

- Bowers, K.S. and Meichenbaum, D. (Eds) (1984). *The Unconscious Reconsidered*. New York, John Wiley.
- Bricker, D.C. and Young, J.E. (1993). *A Client's Guide to Schema-Focused Cognitive Therapy*. New York, Cognitive Therapy Center of New York.
- Erdelyi, M.H. (1988). Issues in the study of unconscious defense processes: discussion of Horowitz's comments with some elaborations. In: Horowitz, M.J. (Ed), *Psychodynamics and Cognition*. Chicago, University of Chicago Press.
- Gendlin, E.T. (1981). *Focusing*. New York, Bantam.
- Gordon, R. (1993). *Bridges: Metaphor for Psychic Processes*. London, Karnac.
- Hawton, K., Salkovskis, P., Kirk, J. and Clark, D. (1989). *Cognitive Behavioural Therapy for Psychiatric Problems: a Practical Guide*. Oxford, Oxford University Press.
- Horowitz, M.J. (1994). States, schemas, and control: general theories for psychotherapy integration. *Clinical Psychology and Psychotherapy*, 1, 143-152.
- Kovacs, M. and Beck, A.T. (1978). Maladaptive cognitive structures in depression. *American Journal of Psychiatry*, 135, 525-533.
- Leiman, M. (1994). The development of Cognitive Analytic Therapy. *International Journal of Short-Term Psychotherapy*, 9, 67-81.
- Mahoney, M.J. and Freeman, A.T. (Eds) (1985). *Cognition and Psychotherapy*. New York, Plenum.
- Ryle, A. (1983). Cognitive theory, object relations and the self. *British Journal of Medical Psychology*, 58, 1-7.
- Ryle, A. (1990). *Cognitive-Analytic Therapy: Active Participation in Change. A New Integration in Brief Psychotherapy*. Chichester, John Wiley.
- Ryle, A. (1991). Object relations theory and activity theory: a proposed link by way of the procedural sequence model. *British Journal of Medical Psychology*, 64, 307-316.
- Ryle, A. (1992). Critique of a Kleinian case presentation. *British Journal of Medical Psychology*, 65, 309-317.
- Ryle, A. (1994a). Introduction to cognitive analytic therapy. *International Journal of Short-Term Psychotherapy*, 9, 93-109.
- Ryle, A. (1994b). Persuasion or education? The role of reformulation in cognitive analytic therapy. *International Journal of Short-Term Psychotherapy*, 9, 111-117.
- Safran, J.D. and Segal, Z.V. (1991). *Interpersonal Processes in Cognitive Therapy*. New York, Basic Books.
- Tasdale, J.D. (1983). Negative thinking in depression: cause, effect or reciprocal relationships? *Advances in Behaviour Research and Therapy*, 5, 3-5.
- Tasdale, J.D. and Barnard, P.J. (1993). *Affect, Cognition and Change in Remodelling Depressive Thought*. Hove, Lawrence Erlbaum.
- Young, J.E. (1990). *Cognitive Therapy for Personality Disorders: A Schema-Focused Approach*. Sarasota, Florida: Professional Resource Exchange Inc.
- Zajonc, R.B. (1980). Thinking and feeling: preferences need no inferences. *American Psychologist*, 35, 151-175.

8 How analytic is CAT?

*A discussion between
Tim Leighton and Anthony Ryle*

Cognitive Analytic Therapy has always been concerned to acknowledge its debt to, and to differentiate itself from, psychoanalysis. An essay by Tim Leighton challenging the right of CAT to call itself analytic was the provocation for a discussion between A.R. and T.L. The latter has been working mainly in the field of addiction and is one of the first generation of CAT qualified psychotherapists. The following is an edited record of the conversation.

T.L. When I first came across CAT, I was interested in the integration. At the time I was very interested in psychoanalysis (and still am) and I saw CAT through psychoanalytic lenses. As I found out more about how CAT actually worked it began to look very cognitive and not particularly analytic. It seemed to me that most of what would be characteristic of psychoanalysis had been eliminated or attenuated—there wasn't interpretation in the analytic sense, or any theory of drive, and there wasn't the layering that happens in psychoanalysis where over a length of time the analysis uncovers more and more strata of symbolisation and displacement, so that the pictures that emerge during the early part of the therapy can change to very different ones later. I wasn't wanting to insist on all these features, but there did seem to be very significant differences. Also, the CAT model struck me as very much a 'top-down' theory rather than a 'bottom-up' theory.

A.R. That's 17 points there! First of all I should say that I never had any experience of cognitive therapy as such, my experience was analytically based therapy. But working with Kelly's grids and, later, reading the

cognitive authors, I felt they suggested additions to what I was doing—important ones. But I would perceive CAT as having always been rooted in psychoanalysis insofar as it has taken a developmental theory very much out of the analytical world. Although I have objections to parts of analytic theory, the influence of development on personality structure seems to me to be a very important issue, and the whole understanding of the transference and its use—which is very central to CAT (and which recently even got into the footnotes of CBT)—is the other major analytic contribution. In that sense the 'A' in CAT has always had its place. Since CAT's early stages, the argument has not been with the cognitive element, which is fairly straightforward, but more to clarify the similarities and differences between CAT and Psychoanalysis.

T.L. What particularly interests me is to try to sort out what the model owes to psychoanalysis and in what ways it differentiates itself. There are two aspects to this question: one is 'What is analytic about CAT theory?' and the other is 'What is analytic about CAT practice?' CAT is clearly a cognitive therapy, insofar as it is concerned with information processing, and the connection between appraisal, beliefs and action. It understands emotional and behavioural problems in terms of repeated procedural sequences which are self-maintaining in various ways. It differs from, say, Beck's model of cognitive therapy, not so much in including emotion, or by paying attention to the childhood origin of self-defeating beliefs (the accusation that cognitive therapists ignore emotion is unfair), but in positing a richer and more complete account of cognitive processing and in placing a much greater emphasis on the relationship between the therapist and the patient.

As far as the 'analytic' elements in CAT theory are concerned, a main concern is about the accessibility and nature of unconscious material. Other issues which seem important are: in the development of personality, what comes from outside and what is innate, and what drives behaviour? In classical psychoanalysis there is great stress laid on repression: the way in which wishes are prevented from reaching consciousness, as regards practice, the special conditions of psychoanalytic treatment are supposed to be able to wear down the resistances and bring forbidden material into the light. This takes some time, and it is clear from psychoanalytic case studies that, because of the complexity of symbol formation, through mechanisms such as condensation and displacement, much unconscious material carries multiple meanings, so that what emerges in the early part of the analysis may be quite different from the deeper layers which are reached later on. This is one reason why some analyses are so protracted.

Of course CAT proceeds quite differently. You seem to me to have a different view of unconscious mental activity and therefore a different view of repression.

A.R. That's absolutely true. As regards the 'Unconscious', I think the polarisation of the conscious and unconscious systems is unhelpful. Consciousness is the surprising thing. Most mental activity is not open to introspection for various reasons. I would see the dynamic unconscious as a kind of (partially silenced) alternative voice, not only deduced from the internal dialogue which *are* available to one, but only deduced from the slips and omissions and the motivated acts we don't accept conscious responsibility for. The emphasis in CAT is on *procedures*, which as you know are complex sequences of mental, behavioural and environmental events, of which we are only partially aware. Some procedures are evidently expressing or serving the interests of this silenced part. But all enacted procedures can be described. How often, and how far, the problems patients need to deal with are concealed behind false or over-condensed or over-determined clues, rather than being only too clearly manifest in how they treat themselves and others, including their therapists, I am uncertain. What is in the *depths* of *depth* psychology may be *deeply* irrelevant. What is revealed there seems uncannily dependent on the theory espoused by the analyst. But sometimes, of course, that process offers a unique understanding. Sometimes!

T.L. The idea of a structure of personality developed in interaction with others seems both to link CAT with analytic theory and to show up differences. Psychoanalysis theorises about the nature of internal object representations at this stage, the Kleinians in particular claiming that an internal object world is established by introjection, and that the infant's struggles are chiefly about the experience of privation as phantasies of attack by hostile forces (persecutory anxiety). The most important internal object in this battle is the 'bad breast' onto which the infant projects the aggression and greed he or she feels towards it. This escalating scenario is to some extent counteracted by the hallucinatory gratification provided by an idealised 'good breast'. The theory is quite complex but it is primarily an account of an internal drama. Klein does not, of course, claim that external events have no impact at all: she says that they may serve to upset the balance between libidinal and aggressive impulses. However, the clear implication in Kleinian theory is that damage in personality development at this stage is due to innate destructive impulses being 'too strong', or alternatively to an insufficient capacity for the secure cathexis of the 'good breast'. Splitting is seen as a defensive strategy to keep the good object safe from the intrapsychic warfare going on. The need for mother-love in the Kleinian account is driven by a need to reduce primary anxiety. This is the exact opposite of the position taken by the Attachment theorists, who claim that the bonding with the mother is primary, and anxiety follows too much frustration of the needed bond. As I understand it, CAT is closer to attachment theory, and indeed you and John Bowlby both emphasised that

very many of your disturbed patients had suffered a history of neglect, deprivation and abuse, which you connected clearly with their difficulties as adults, and you have expressed anger at the way some analytic theory helps to maintain denial of this connection.

A.R. Yes. I don't accept the model of the internal world of childhood as being dominated by anxiety and innate destructiveness. The work derived from attachment theory, especially that concerned with the transmission of 'working models of relationships', seems very close to CAT ideas.

T.L. There still remains the question of how object relationships are represented in the mind, and the nature of phantasy. You have explicitly rejected the 'demonology' aspect of object relations theory, but it is central to the development of the reciprocal role repertoire that identifications are made with the object-derived pole of the relationship. Identifications in psychoanalytic theory are accounted for in various ways, from incorporative introjections at the most primitive level, to the little boy's identification with the potentially castrating father to resolve the Oedipus complex, thus forming the superego, to Anna Freud's ego defence of 'identification with the aggressor'.

A.R. Identification, incorporation, introjection are all covered in the idea that one primarily learns *patterns of reciprocal roles*. Either pole can be enacted, and identification with the aggressor is an example of that. In fact, Joseph Sandler said more or less the same thing years ago.

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T.L. You have offered Vygotsky's statement that 'what a child does with an adult today, she will do by herself tomorrow' as a starting point for a CAT answer to this question. But Vygotsky was, I believe, referring to the acquisition of skills and competences. In combination with his idea that thought in childhood begins with dialogue with another person, then becomes a conversation with the self, and then 'goes underground' as internalised thinking, Vygotsky's statement could provide a basis for a theory of identification.

You have extended Vygotsky's statement by saying 'what an adult does not allow a child to know today, she will not allow herself to know tomorrow'. As I understand you, you are not saying that a person is limited by what is given culturally. What the child needs are adults who are concerned to help her reflect on her experience and create meaning. Lack of insufficiency of this leads to procedural restriction. The idea of 'not being allowed to know links very clearly to psychoanalysis. Parental prohibitions are often unconscious, and are maintained as unconscious by the fear of some catastrophe.

A.R. I am saying that a person is both formed and limited by the particular culture of their early years. One can be not allowed to know or not allowed to reflect on one's experience, by not being given the attention or the words. Not being given these will be the result of the parent's own procedures, which may be similarly restricted. In the end it is the meanings conveyed through pre-verbal exchanges and through language that determine the range of our experiences and actions.

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T.L. I would like to look at what goes right. Do we have a concept of optimal development? Freudian theory in its classical form is a theory of the organism and its drives. Consciousness arises as part of the formation of the ego in order to mediate between the demands for drive-gratification and those of reality. Transference is explained as the redistribution of libidinal cathexes. In CAT, innate drives are acknowledged, but it is held that there is a potential for the individual conscious subject to manage these, particularly if he or she has experienced certain kinds of relationships with other people. In my view this is one of the justifications for seeing CAT as analytic rather than simply cognitive. It seems to me to be a development of the line of psychoanalysis exemplified by Fairbairn, Guntrip, Winnicott, and on a rather different tack, John Bowlby. Of course you explicitly relate CAT to object relations theory; I think there is a link not just theoretically but also ethically to these analysts.

A.R. I'd happily go along with those resemblances, and I would certainly ditch concepts like 'redistributing libidinal cathexes'. But I would put still more emphasis on the sociocultural and less on the biological elements.

T.L. That sounds closer to Winnicott than to Bowlby. Winnicott was not at all keen on Bowlby's stress on biological factors. He felt ethology was a dead-end in terms of explaining human behaviour. But perhaps we can come back to biology later. One of the things I wanted to talk about is aim-directed action, which is the central focus of CAT. Classical psychoanalysis developed the idea that the real meaning of activity was that it was attempting to gratify instinctual drives, which is in one sense as pure aim-directed action as you can get. The aims are unconscious and usually heavily disguised. But post-war psychoanalysis has taken more and more interest in the role of language, and also in the mother/baby relationship as opposed to the Oedipal triangle.

A.R. To me, *meaningful* means invested with human, culturally based, personally felt significance, which is very different from instinct. Why the procedural sequence model emphasised intentional action was partly as a protest *against* drive theory, which has always seemed to me to be a very

inadequate account of human behaviour. Obviously we all have drives: that is taken for granted in a sense; but they don't explain very much about the differences between human beings, because they are so culturally transformed and transmitted and expressed in so many different ways. It is those expressions which are so interesting and complex rather than the drives themselves.

T.L. In my opinion Freud would not argue with what you have just said, but this is an area of vital difference between CAT and analysis, I think. Psychoanalytic theory holds that the complexity you have described *can* be reduced to drives: the therapy is aimed at making conscious the wishes that are the drive representatives, and it generally takes a long time because of the labyrinthine vicissitudes of the instincts. Freud even felt the complexities of civilisation could be accounted for in this way. CAT rejects this, but does it have anything to say about the nature of the drives at all?

A.R. It depends how you put it. Of course human beings have a capacity for destruction. If you say everything we are must be innate, then we are innately destructive, but that doesn't explain the interesting things like why there have been cultures and why there are people in whom aggression has been transformed into non-damaging forms, and there are others in whom it is glorified. It is the effect of those cultural differences and the differences in personal history in patients that we need to understand. Cultural shaping both permits, creases, enlarges, complexities and also limits the expression of our nature.

T.L. It has been pointed out, by Chomsky for example, that the similarities in cultural expression seem much more striking than the differences, and it is suggested that culture is shaped and constrained by parameters such as innate linguistic structures. It is certainly astonishing how human beings across cultures and across historical time seem to think, feel and act in broadly similar and comprehensible ways.

A.R. Broadly similar, but also very different. The human race has evolved biologically for 5 million years people think that language has been around for 200 000 years; written language appeared about 5000 years ago. The differences between me and someone born 200 000 years ago or 5000 years ago or 100 years ago are not biological, they are cultural. I don't say we have necessarily improved, but we have certainly become more complicated, which I regard as a virtue. I am, you are, and the people around us are creations of this particular corner of the world with its Judeo-Christian culture and all that stuff: we are all quite similar because we have basically had the same input.

T.L. I agree with that, but what is striking to me is how similar the cultures

are despite large superficial differences, especially in terms of basic human motivations. A lot of work has been going on this century to understand cultural differences, so I find it quite hard to get this point across. I feel as though I could wake up in classical Athens or even ancient Sumera and fairly quickly come to understand how people ticked. People are not that different. Family structure varies within quite narrow limits. The literature of other cultures is usually surprisingly comprehensible.

A.R. I think we tend to read what is accessible. You could say that once we became social animals all societies had to deal with the same issues, such as the prolonged dependency of the infant, and the differentiation of sexual roles. So we all have similar issues growing up, whether it is in ancient Sumera or in Hackney. It is not just that the package of genes you get is so similar. But our patient's problems are fundamentally explicable in terms of their detailed personal experience, and it seems to me that how well or badly they navigate the complexities of the world is a measure of how their early experiences have shaped them.

T.L. I don't want to pursue this too far, as I don't think I am very far away from you. For me psychoanalysis does rather well in providing a way of thinking about how people behave with each other and how they work and play, but where it doesn't do so well is when it tries to address historical issues. A clear example of this is where Freud starts speculating about the primal horde and the first father being killed by the sons. I realise he got this from Darwin, but it seems a classic piece of romantic nineteenth-century myth-making. I think the same problems sometimes arise when psychoanalysis reconstructs the events of infancy. A point you have made, with reference to Melanie Klein, is that there is really no evidence that what she claims actually occurs.

A.R. I think a lot of the work of the last decade, and the critical writing of, for example, Drew Westen and others does throw considerable doubt upon the official Freudian account of the order of events in childhood.

T.L. Does that matter?

A.R. Yes, I think it does. What is it that I discovered in the course of a prolonged analysis? Is this slowly peeling back the layers and getting to the depths contacting the early stages of development, or is it creating a very peculiar relationship into which the analyst puts certain kinds of interpretations and understandings? Where does the belief that everybody is helped by contacting this capsule of unremembered experience come from? I don't think you ever do get it, and in the course of trying to, you may actually be creating a new myth which may or may not be particularly helpful. But the theory demands that nothing short of that journey can do

whatever it is supposed to do. Others things can make you feel better, take away symptoms or whatever, but that is considered a peripheral concern! The idea that everybody has to have this very peculiar relationship in order to understand themselves is very opposed to my view of culture in general. Education on the whole is not about going back, it is about going on.

T.L. That makes me think of the development of Freud's theory itself: proto-psychanalysis was all about getting back to the traumatic memory and producing abreaction. That was more or less abandoned, or at least sidelined, when he discovered wishes and the need to interpret wishes, the redistribution of bound-up libido. Later on he developed a great interest in the transference, and I think that at this point psychoanalysis begins to look much more like CAT.

A.R. The other way round of course!

T.L. But it is much more interesting from our point of view when psychoanalysis is understood as the repetition of a particular kind of relationship which is worked through in some way.

A.R. That, I think, was the most profound contribution in many ways. But being related to a theory of necessary regression to the earlier stages, and those stages being pushed back from the 3 to 5 of the Oedipus complex to the 0 to 1 of the Kleinian clashes of phantasy, has produced this totally impracticable therapy of seven years on the couch, which seems to me to have very little to do with people's needs to be helped with their problems. I has produced some quite fascinating stuff but a lot of the stuff is about that peculiar process rather than about human life as she is lived. The developmental theory as it has evolved has been linked with the requirement for a more and more impractical treatment. My irritation with that was a major impetus towards the development of CAT. I believe that if psychotherapy is good for people it should be available to those who need it. It never has been, but it is more likely to be if it is economically feasible.

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T.L. Can we get back to CAT theory. What does object relations mean in terms of the PSM? The original PSM didn't seem to me particularly psychoanalytic; it was a straightforward cognitive model.

A.R. The PSM, with its emphasis on intentional acts, was a way-station. In fact, to defend it, the stage of appraisal and evaluation can bring in your whole life experience, you different values, conflict between aims and so on. Potentially you could incorporate the whole of psychoanalysis within that cycle. But it does read a bit too much like a guided tour through action.

T.L. There have sometimes been people either in psychoanalysis or on its

periphery, who have had similar objections to those you have had, and who have developed powerful psychotherapies. I am thinking of Sullivan and Suttie, Ferenczi, Fairbairn, Franz Alexander, but they all stand in the shadow of Freud. Suttie perhaps doesn't . . .

A.R. Many of them didn't stand in the shadow, they were buried by the establishment.

T.L. The reason I mention them is to discuss the relationship between object relations theory and the PSORM. If you look at Fairbairn's models of the inner world, for example, you still find a psychic economy theory with aggressive forces and repression. There seems a compulsion to retain a metapsychology which I believe I have heard you say you don't think is very useful.

A.R. I don't think that *that* metapsychology is helpful, but I do think theory is useful and necessary, but theory ought to be compatible with what is known. The trouble with all those theories is that they are only checked out against the utterances of analysts, which is not a very good set of data on which to construct a whole developmental theory. I think many psychoanalysts realise that now, and are becoming more open to observational data just in the last few years.

T.L. That does seem an advance. But I still have some difficulty with what CAT leaves out, even though it may not be supported by data of the kind we're talking about. Psychoanalysis from Freud onwards does stress that internal structures are developed in interaction with the environment, but the emphasis is on the intrapsychic, because analysis is concerned with conflict and the mechanisms of managing the conflict. In the Kleinian tradition the mother plays a big role as the container of projections and is acting very much as a psychic extension of the baby. Here the ideas of phantasy and reverie and so on seem not only useful but vital.

A.R. I think the emphasis needs to be on *linking* the interpersonal and the intrapsychic. In an odd way Klein, though bringing object relations into the centre, rarely showed an interest in actual relations.

T.L. Well, maybe not, but those influenced by her, especially Winnicott, certainly did. He developed the concept of 'object use' to get to the point where the object survives the phantasy attacks and becomes real and available for relationship. His ideas about transitional space and the ability to play seem very important to me. My point is that this is a different kind of account of how a baby develops into a person. If a phrase like 'average expectable environment' is used, then we have to understand 'expected by what?'

A.R. Well, as you know, Mikael Leiman places Winnicott closer to CAT than other analysts because he saw the transitional object as mediating the space between people and internal space, which is where the role of the sign is located. Most of us would also prefer Winnicott's human style of talking about his patients, which has none of the hysterically black flavour one finds in Kleinian interpretations. 'Average expectable environments' and 'good-enough mothers' were ways of locating the normal and ordinary.

T.L. Is it fair to say 'object relations' in CAT terms means something close to Stern's 'representations of interactions that have been generalised'?

A.R. Stern's RIGs are clearly similar to CAT's RRRs. In CAT's version of object relations theory, attention is centred on the acquisition of these patterns of interaction. The world, the self and the other are learned about in the context of early relationships, where thought, feeling, desire, action and communication are inseparable. We do not apply a relationship pattern to an object representation: in my view, we experience others in terms of the spectrum of responses united in the RRP. The divisions are those of psychologists, not of the subject.

T.L. If we return to Vygotsky for a moment, his idea was that the child and the parent do things together, with the adult providing a commentary. The child takes over the commentary and uses it to guide her activity when she is on her own. At first the commentary is spoken out loud, but then it goes inside and becomes silent, or even unconscious. This is thought.

A.R. It is not just a commentary, it is the shaping and structuring of activity through time, context and communications which the adult provides. We are dependent on our caretakers for the provision of these early tools/words, signs, although children quite quickly begin to invent signs too, to use with their caretakers. Signs are first *between* people, and then *in* people's minds.

T.L. There is to my mind something innate about this sign-producing capacity. In the pre-verbal relationship between baby and mother the exchange of signs is quite considerable ...

A.R. What is innate *becomes* a sign by being invested with meaning. Mikael Leiman's paper on Vygotsky discusses infant pointing: when the child reaches to grasp something it is a simple physical act, which is responded to as if it were an intention. In this sense intention comes to be formed by acts being shaped and named between the parent and the child.

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T.L. Well, it seems to me as though the juxtaposition of Winnicott with Vygotsky in our conversation points up a contrast between an emphasis on being and an emphasis on doing. The link is perhaps creativity. There seems

room in the theory of signs for the creation of individual difference as well as learning to be a participant in the pre-existing culture.

A.R. Creativity is a dangerous word: we are all in favour of it, like virtue, but we like it to be mysterious. I am not clear where you place it in relation to the 'doing' versus 'being' contrast. Being is about self-awareness while not pursuing goals or chasing one's tail too actively, perhaps. Or casting off placatory false selves? But creativity—making something new—comes from activity. It involves a transformation or recombination of existing forms or meanings, or, rarely, the invention of new ones. But even new ones are closely related to pre-existing ones: they have to be intelligible. Insofar as creativity often seems to emerge 'from the unconscious', this would support my view that the unconscious is as socially determined as the conscious mind. The theory of signs allows for individual difference: the wider the cultural inheritance an individual has, the great his or her possibility of rich new insights. And provided that the childhood was enabling.

T.L. Well, I am in two minds about this. I agree with much of what you say, but I don't go along with you entirely. I think there is a sense in which the social matrix hinders a special kind of relation to reality, and that it is possible to get beyond that to an emotional space of direct, personal, living experience. I imagine you think this is a socially constructed illusion, but I am not sure that the aesthetic and the spiritual reduce entirely to a social semiotic. I would also like to say that creativity in the external world, which is of course 'activity', is dependent on, or substitutes for, an internal creativity. And I think this creative function arises pre-conceptually, although of course it involves thinking of a kind. It's quite close to Bion's idea of 'alpha function', which enables 'beta elements'—which include ideas, impressions, feelings, stimuli of various kinds—to be processed into something personal. It is possible to transmit ideas without making them personal in this way. But I would like to move on to something perhaps more directly connected to CAT theory.

I believe that a person's successful navigation in the world requires a kind of fourfold relationship with the self. First there is a self-soothing function, a relationship based on a feeling of safety in which one feels held and able to relax and go to sleep. Secondly there is a self-monitoring function—'where am I?' 'what is the situation?' 'how do I feel?' 'what can I do?' Thirdly there is a self-advocacy or self-encouraging function which will say 'go on and do it'. And finally there is intentionality: 'why am I doing what I am doing?' 'what am I hoping to achieve in doing it?' All of these seem important and different. There is also the ability to have a workable relationship, not necessarily one of compliance, with the culture in which one lives. If we want a more complete theory of why people do things, how they relate, and

how they feel about things, we have to hold on to all these aspects.

A.R. Yes, that's right, but I would add a self-reflective capacity which enables us to examine all of the above. In this respect we are quite unlike animals. A lot of cognitive and analytic writers like to think of us as being on a biological continuum, but I think there is a radical difference between humans and animals in that we are living almost entirely within a culturally shaped symbolic world.

T.L. This links with an idea in psychoanalysis, particularly in the Lacanian tradition, that the entry into the symbolic order creates a radical and irreparable split. Lacan would not see the development of the self in relationship with others as a benign and creative process but one based on a story of lack and loss. The child's relationship with the parent consists of a set of alienating identifications as the child responds to the desire of the other. The feeling of wholeness is based on an illusion, an image in the mirror.

A.R. My immediate response is that if that were not the case what would we become? Are we just seeds that want to flower, but that are over-cultivated and pruned and distorted? I don't think we are. It seems to me that we cannot but acknowledge that we are formed by our biology and by our caretakers, and that the self we end up with was shaped in the mirror of the other. Only 'mirror' is misleading. Parents both acknowledge and reflect the child's experience, *and* communicate a response which can include both an indication of meaning and a strategy of coping. This is a clearer account than Bion's 'metabolism'. I think. Without this kind of reflection the child cannot become reflective. From the time when we acquire speech we are engaged in dialogue internally. We can't say 'what a pity it is that we are formed and have to be formed by experience'. The one thing we can say is that once we have a sufficiently complicated conversation going on in our head we can begin to consider the terms of the conversation. So that consciousness is the only tool which allows us to make a choice other than that which we were given. But it is complicated because the way in which we reflect and the way we make our choice is also structured for us. I have to wonder if the arguments I am making are just those of the culture in which I was brought up. Intellectual life at the edge is all about questioning those structures, and there is always a process of conformity and oppression entering in, but also of protest. But you can't deal with it by saying it shouldn't have happened. You deal with it by seeing how quickly and how far we can advance in getting some independence of it.

T.L. I have some objections to this line of argument. I fully accept that the development of the self is a dialogic process. But you are at great pains to say that it is culture, not biology, that is important. If you admit biological givens they are bracketed off as being irrelevant. But this is like a sculptor

ignoring the nature of her material. The form gives significance, but only in relationship with the material. I believe that the developmental processes are crucial, and that they include a great deal more than the attainment of the intellectual capacities you have described. In fact I am worried that one of the things that can go wrong, both in childhood and in psychotherapy, is the precocious achievement of these capacities. There is an increasing interest in the emotional deprivation of the precocious child. It can be as though mothering functions are provided by the child's own mind. Winnicott would certainly say that if a child is forced to perform at this level, what is happening is the creation of a false self, and that buried underneath is a deprived true self who perhaps doesn't want to be stimulated in this way. There does seem to be some kind of desirable developmental timetable, and I don't think it is entirely cultural, except in the sense that child-rearing practices are presumably modified, in the manner of natural selection, to produce the kind of adults needed by a particular society. We are dealing with the individual distress resulting from this. I think there is a danger that a brief therapy like CAT might produce a repetition of the push to precocious intellectual management of the world.

A.R. I don't think I have only discussed the attainment of intellectual capacities. The attainment of self-reflection demands access to the self *and* a way of knowing and thinking about the self. That's not a false-self development. I 'bracket off' biology because it contributes little to our understanding of the differences therapy is concerned with. The procedural repertoire one gets ought to match the world one is living in well enough to enable one to manage it all right. If you are living in a very structured society in which you know your place (e.g. if you were born a serf on a feudal estate) it is fairly clear what is expected of you, and you probably don't require much self-reflection to live your life through to the end. One of the features of the modern world is that very few people live a life that is externally defined for them in that way, so the requirement for flexibility and reflection is much greater than it was, and the strain on the integrity of the personality is also much greater. That is a cultural change, and probably history has been in that direction. To sum up, my emphasis on culture is (a) because I think it deserves it, and (b) because it is left out of both cognitive and psychoanalytic accounts. People still write as if we are the sum of our biological evolution. Of course we *are* animals—and thank God for that! But we are *human* animals: even our bodies are known to us through what we have learned culturally.

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T.L. It is not general human ability and whether it is innate or not that

interests me either, although I would say that the range of human competence is simply amazing and is not explained by learning theory or any other theory that psychology has produced. I am interested in what we have to take into account in order to produce reliable change in a therapeutic encounter. Unfortunately there is a tendency, and psychoanalysis has it in large measure, to move away from therapeutic procedures, finding out what works, towards creating a huge global psychology of the human person, which might not be so important.

A.R. But I think it is important, and haven't big global issues figured in our conversation? But I feel psychoanalysis has got it upside down. Psychoanalysis talk as if history was the creation of psychology. I would say that the order is: history, anthropology, sociology, psychology. The last cannot explain its antecedents. The emphasis on the innate and the individual, and the emphasis on biology, is a kind of cop-out. Voloshinov said that quite clearly in his Critique of Freudianism. He saw the popularity of psychoanalysis in the 1920s as a cultural movement; it took you off the hook of being responsible for what was going on in the world.

T.L. Voloshinov was only the first of many both inside and outside psychoanalysis who have said something similar. Psychoanalytic thinking doesn't have to be used to avoid social issues. There have been many valiant attempts made to use psychoanalysis to catalyse social change, from Marcuse to Michael Rustin. It is also possible to start with psychoanalysis as an enemy, and then to make it into a friend. For example, Juliet Mitchell showed that the feminists cannot afford to ignore psychoanalysis.

A.R. Well, I have to agree that psychoanalysis *can* be socially responsible, and that psychoanalysis *cannot* be ignored. But there is a conservatism and a complacency towards the world in evidence too, in psychoanalytic institutions.

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T.L. There are two big areas I would like to move on to, which are relevant to any discussion of a therapy that is related to or descended from analysis. These are sexuality and the mythical. Despite Freud's propensity for philosophical speculation, I think he tended to be a non-mystical kind of character, and there is something quite hard-nosed about the way psychoanalysis looks at, say, dreams. He is interested in dreams and in myth, because of what he thinks they reveal about primary process, about disguised representations of psychic truth. The dissenters, such as Jung and Adler, differ from Freud mainly in their attitude to these big areas. Jung rejected the emphasis on sexuality, as did Adler, for whom power relations were more interesting. Jung's interest in myth and symbol is of a much

more mystical kind than Freud's. Where does CAT stand on these issues? In CAT, when one creates a story with the patient of his or her life, is this the creation of a helpful myth? One or two people who have made contributions to CAT have come from a background of transpersonal psychology. Do their contributions belong to the 'A' part of CAT or is this something else? Is it just a humanistic environment in which the psychotherapy exists?

A.R. I am personally resistant to mystical elements, but favourable to humanistic ones. It is time somebody explored the relation of CAT to these, but it won't be me. As regards the broader question about myth, a brief reply would be that anything which human beings say, do, believe or experience is relevant to psychotherapy, whether it is systematised into a religious cult or belief system or an individual dream. They are all human productions; what we have made we have made. With a dream, however you understand it, you know that it is invented, and that is the interesting part to me. I would say the same with the myths of civilisation. But you're right to suggest some distortion or neglect of this area in CAT. The teaching of CAT has tended to emphasise the logical choice-making kinds of behaviour. On the whole we live our lives using a package of procedures which aren't very logical and which often incorporate personal myths, but we use them. But in therapy it is useful to look at them and trace them, because then you can stop doing the things you don't want. But that is not really a model of how we normally proceed.

T.L. Absolutely. The critiques of the information-processing models of the human mind are very important. I really don't think that we dream, feel, think in the ways they describe.

A.R. No, we don't usually, but we *can* do. For example, scientific thought is a very peculiar, very structured, rule-bound way of trying to avoid certain forms of error. It is not know we think about our ordinary lives.

T.L. That is important. Logical constructions are *post hoc* structures which are imposed on the chaos of being.

A.R. Not only! The theory of CAT was not imposed on the practice of CAT, it evolved from it. We didn't have a theory and then invent CAT. We started doing it, and that made us think about what we were doing and so on in a 'to-and-fro' programme. The evaluation of the consequences of what we do is not just a *post hoc* exercise giving a magical sense of control, it can steer us through the chaos.

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T.L. I am struck by your stress on the words 'AS IF' in the Psychotherapy

File. It suggests that a patient is in difficulties because he or she lives 'as if' such and such were true. They seem to me to be the most important words in the Psychotherapy File.

A.R. I'd like to explore this area of logic, meaning and experience rather more fully. We do use logical modelling in CAT, in the form of TPPs and SDRs, to show people how they produce the results they procure. The 'AS IFs' are part of that, implying a different assumption or perception, and this is an important bit of 'science' to be tested against experience. The reformulation letter takes us into the other field of how we might interpret the meaning of our experience differently. What we are doing there is enabling people to look at what they know through a different 'feeling lens', so it is an interpretation of meaning which has nothing to do with logic at all. Once you are into that, patients vary in the modes they can use to explore meaning. Some are wonderfully creative with words, some draw pictures. In the end people need every route they can find to make sense of their experience. I don't think we are the only experts on that, and we should not claim to be. But if you want to understand an individual, you need to take on board whatever makes sense to them, insofar as you can understand it.

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T.L. Can we now explore the area of sexuality, as it is clear that the primacy of the sexual drive and its effects on object relations is a fundamental tenet of psychoanalysis. Character formation and symptoms are explained in terms of psychosexual development, and unconscious sexual wishes are a major target of analytic interpretation.

A.R. Well, we know sexuality exists from early on, and I think Freud was very helpful in making that common knowledge. Aggression is also a part of our basic make-up, a necessary and a dangerous part. There are also quite positive parts of us that are equally innate. Obviously the control of aggression and the shaping of sexuality were major parental and social enterprises in Vienna at the turn of the century, and there was a fair amount of hypocrisy and harshness. Freud's contribution was to make sexuality less frightening and less taboo-ridden, so that it could be thought about. Now we don't see so many classical Oedipal neuroses, and when we do it is because there has been a particularly seductive mother or a particularly threatening father or whatever.

T.L. Well, I certainly believe that changes in society must produce different character structure in individuals. Some changes, particularly those affecting paternal authority and society's support for that authority, will affect the Oedipal situation. However I also think the focus on sexuality is very

important and relevant today: sex and relationships are primary problem areas for many people. It's as though in a more fluid, uncertain society, hysterical symptoms are less common but problems that have to do with a more primitive pre-Oedipal situation come to the fore. The Oedipus complex is about fixing a social structure in the individual's psyche.

Another vital area concerning modern psychotherapy is the sexual abuse of children by adults, and its damaging effects. As we know, Freud discovered early on that in therapy his female patients would recall forgotten sexual abuse by the father, and at first he thought this was the cause of hysteria. Later he rejected this theory on the following grounds: that there was reasonable doubt that the abuse had actually occurred in all the cases; that the unconscious does not operate by the logical rules of secondary process, and so it is impossible to distinguish between a memory of an external event and an emotionally charged fiction; and that therapies based on the seduction theory didn't reach a satisfactory resolution. We have a much better knowledge now of childhood sexual abuse: we know it is not uncommon, and I see no reason at all to disbelieve someone when they describe the abuse they have experienced. However the sudden arrival of a memory of this kind in therapy does worry me somewhat. This is because today there is a big revival of the idea that the trauma of abuse in childhood is at the root of most emotional disturbance. The revival is not just in professional circles but has a popular dimension. The whole area is a very emotional one, and in such a climate mistakes are made. I myself do not want to rule out the possibility that some memories of this kind are created artificially, and that they might be created out of incestuous wishes and phantasy as psychoanalysis has maintained. While I want to recognise that the dogmatic application of Freud's theory has often led to more abuse when the experiences of patients were disbelieved, I also think we all have unconscious incestuous wishes as children. The major variable is the behaviour of the adults in the situation.

A.R. This brings us to what I think of the dangers of psychodynamic therapy. If you interpret events from early enough in life, before words or clear understanding, patients may start to think that what you say is the truth. I think there is much less danger in brief therapy, where we don't have time to implant memories! To go back to the general question of sexuality, I am perhaps more Adlerian than Freudian, because I think that the primary issues are ones of power and control, and that sexuality is one of the main arenas in which those issues are fought out. The model of human need seems to me to be around the issue of closeness-or-not—we all seek closeness to a certain extent though we also like to be separate—and around control and submission, where if power is more or less balanced, and not cruel, we can feel safe. Inevitably for a large part of our childhood

we are in the relatively powerless position. So the way in which closeness and control get linked together is a central issue. One of the most profoundly controlling experiences is to be beaten up or sexually abused. The body which is intruded upon and hurt is going to get a strong message of powerlessness.

Whether every male child wants to have intercourse with his mother and kill his father I rather doubt, though some clearly do. I don't argue against the power of sexual phantasy or the power of desire of various sorts, but I also think that of every 100 referrals it is a *very* small percentage where that is the therapy issue. Most patients are dealing with the consequences of things that happened in childhood and are remembered by them. In short, I don't think Oedipal conflict is the universal problem without the analysis of which you can't be all right.

T.L. You say that abuse reinforces a sense of powerlessness, and I agree. I have also found that it sometimes produces a feeling of power and control. The child seems to have felt 'There is something about me which causes adults to behave in this way'. This can produce feelings of responsibility and guilt around the abuse, especially if the child enjoyed the contact or the attention. I have known abused patients who felt there was something powerful about them which caused other to lose control.

A.R. The reality of the relationship was one of powerlessness. But the sexualised child may indeed learn to use the power of sex to control others, or to revenge themselves, or as the *only* coin they know how to use.

T.L. We've briefly discussed sexuality. I could pursue this because I really think there is something special, something primal, about sex in the human psyche, but I'd like to ask you about something else. So many people seem to have a deep sense of badness within, and I wouldn't find that so odd considering the climate of criticism and/or neglect that many children grow up in. But what really does seem extraordinary, and which analysis provides an explanation for, is that a two- or three-year-old child should think of herself as 'bad'. In Winnicott's account of the analytic treatment of a little girl, the Piggie, she talks about herself as 'bad' and 'black', and she is persecuted by a phantasy object called 'black mummy' who rides in a 'babacar'. It is clear that what has happened is that another baby has arrived, and she has been pushed out. She expresses that as 'I am a bad person' even at the age of three. The mother writes to Winnicott to say that her daughter has never been told she is a bad girl. She had certainly not experienced the contemptuous, dismissive treatment some children get; on the contrary, the parents are concerned and attentive.

A.R. I think that children have quite clear conceptual limitations and don't

get things quite right. They are more egocentric and take more responsibility for what happens. By three or four a child is perfectly capable of having a murderous thought, and of knowing it ought not to have such thoughts. It doesn't have to have been actually punished for the thought; it is taking responsibility for something it didn't actually do and doesn't distinguish between the desire and the act. Once you accept that that can happen, then we are all liable to feel guilty, because we are all going to have unforgivable desires to varying degrees. If you have been threatened with castration as a punishment then you are going to have such thoughts in a harsher form. I think the false attributions and the limitations of the child's ability to understand causality and responsibility are sufficient explanation for guilt which seems, alas, universal.

T.L. It appears that you are accepting half of the analytic account and rejecting half. A child's misunderstanding of things and drawing false conclusions is a major part of analytic theory—for example when the girl's lack of a penis implies to the child that it has been cut off. What you don't like is the idea that we are predisposed to misunderstand things in a particular way, or that we come into the world ready to create a world of unconscious phantasy in which there are 'natural' equivalences, such as penis ≡ faeces ≡ babies and so on.

A.R. You're absolutely right—I reject most of that.

T.L. This brings us to a very central activity of psychoanalysis, that of *interpretation*. After all, psychoanalytic treatment consists in making careful interpretations of the patient's unconscious material, based on the free associations, and working through the resistance which is going to be there if the interpretation is correct.

A.R. Or if it is *incorrect*! My own view is that interpretation is a dangerous act, because interpreted subjects are being told something about themselves which they can't know about. Even if it is tentative, and the patient is given a chance to comment, it is still a very persuasive act to give an interpretation which is supposedly related to one's problems. If a person is given an interpretation five times a week for several years, the acceptance of it probably has very little to do with its truth. I think my critiques of the Steiner and Joseph papers are really about my anger at the way theory seemed to me to generate interpretations which were profoundly negative and implicitly collusive. I think you can say the same thing about a lot of Freud's cases; he was clearly a persuasive interpreter. I think it is a dangerous act, and if we do it at all we should say 'It *could* be that this is explained in this way, but this is a hypothesis'. We should *not* say directly 'We have here your unconscious destructive impulses at work' or 'In phantasy you have incorporated your father's omnipotent penis'.

The offering of a description and a joint reformulation is actually containing and not too disturbing, because we don't insist on knowing what the patient doesn't know. We do give patients a language to think about what they know, and that often leads on to them knowing new things. I am not saying that we don't influence them, and that there is not some persuasiveness at work. But I think that to sit out of sight of a reclining person and to occasionally drop into the pool a distillation or interpretation is a very powerful thing to be doing. To sit next to a diagram and say 'Do you think that makes sense of what you do?' or 'Have we been around that loop today?' is very different, and to me it is nearer the ordinary way in which humans learn. It is by joint work and tools, which is the Vygotskian model and which is respectful. Now I'm not saying that it always works, and there are some people who may have to go into forms of regression. I am not sure what percentage that is.

T.L. It seems to me that there are different kinds of interpretation. Perhaps some kinds of interpretation can happen safely in CAT. What about transference interpretations, which are made very frequently in psychodynamic therapy?

A.R. They are central to CAT, like when you describe a loop as happening in the room.

T.L. But that's different from a patient telling a story of something that has happened outside of therapy, and his being told that it is about what is going on between him and the therapist, rather than what it seems to be about in the world outside.

A.R. It can be both. Not everything that happens is transference. But a lot of what you are told by patients is, or is a metaphor for, or an example of, something that is happening in the therapy. But procedures can be revised in daily life as well as in the transference. I had a lovely example of a metaphorical story in the last session with a borderline patient, who came in and said he was feeling pretty good. He had been re-tiling his bathroom, and when he had pulled off a little patch at the top he had found that they all had to come down because the whole wall was sodden. He had to strip the wall down and reproof it, and he had been very proud because he hadn't lost his temper. But, he added, 'there is still some more work to do after this session'. I didn't interpret it because I didn't think I needed to.

T.L. It is sometimes better to talk about reality through an unconsciously understood metaphor, rather than to interpret unnecessarily. It reminds me of Bruno Bettelheim's belief that the vital role of fairy tales was to communicate understanding of children's concerns and problems in a symbolic form, when a talk directly would be far too anxiety provoking.

Also, in that way the child can choose what needs to be talked about, by insisting on a favourite tale.

A.R. 'Unconsciously understood' means to me 'that is an illustration of an example of, an important issue or procedure'. Kleinians, however, do go quickly and directly into interpretation in child analysis.

T.L. Yes, and Melanie Klein maintains that good interpretation of this kind is followed by a reduction in the child's anxiety and an ability to play more freely.

A.R. Klein's bodily metaphors are probably quite accessible to children, without that meaning they represent the child's unmediated experience. There is no objection to metaphor in CAT, but also none to direct description.

T.L. Is it the interpretation of unconscious wishes that you object to as being dangerous?

A.R. No, I don't object to them, though I find unconscious motivation a slippery concept. I think that how you go about it is important. I quite like putting the idea of 'unmanageable feelings' in brackets in the SDR rather than saying 'Murderous envy'. Then you could say 'There is clearly something which you find hard to get into, probably for the reasons that we have gathered from childhood, so you seem to be doing this to get away from it'. That is a sort of permission for those feelings to be there. We can guess what they are, but we shouldn't be too quick to concretise them. But to accept that the patient feels that there is a dangerous, fierce, damaging, destructive, unmanageable core can be very important. I agree with the Kleinians here: it is very reassuring to be told that one's therapist understands how destructive one is. So in the end the SDR is quite a Kleinian instrument! It is a direct statement of all that is there.

T.L. I agree about the importance of accepting core destructiveness. I remember a patient who told me at the beginning of therapy that she feared she was going to be in complete control during our sessions. She made a lot of attempts at sabotaging and destroying the effects of the therapy, and it was pretty clear that quite a lot of her behaviour was connected to a destructive rage. I thought it was important to keep acknowledging the destructive part, and she seemed to be saying that she needed that too. I asked her to draw her states of mind, and they were all as bad as could be. There was nothing good, and I think she couldn't draw anything good because I might have picked up on that and been deflected from the bad. And eventually she began to take responsibility for this part of her, but it had to be fully accepted first.

So, I am wondering, is it the intrusive and punitive aspects of interpretation

that you object to, or the fact that a lot of interpretations come from a dogmatic adherence to theory?

A.R. Well both. And of course it is easy for interpretations of hostility to generate a paranoid response which seems to prove that the interpretations were right.

T.L. Do you think that can happen in CAT with descriptions of procedures? For example, I am wondering whether there is developing in CAT a kind of orthodoxy of 'split egg' diagrams where you immediately recognise the splitting between the idealisation and the denigration.

A.R. The history of the egg diagrams is a good example of how, without a concept, you don't recognise phenomena so easily. Until the egg diagram was formulated, therapists often didn't notice that there was a split. But having the concept it becomes a limit on what you can recognise, which is why continuous theoretical development is so important. I am now emphasising the need to look for multiple negative states.

I think CAT has taken the best out of object relations theory, and the SDR offers a much clearer picture of fragmentation and splitting than can be given verbally, and it gets away from the idea of motivated resistance and defence. I think the provision of accurate description and the image of the different self-states offers the first chance many patients have had to be *outside* the states. The combination of working together to get that description and of having a map of the self, I think, our most interesting contribution.

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T.L. Perhaps it is now time to try to answer the question 'How analytic is CAT?'

A.R. Why don't you give your answer?

T.L. Well, it is clear that CAT does owe a great deal to psychoanalysis, especially to those developments that stress the interpersonal. I would not want to say that it is a kind of psychoanalysis, but I do believe that the thoughts of those of us involved in CAT are not too far away from some of the British Independents. I think Christopher Bollas has said that most of his patients are consciously aware of and troubled by their destructive impulses, and that it is the love and creativity of the patient which is often missing and which needs to be acknowledged in the therapy. He also typifies a new kind of open-mindedness in psychoanalysis when he says that Freudian analysts ought also to be Kohutian, Kleinian, Lacanian, Winnicottian etc., because each of these approaches covers only a limited perspective. I think the CAT understanding of Projective Identification as a reciprocal role procedure would be acceptable to analysts in this tradition.

My own view is that psychoanalytic thinking is vital to CAT in two main areas. The first is that mysterious emergence into selfhood in infancy which I feel has a real bearing on our expectations of relationship in adulthood. Psychoanalysis is prepared to venture into the prelinguistic, and to acknowledge the effect of preverbal experience. I agree with you that it is not so much about recovering encapsulated memories, but I think it is about understanding how early experiences combine with phantasy and how that might continue to have an impact on interpersonal relations. The analytic literature is full of good ideas about this—for example, Bollas's concept of the transformational object, in which the other is experienced as the *process* of transformation. He contrasts the object of desire with the object identified as metamorphosis of being, and points out how the remembering of this object relation is not cognitive but existential, based on intense affective experience. Now I find this idea very illuminating and helpful in understanding patient's expectations of the psychotherapist. In a lengthy psychoanalysis it might be possible to remember early experiences; in CAT this is less important than providing a description of the effects of such expectations on a patient's life.

The other area in which I believe CAT needs to clarify its theory in relation to analytic theory is its account of how revising cognitions actually produces change. There has been a chasm of incomprehension between the analysts and the cognitive therapists about this, with the analysts rather looking down on 'symptom removal', and the cognitive therapists saying 'Well, if the targeted negative thoughts are gone or improved, what's the problem?' I think CAT has a real opportunity to bridge the gap. I think it is most important to distinguish between cognitive/perceptual processes that produce affect, which are very often not accessible to consciousness, and those that attempt to make sense of the affective state after it has been produced. The assumption, often made in cognitive therapy, that a person's theories about the cause of his emotions are the same as the actual causes, is not justified. Again, if someone who is depressed is selectively attending to negative cognitions, which have an unpleasant affective tone, then it must be an affective selection process which is admitting these thoughts to consciousness. It is also unclear that if one helps someone construct a new series of associations that the old ones will go away. In fact there is evidence that latent associational networks do influence behaviour and conscious thoughts and feelings. It has been widely found that people tend to develop self-serving attributions about the self, and if negative automatic thoughts were simple cognitive errors, they would surely extinguish. These attributions must have been adopted as a strategy; at some point it must have seemed less painful than an alternative course. They continue to operate, with the original reasons for the strategy

remaining unconscious, and probably with new 'explanations' in place. If we postulate that these strategies were adopted in the intense and sometimes overwhelming milieu of childhood object relationships, then we have a profoundly psychodynamic theory. CAT does indeed address these issues with its concept of 'core pain' derived from Mann, and which is now often referred to in the reformulation as 'unmanageable feelings', and in its assumption that procedures which do not work have an historical explanation, and that the explanation is important therapeutically. The SDR is, for me, an important symbol of the permanence of a person's history. The old associational networks do not get erased like magnetic tape and get replaced by other 'better' programmes, but the picture can be modified, parts that were dissociated can be linked and so on. How these changes take place is a complicated question, I think.

It has been interesting having this conversation with you because we are not 'adversaries' defending positions. I have found over the five years in which I have been using CAT as a therapy model that it has been very helpful, even with people who might be excluded from, or would have difficulty using, analytic psychotherapy. I have learned how CAT works from my relationships with them. I value the flexibility, the potential for growth in CAT, and the importance placed on not knowing everything. I do think that a coherent theory to guide practice is essential, even though psychotherapy theories, especially with regard to how they deal with transference and countertransference, can be seen as defence mechanisms. Or as you put it, theory contains and holds the therapist. Which is a very psychoanalytic idea.

A.R. I think we both agree that the issues raised in trying to answer the question are not done with, and I hope the discussion will provoke continuing dialogue. But I think I would distance myself from psychoanalysis more than you do.

I would say that the theory of CAT shares with psychoanalysis the notion of the developmental origins of personality, and of the link between the inter- and the intrapersonal, and that as regards practice, CAT shares the understanding of transference and its use. In many other respects, CAT offers major differences and can be seen to constitute a form of critique of established psychoanalysis. So if being analytic implies agreement with and acceptance by the practitioners and institutions of psychoanalysis, then CAT clearly does not qualify. I personally do not regret this. I think the time has come for psychoanalytic ideas to be part of general psychology and exposed to the intellectual challenge of other workers in the field. And the time has also come—indeed it is long overdue—for psychoanalytic practice to be evaluated alongside other therapies. The particular ways in

which the ideas and institutions of psychoanalysis have evolved deserve study as part of the history of ideas, and through the methods of sociology and anthropology, but there is nothing sacred about them, and they may have served their purpose.

One could argue, of course, that CAT is a true bearer of the analytic tradition, maintaining the capacity for innovation and revision which was characteristic of Freud.