony's emphasis on a "Collaboration in Change". The efficacy, here, is arguably due to process and not theory. Perhaps Dawn Bennett could argue this point.

Mark Dunn's reflections raised many important issues relating to the future development of CAT and of how it might cope with the demands of life in an increasingly stressful and demanding world and also the scientific discoveries that can so successfully rubbish many psychoanalytic theories. His suggestion that CAT include a less pathological focus for reciprocal roles is well made and I suspect I have to agree that in the pursuit of maladaptive procedures we too easily ignore what always used to be referred to as islands of health... or something like that. I would need **Annie Nehmad** to correct me! On the whole he resisted offering too many solutions but it is welcome to hear concerns aired.

My own tentative solution is that we really should focus on a living evaluation of why we do things and just as we expect our clients to listen to/ monitor their own procedures then so should we, both as individuals and as an institution. I would definitely echo his requirement for self-care as a means of withstanding the impact of years of acquaintance with too awful a human condition. He asked what we did. I indulge in artistic representation on a not too serious level. My most recent attempt was a pastel of a group of walruses that have

been variously described as seagulls, abstract, cuddly and yet menacing, etc. ... delivered in a comforting purple hue. It worked for me.

This last newsletter then satisfied my need for a view of where ACAT is now. I thank you for that.

Feedback on diagrammatic psychotherapy file- Unfortunately my feelings on this are the same as have already been reported. It does indeed seem too overwhelming as a first intervention. I have used it after the client has identified specific areas, such as the Trying to Please Trap, and it allowed a refinement of the experience for them. I can see that it would allow trainees to formulate their own diagrams but it risks too formulaic an interpretation perhaps.

Linda Harvey
Norbrook, Eastwick, Nr. Harlow, Essex. CM20 2QX

CAT Ergo Sum CAT in Italia

It was a sunny spring day and I was sitting on Cristina's lawn. We were talking about donkeys, how confusing I found Italy, life, the universe and everything when I began to tell her about CAT. Cristina comes from a psychodynamic background and she was intrigued. We started discussing some of her cases and toyed around with some SDRs. Cristina utilised them and was hooked, she asked if I would supervise her. It was from this chance beginning that we decided to make our way to Umbria, feeling very much like some very poor church mice, and knocked on Tony's door. He gave us a very warm welcome, told us we could do it and agreed to supervise me supervising her on her first three cases. She has since become interested in a formal training, which we are trying to arrange via distance learning, and this is how I came to be her, ad hoc supervisor.

CRISTINA: After our first chat that afternoon I tried to put some of it into practice. I had not a clue as to how to do an SDR but we had discussed a young girl with a very severe eating disorder and had used a metaphor that it was as if she was hiding behind a wall when she talked to her mum. I tried this with the girl. It was a voyage of discovery for me to concretise her emotions and her states of being in this way and I found that it caught the girl's interest and that she appeared to understand. We seemed to have hit upon a common language. I actually drew the wall on a piece of paper and placed her behind it. It was to become a focus of the therapy. I



Letters to the Editors

was able to later say it seems to me that now you are behind the wall and she would agree.

I wanted to know more, how to integrate what I already knew with this, to me, new dimension. It seemed to me an approach where I could use the things that I already knew but also allow me to expand into other things, for example the cognitive schools. I thought it might be helpful for lots of different patients. I work in a child-adolescent crisis unit. Anyone can be referred at very short notice, from social services, the courts, schools. We also have time constraints, from 4 to 11 sessions; we are not able to offer longer term treatments. When I heard about CAT with its time limits, it seemed tailor made. I have since received some supervision and have experimented on my own, although I am a fledgling CAT therapist I find the approach enabling."

MARISA: I empathised with Val Coumont comments in ACATnews (Autumn/Winter 2001) when I read them; her comments about CAT à Paris, about how different languages portray different meanings, different realities. I too translated The Psychotherapy File, into Italian, and can identify with the problem, for eg. *delusione* for disappointment. *Delusione* has such a dramatic ring, where as disappointment is more contained. *Intoppo* for snag, *calmare* for placate and so on. Another differences between the UK and Italy is the family structure. Many Italians live in extended families and it seems to me, have much less need of peer group friendships. The peer group is less important. Relationships tend to be cross-generational whereas in the UK it is more linked to like-minded peers (in London anyway), so because of the social structure I find I am dealing with internalised voices and the real voices in the extended family.

Working with Italian clients I too came across the real linguistic difficulty of how to address the other: *Tu* or *lei*. *Lei* seemed so distant and formal to me, *Tu* more open and natural, but by Italian standards *Tu* is for children and best friends or the family. I have been experimenting with asking clients what sort of way they would like to be addressed.

One very big contrast is the style the therapist uses in Italy. In CAT one collaborates and one does not behave like the big expert, which is a style I like. In Italy there is the EXPERT; us and them. It seems to me (but maybe I am being over harsh) that the therapist, who has no problems, and the client, who has them all, is added with the Italian wish to be formal, and perfect. I feel although it can be true in UK too it is more implicit. Here it is extremely explicit and there is a lot of "pull

yourself together" sort of therapy. The climate here is very psychodynamic, with a few cognitivists dotted about here and there. There are no coherent policies as for psychological care on a National level as far as I can see. One gets pockets that work well and others that do not work at all, and the reasons that the ones work well do seem to me idiosyncratic. Society seems very medicalized rather than psychologised, so there is no sense of a common language for psychological distress, but it seems to me that there is a propensity to go to the doctor when distressed. This last point was brought home to me when chatting to a friend's daughter, who is 10. Her mother is British and her husband is Italian. We were walking after a very British Sunday lunch and Jasmine, the girl, was happily telling me about her visit to the doctor, her temperature, the results of her tests and the medicine, and I remember thinking I am sure that a British ten year old would not be doing this. Here in the Piacenza region people seem very defended hen it comes to opening up about what they are feeling.

Anyway these are subjective impressions for better or for worse. We are here and we are trying, so we hope that soon there will be the two of us who will be able to supervise any interested party.

Cristina Fiorani and Marisa Poggioli
Piacenza, Italy

Please send your letters with your comments, reponses, arguments and ideas about CAT and ACAT to the Editors of ACATnews.

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Your letters may be edited.

ACATnews
ACAT Office
3rd Floor South Wing
Division of Academic Psychiatry
St Thomas' Hospital
Lambeth Palace Road
LONDON
SE1 7EH

or you can send them by emailing

ACATnews@acat.org.uk