

leave if you have to, but try to stay in as long as possible, preferably until you are bored, not scared. In putting yourself through such a programme, get rid of "props" such as being accompanied by other people or dogs, depending upon carrying walking-sticks or cases, or hiding behind newspapers. If you depend upon these to cope with a given situation, your next task should be to cope with the same situation without these "props". Similarly, if you use alcohol or tranquillizers you should aim to manage a situation without them before you attempt any more difficult situations. If you do use drugs, take them 2 to 3 hours before you go into the difficult situation so that the effects of the drug will wear off while you are in that situation and give you the experience of mastering your fear on your own. After each exposure, record the place and duration and some measure of how bad you felt and for how long. If you have a friend who knows about your programme, show him the record from time to time. If you have a set-back, which is likely, enter a less difficult situation as soon as possible and proceed to increase your range again from that point. Your record will show you how, over time, you do make progress and also how the intensity and duration of fear subsides, and it will prevent your becoming discouraged by inaccurate, negatively biased self-evaluations.

The above description applies particularly to phobic avoidance, but the overcoming of obsessive-compulsive behaviours is based on essentially similar methods. Rituals are ways of controlling fear, and to overcome them involves accepting exposure to fear without the magical reassurance of the ritual act. The seeking of reassurance from others can itself become a compulsion, and the co-operation of close others in withholding such reassurance and in supporting resistance to the compulsions is an important back-up to the individual's programme of graded exposure.

DISCUSSION

Interest in self-help aids has been confined to the behavioural and cognitive tradition, where it represents a logical extension of the use of specific homework assignments in therapy. Psychoanalysts, with their emphasis on unconscious mental processes and on the transference as the agent of cure, would clearly be sceptical. Little good evidence exists for the effectiveness of the behavioural self-help literature (Glasgow and Rosen 1978). I have no evidence for the effectiveness of the material described in this chapter beyond the reports of my patients, many of whom have found them useful in maintaining and extending the understandings reached during sessions.

15 *Afterword*

Just as a patient, in the act of telling his story to a psychotherapist, may discover that he understands more than he knew, so an author in the act of writing may clarify and extend the ideas which prompted him to write. While my original aim has been largely achieved, and while my approach has largely followed what I originally envisaged, I am aware of a number of shifts in emphasis that have resulted from the act of writing this book. These are not easily conveyed because they are somewhat paradoxical. In many respects the book makes a larger and more definite claim than I had anticipated and yet, at the same time, I have the sense that experienced practitioners will read much of it with a sense of familiarity. I think this is a reflection of the fact that therapists are often more flexible and various and less restrained in action than they are in their theoretical writing. Some of the positions I have discussed or dismissed polemically may seem to such people windmills rather than giants. The gap between acts and the accounts given of acts is, however, one that needs closing, and if I have contributed to that closure I am satisfied. I have argued throughout the book that a main function of therapy is the provision to patients of accurate, usable accounts of how they think and act, and the attempt to do the same for therapists seems appropriate.

No attempt is made to proclaim a New Therapy; I think it is unfortunate that inflated claims are nearly always made for new ideas or approaches in the field of psychotherapy; current enthusiasm for cognitive psychotherapy seems to be a contemporary example of this. In my own view, it is impossible for any one contribution in this field to dispose of all the issues, and exaggerated claims such as are expressed most baldly on the dust-jackets or in publishers' advertisements serve only to delay the evolution of a more coherent theoretical base for the field. In this book, I have offered an account of practice that is largely derived from psychoanalysis, behaviourist and cognitive therapies, and the suggested name of cognitive-analytic therapy declares this derivation; but I am aware that there are many other therapeutic methods I have not discussed that may also have their

place. In the procedural sequence model, however, I have proposed a simple schematic description of the essential processes involved in human action and change, and I believe that the full range of neurotic difficulties and of psychotherapeutic methods can be understood in relation to this model. The idea that psychotherapeutic theory is at the point of a paradigm shift is commonly expressed, and the dominance of inadequate paradigms in the field can hardly be denied. If this book has contributed to the evolution of a shared, integrated account, it will have achieved its main purpose.

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Appendix

Repertory Grid Contributions to Understanding

The repertory grid technique, evolved from the work of Kelly (1955) and related to his construct theory, was my own first direct introduction to a cognitive approach to the issues facing psychotherapists. The first 10 years of my work with this technique are summarized in Ryle (1975) and subsequent papers have reported the further uses of the method for the investigation of couples (Ryle and Lipshitz, 1975, 1976) and as the means of identifying and recording change in therapy (Ryle, 1979 and 1980)

REPERTORY GRID TECHNIQUE

The basic grid technique is relatively simple. A grid is made up of a subject's systematic ratings of a range of *elements* according to how well they are described by a range of *constructs*; in relation to psychotherapy, the elements are commonly people or, in the dyad grid (Ryle and Lunghi, 1970), the relationships between people — usually those between the subject and a range of others. Which kind of people, or relationships, may be indicated by the tester, but they will always be those of importance to the subject. The constructs are the terms by which these people or relationships are described. These terms may be wholly or partly supplied by the tester, provided they make sense to the subject, but it is usually best for at least some of them to be elicited from the subject. Elicitation involves presenting random pairs or triads of elements to the subject, and noting all the contrasts and similarities he marks between them. When the elements and constructs have been elicited and listed, the subject rates each element against each construct, usually on a 5 or 7 point scale, according to how far the construct applies.

The resulting matrix of figures represents a mathematical space in which the constructs are dispersed in the space defined by the elements, and the elements are dispersed in the space defined by the constructs. These relationships can be analysed by the use of Slater's Ingrid 72 program (Slater 1972a). A table of construct

correlations provides a means of seeing how far each construct is used similarly or differently to each other construct and, hence, provides access to the individual's idiosyncratic network of meanings. A table of element distances provides similar information about the overall similarities and differences between elements in terms of the constructs used. A principal component analysis extracts the principal mathematical components of the grid and gives the loadings of each construct and each element on these components. By plotting out the distribution of elements and constructs in terms of the first two components (which commonly account for 60% or more of total variance) a "map of conceptual space" is obtained, the elements being dispersed in regions, the meanings of which are indicated by the construct loadings.

Fuller accounts of grid technique are to be found in Ryle (1976) and Fransella and Bannister (1977). For those who are scared off by the mathematical proceedings, the point of the analysis can be summarized simply in prose. It shows, for the subject tested, what goes with what: what judgements with what judgements; what people or relationships with what people or relationships; what people or relationships with what judgements.

To illustrate the use of grids and their relation to psychotherapy, I will first briefly summarize the application of dyad grids, where the elements are relationships, to outcome research; I will then consider the relationship of grid data to the issue of consciousness; and then present the dyad grid data on the patient, Anne, whom we have followed through many chapters of this book.

SPECIFYING COGNITIVE GOALS IN OUTCOME RESEARCH

Where two constructs, for example *dependent upon* and *gives in to* are highly correlated, one can say that, for this person, there is a dilemma as defined in Chapter 3, which can be expressed as "if dependent, then giving in to"; similarly, a low correlation between *looks after* and *controls* implies the dilemma "either looking after or controlling". Provided that the elements in the grid are a typical or inclusive example of the type of relationship being considered, such correlations will indicate assumptions that will be reflected in the way the person sets about his relationships, and may explain or constitute his difficulties. In this sense we are assuming that the judgements in the grid are a sample of the general construct system used by the individual. In the examples above, in the first instance *dependency*, and in the second *looking after*, are seen as risky and are likely to be avoided or to have bad consequences because they imply loss of control.

Dyad grid testing of a patient during the assessment period can serve, therefore, to identify dilemmas and, in practice dilemmas so identified usually help illuminate the person's difficulties. In a pilot study of six cases (Ryle, 1979a) and in a second study of fifteen cases (Ryle, 1980) the resolution of such dilemmas was made one of the goals of therapy. It was predicted that successful therapy would be reflected in changes in the value of the construct correlations in the appropriate

direction. These predictions of specific cognitive changes were tested at the end of treatment by repeating the repertory grid and were confirmed in the great majority of instances. The grid, therefore, helped to identify dilemmas, the revision of the dilemmas was made one of the specific goals of treatment in the manner explained earlier in this book, and retesting after treatment confirmed that the problematic cognitive features had been modified.

The recognition of psychologically significant dilemmas from grid data depends essentially upon establishing with the patient the relevance of the identified dilemma to their life problems. Some guidance as to the likely significance of such dilemmas on the grid may be provided by normative data and, having used a dyad grid with some standard supplied constructs over a series of patients, I have calculated the means and standard deviations of the correlations between the following constructs: *dependent on*, *looks after*, *gives in to*, *controls*, *gets cross with*. The values of these, expressed as angular distances (0° = a correlation of +1; 90° = a correlation of 0; 180° = a correlation of -1) are given in Table 1. Values of more than one standard deviation from the mean usually identify clinically relevant dilemmas (Ryle, 1981).

Table 1

	Is cross with 93 SD 30	Gives in to 73 SD 20	Controls 74 SD 25	Is dependent on 73 SD 23
Looks after				
Is dependent on	89 SD 20	64 SD 21	83 SD 23	
Controls	79 SD 29	96 SD 24		
Gives in to	90 SD 18			

GRID DATA AND CONSCIOUSNESS

A subject, in completing his grid test, exercises a large number of discrete conscious judgments. In discussing the results of grid testing after the grids have been analysed with subjects, one is frequently faced with their surprise. The fact that one always regards people who are caring as submissive may not have struck one; the similarity of one's relationship with one's girlfriend and with one's mother may be a revelation; or the fact that one always plays the same role in relation to others may never have been realized. In terms of the PSM, this suggests that, at the "tactical" level of encounters with others, such as are described in the grid ratings, one's judgements and acts are guided by more general ("strategic") assumptions of which one is incompletely aware. Bringing these strategic assumptions to a person's awareness

provides him with more accurate self-monitoring, and opens the way to greater control. While the origins of such strategies may include "dynamically unconscious" factors, e.g. the repression of forbidden anger, the recognition of the patterns is not resisted by the patient, and is frequently followed by "de-repression" in the sense of his allowing the recognition and expression of feelings and aims not previously acknowledged.

ANNE'S DYAD GRID

Anne was given a standard form of a dyad repertory grid to complete at the end of her second assessment session. The instructions attached to the form and a copy of the form are given in Fig. 1a and b. Anne amended the constructs *gets cross with* and *blames* by adding "implicitly often" and "implicitly always" to them. The relationships listed on her form were with her husband, two contemporary male friends, her brother, an older male friend, and her sister. Angular distances between

Appendix Fig. 1a Relationships Test

The purpose of this form is to help in the understanding of the patterns of your relationships with others. It is part of an ongoing research project and a similar form has proved useful in identifying difficulties and clarifying the goals of treatment. You are asked to rate a number of relationships against a number of descriptions; some descriptions are provided and some relationships named, but there are also spaces for you to add your own. First decide which relationship you are going to add, listing these people in the numbered spaces below, giving their initials, their sex, and their relationship; e.g. boyfriend; female flatmate; hated male teacher; sister, etc.

Initials Sex Role in your life

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Now choose at random any two of these and jot down, on scrap paper, descriptions of how they feel and act towards you, and of how you feel and act towards them, noting both similarities and differences. Repeat this with different relationships, and go on until you feel the important descriptions have been noted. Now turn to page 2 [Fig. 1b], the rating form; you will see that ten descriptions are provided and that a further 6 spaces are left blank. Write into these six spaces the six most important of your own descriptions, leaving out any that are already provided. At the top of the form you will see the numbered relationships, these numbers corresponding to your list above. Each relationship is rated against each description by allocating a score between 5 (very true) and 1 (not true at all). Fill in the form fairly quickly, rating all the relationships on each description in turn (i.e. fill row by row, not column by column). After it has been processed, we will discuss what can be deduced from the test.

Appendix Fig. 1b

No.:		Mother to Father	Father to Mother	Self to Father at age:	Father to Self	Self to Mother at age:	Mother to Self	Self to (1)	(1) to Self	Self to (2)	(2) to Self	Self to (3)	(3) to Self	Self to (4)	(4) to Self	Self to (5)	(5) to Self	Self to (6)	(6) to Self	Self to Self
Date:																				
* 5 = Very true 4 = True 3 = ± 2 = Not true 1 = Not true at all																				
1. Looks after																				
2. Is forgiving to																				
3. Respects																				
4. Controls																				
5. Feels guilty to																				
6. Is dependent on																				
7. Gets cross with																				
8. Blames																				
9. Gives in to																				
10. Confuses																				
11.																				
12.																				
13.																				
14.																				
15.																				
16.																				

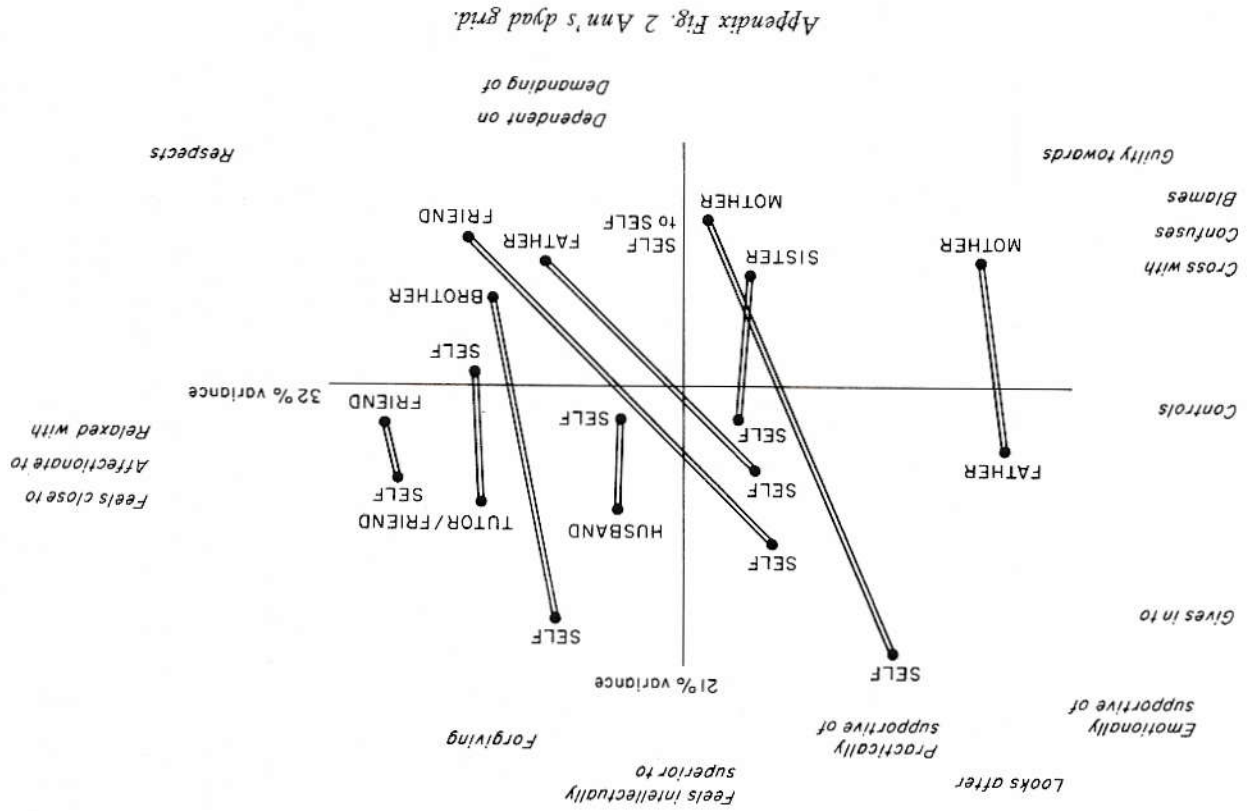
* Rate each relationship on each description with a number, thus scoring according to the degree to which the description applies.

the five constructs *looks after*, *controls*, *is dependent on*, *is cross with*, and *gives in to* that differed by more than one standard deviation from the mean for the patient population were identified as follows: the correlation between *looks after* and *is dependent on* was low (-0.15) indicating the dilemma "either dependent or looking after"; the correlation between *is dependent on* and *gives in to* was low (-0.15) implying the dilemma "either dependent on or giving in to", and the correlation between *gives in to* and *is cross with* was high (0.38) implying the dilemma "if giving in to, then cross". The two-component graph of Anne's grid is given in Fig. 2. Going round the space defined by the graph in a clockwise direction starting from the top, we go through forgiveness, relaxed affection, respect, demanding, dependent, cross, blame, and guilt, control, gives in to, and supportive. In this graph, the reciprocal ends of each dyadic relationship are joined by a line; the most striking observation from this graph is that in her relationships, whether at the negative (left-hand) or positive (right-hand) end of the first component, Anne usually sees herself as playing the forgiving, caring role to the respecting dependence of the other; the exceptions are her relationship with her husband and tutor. The importance of this recognition will be clear to the reader who has followed her case history, and the fact that the most polarized dyad on this dimension is that of self-to-mother will come as no surprise. The restrictive "theory of relationships" identified in this grid data was incorporated in the target problems elaborated at the end of her assessment session, in particular in number 4 (the problem of compulsive caretaking).

DIFFERENT ASSUMPTIONS IN SELF-OTHER AND OTHER-SELF RELATIONSHIPS

The construct correlations derived from the analysis of a whole dyad grid are based upon all the ratings and this does not take account of the fact that the meaning system applied to self-other relationships may differ from that applied to other-self relationships. Whether this is so can be investigated by analysing two halves of the grid separately and comparing the two grids, using Slater's Coin program (Slater 1972b). In Anne's case, the self-other and other-self grids were, in fact, very dissimilar, the coefficient of convergence between them, which is a measure similar to a correlation, being only 0.30. The differences between the two grids were therefore investigated for their psychological interest. Table 2 lists all those construct correlations with the constructs *looks after*, *controls*, *is dependent on* and *gives in to*, which differed between these two grids by 35° or more of angular distance. Anne's "theory of relationships" can be understood more fully on the basis of this Table, which reveals certain special "rules" distinguishing the implication of various constructs. This can be summarized (in Anne's voice) as follows:

When I look after you I control, blame, and give in to you and I do not respect you; when you look after me you respect me, you tend to control me, and do not blame me. If I control



you I do not feel guilty but if you control me you do feel guilty; when I depend upon you it is associated with respect for you; I do not feel guilty, feel cross with, or blame, you, or give in to you, but when you depend upon me you do all those things; when I give in to you it is associated with the giving of practical support but I do not feel relaxed with you and do not respect you; if you give in to me it is associated with feeling affectionate and relaxed but not with giving me practical support.

These differences suggest that the 'theory' owes much to her relationship with her mother, showing in particular how Anne's giving of care involves blaming control of the other but how she was able to receive care from those whom she respected. The fact that dependence, for herself, did not have a negative connotation, which dependence in others had, was important in allowing her to have a good relationship with her husband and allowing her to commit herself to therapy.

Table 2 *Angular distances between four constructs and all other constructs differing by 35° or more between self-other and other-self grids.*

		Grid of self-to-other elements	Grid of other-to-self elements
Looks after	Respects	109	55
	Blames	56	108
	Gives in to	64	90
	Controls	31	71
Controls	Guilty	90	38
Dependent on	Forgiving to	101	62
	Respects	33	70
	Guilty to	100	62
	Cross with	102	61
	Blames	113	65
	Gives in to	128	57
Gives in to	Respects	143	96
	Affectionate to	87	38
	Relaxed with	123	67
	Gives practical support to	61	109

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