AFTERWORD

We set out in this book to offer a new introduction to the principles and practice of the evolving CAT model of psychotherapy. We hope that we have whetted the appetite of those who may wish to take their interest further and consider some form of training and that it will be useful as a guide to those currently undertaking a training. We also hope that it may usefully inform the professional practice and thinking of a wider readership. In this last chapter we recapitulate and consider its distinctive features, the reasons for its rapidly increasing popularity with both clinicians and patients, its research activities and emerging evidence base, and its implicit values.

DISTINCTIVE FEATURES OF CAT

The distinctive features of CAT emerged because it was constructed in a way which sought to include the common factors identified as helpful by Frank (1961) and it set out to integrate ideas and methods from other schools, notably psychoanalysis and cognitive psychology. As a result, many specific aspects of its practice are also to be found in the work of other therapists. What distinguishes CAT are its translations and transformations of these ideas and methods, its addition of some new practical and theoretical features, notably the introduction of Vygotskian understandings, and its seeking to develop a fully integrated model. The coherent and robust psychotherapy theory for which we aim should give an account of people and psychopathology which is compatible with research findings from studies of child development and of effective psychotherapies and from the broader fields of psychology, sociology

and anthropology. It should also be fully reflected in practice and be set within an explicit philosophical frame. As such it differs radically from eclectic approaches which address issues of practice and technique but do not seek a common language or theory.

CAT, of course, is not a finalised theory; new experiences, new research findings and continuing arguments will continue to elaborate and refine its ideas and methods. In its present state it can provide a critical perspective from which to view the dominant current schools. As we have argued, we believe that both psychoanalytic and cognitive understandings are restricted by their individualistic assumptions and by their lack of an adequate understanding of the social formation of the human mind or of the social formation of their own theories. This is not to deny that, to a variable extent, the practice associated with them may be dialogic and their individual practitioners may be informed by awareness of social forces and sensitive to broader social considerations, but in this they are not adequately supported by their theories.

The practical techniques employed in CAT, such as the use of written or diagrammatic reformulation, the emphasis on collaboration, the description, recognition and revision of negative procedures and the avoidance of collusive reinforcement, are skills which can be learned through supervised practice. But a full integration of theory with practice demands of therapists a willingness to adopt a genuinely collaborative position, and a capacity to understand each patient by taking account of their temperamental characteristics and of historical, sequential, structural and reciprocal features on the basis of which they may be able to provide a reparative relationship.

THE CONTINUING EXPANSION OF CAT

It would appear that the increasing popularity of CAT has much to do with the appeal of its distinctive features. It has been remarkable to witness this growth. Twenty years ago CAT was essentially a one man band, whereas today in the UK there are 9 trainings in place with 77 trained supervisors, 221 qualified practitioners and 197 trainees. CAT is also established in Finland and Greece and, with the development of distance learning and supervision, trainings are due to start up in a number of other countries. This rapid expansion required the creation of an organisation to replace the very informal methods of the early years. Thanks to a great deal of work by, initially, a few people, the Association for Cognitive Analytic Therapy (ACAT) is now a solid and friendly organisation, maintaining an efficient national structure responsible for maintaining standards of practice and defining an agreed curriculum taught in various ways in the different trainings now established in the UK and abroad. Further information about developments, meetings and the many special interest groups can be found on the website (acat.org.uk).

This rapid expansion occurred, we believe, because CAT, as a way of doing individual therapy, had an immediate appeal to many therapists, clinical psychologists, social workers, community mental health nurses, counsellors and psychiatrists (see Rees, 2000) who were frustrated by the impractical length and doubtful effectiveness of many current treatments and by the lack of human sensitivity offered by many existing therapy models. For those working in underfunded services, confronted by an inexhaustible supply of patients with psychological problems at all levels of severity, the experience of the positive effects of focused time-limited CAT, even in the treatment of chronic and severe conditions, was encouraging. Learning to make rapid sense of their patients' long-term difficulties and the discovery that even severely damaged people can make use of the understandings worked out together in the reformulation process gives a new confidence to therapists. The structure of the model also provides orientation and containment to therapists under supervision who can quickly become clinically effective.

Inevitably, established psychoanalytic and cognitive-behavioural institutions have paid little attention to the ideas of CAT, but it has clearly become a living presence for the current generation of trainees and recent graduates in psychology and psychiatry. Compared to the early days those now seeking training in CAT have increasing levels of prior experience. The expansion of interest in CAT as a model of individual therapy has been accompanied by the increasing use of the ideas in other fields; in particular, the involvement of CAT-trained therapists and practitioners in staff supervision, care planning and in residential and day care settings has provided further evidence of the accessibility and relevance of CAT understandings. As a result, increasing numbers of staff from various disciplines are *using* CAT in their work rather than simply *doing* CAT and are finding that it extends their sense of professional competence and morale. These extending applications of CAT are being accompanied by a continuing process of theoretical development.

THE EVIDENCE BASE AND RESEARCH

CAT arose out of the attempt to evaluate the validity and effectiveness of existing psychotherapy models and has aimed to maintain this as a fundamental component of its own self-evaluation. From its beginning it has reported case studies and naturalistic outcome series in the context of its developing theoretical base and has always stressed the importance of audit and research. It should be noted that this work was initially undertaken by a small number of enthusiastic individuals who had major clinical commitments and who lacked financial or academic support with which to undertake major research trials. These, in the early stages of development of any model, would be, in any case, inappropriate. Owing to its rapid expansion in popularity CAT is now being widely used to treat many conditions very successfully without, as noted

recently, having gone through the phase of undergoing strictly controlled randomised trials (Margison, 2000). This is due partly to the popularity of the model and its perceived clinical effectiveness but there are other good reasons, scientific, ethical and political, for this state of affairs. These are further discussed in Appendix 1. Nonetheless, CAT is committed to accumulating comprehensive and robust evidence of the effectiveness of its practice. Many research projects concerning both process and outcome are ongoing and research grant applications have been and are being submitted. (Further details of these for those interested can be obtained though the ACAT website or through the ACAT office and the list of special interest groups.) It should be noted that one of the very major difficulties facing all practitioners in psychotherapy research is the lack of support from government and scientific funding bodies for such work in a field dominated, inappropriately, by biomedical paradigms. Nonetheless ACAT and its research committee continues to stress the importance of such activity, and teaching on both quantitative and qualitative aspects of research is about to be introduced formally into CAT training courses. We would see this position of critical self-reflection and evaluation as being central to the CAT model in terms of both theory building and clinical practice.

THE IMPLICIT VALUES OF CAT

What is most distinctive about CAT, in our view, is something ultimately deeper than details of practice. It is expressed in three distinct but in fact closely related features, namely (1) in its having been developed with the aim of offering a treatment which it could be realistic to provide within the National Health Service; (2) in the collaborative, non-hierarchical nature of the therapeutic relationship; (3) in the inclusion, in descriptions of the psychological processes which therapy aims to change, of the reciprocal relations between the individual and others. These features embody a set of values and assumptions which are little celebrated in the individualistic, consumer-oriented societies of the contemporary Western world but which were expressed famously in John Donne's quotation 'no man is an island, entire of itself; every man is a piece of the Continent, a part of the main; if a clod is washed away by the sea, Europe is the less ... any man's death diminishes me, because I am involved in Mankind... .'

In the incorporation of Vygotsky's developmental understandings and of Bakhtin's concepts of the permeable, dialogic self, CAT theory has found a basis both for its mode of working and for its social commitment. In seeing the individual as essentially coming into being through the connection and interaction with others, we underline the responsibility which society (i.e. all of us) bears to offer conditions in which humans can grow and flourish. To blame innate human qualities for the brutality of so many human societies and the tragedies

of so many human lives, whether on sociobiological or psychoanalytic grounds, is an evasion of responsibility. To look for the sources of culture in individual psychology while ignoring how individual psychology is socially formed (a tendency we have labelled as cognitive, or more subtly as intersubjective, monadism) is, we suggest, itself an expression of a culture which ignores our collective needs and natures. Our wish to challenge this attitude extends beyond the small world of psychotherapy, for psychotherapists are, to some extent, granted the status of privileged, expert witnesses and the models of man incorporated in our theories have an influence beyond the consulting room. To understand how individual values and assumptions have been socially formed does not imply a deterministic view; it is the only basis on which choice can be extended and oppression in individuals and in society can be challenged.