

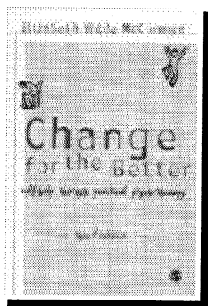
What is CAT?



CAT stands for Cognitive Analytic Therapy; a collaborative programme for looking at the way a person thinks, feels and acts, and the events and relationships that underlie these experiences (often from childhood or earlier in life). As its name suggests, it brings together ideas and understanding from different therapies into one user-friendly and effective therapy.

It is a programme of therapy that is tailored to a person's individual needs and to his or her own manageable goals for change. It is a time-limited therapy - between 4 and 24 weeks, but typically 16. It is available in many parts of the NHS. There are also private CAT therapists across the UK and overseas.

At its heart is an empathic relationship between the client and therapist within the therapeutic boundaries, the purpose of which is to help the client make sense of their situation and to find ways of making changes for the better.



http://www.amazon.co.uk/gp/product/1412948266/ref=as_li_tf_il?ie=UTF8&tag=acatonline-21&linkCode=as2&camp=1634&creative=6738&creativeASIN=1412948266

What are the origins of CAT?

CAT was developed in the early 1980's by Dr Anthony Ryle at Guy's and St Thomas' Hospital in London. CAT developed as a public health response to the mental health needs of a busy inner London area, and this concern with access and equity remains at the heart of the model. He felt it important to offer a short-term focused therapy for use in the health service; a therapy that integrated the best of different approaches to people's problems and that could be researched and refined with the growing experience of clients and therapists.

CAT is about:

- Forming a trusting relationship with your therapist which allows you to work together to explore the difficulties you are facing
- Identifying your current problems and how they affect your life and wellbeing
- Looking at the underlying causes of these problems in

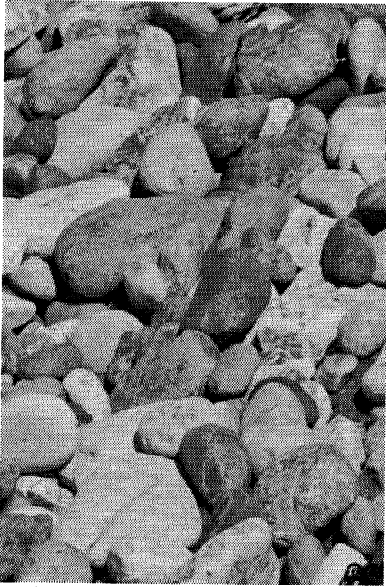
Forming a trusting relationship with your therapist which allows you to work together to explore the difficulties you are facing

terms of your earlier life and relationships

- Understanding how you learned to survive sometimes intense and unmanageable feelings by relating to others and yourself in particular ways
- Identifying how these patterns may now be holding you back
- Discovering the choices and ways of doing things differently ('exits') that are available to you to make your life better for yourself and those close to you
- Finding out how you can continue to move forward after the therapy has ended

Follow the links in the column on the top right hand side of the page for more detailed information about Cognitive Analytic Therapy, with personal accounts and how to find a therapist.

More about CAT



CAT is an integrative model of human development and of psychotherapy drawing on ideas as mentioned below. It is a fundamentally relational model, both in its view of human development and in its practice of psychotherapy. At its heart is an empathic, respectful and collaborative, meaning-making relationship between the client and therapist within the therapeutic boundaries.

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different approaches to people's problems and that could be researched and refined with the growing experience of clients and therapists.

Theoretically, CAT draws on:

- Psychoanalytic concepts of conflict, defence, object relations and counter transference (particularly from Donald Winnicott).
- Ideas from activity theory and dialogism introduced by Lev Vygotsky and Mikhail Bakhtin. (Dialogism is a particularly kind of dialogue, not limited to two people speaking to each other, but to the whole way in which we act towards each other and expect each other to act towards us.)
- George Kelly's Personal Construct Theory and work with repertory grids; a focus on how people make sense of their world ("man as scientist") and on common sense, co-operative work with patients.
- From cognitive approaches involving step by step planning and measurement of change; teaching patients self-observation of moods, thoughts and symptoms.

What sort of problems can CAT help with?

CAT tries to focus on what a person brings to the therapy ("target problems") and the deeper patterns of relating that underlie them. It is less concerned with traditional psychiatric symptoms, syndromes or labels.

CAT has been widely used to help people who have experienced childhood physical, emotional or sexual abuse, neglect and trauma, including people who self-harm. CAT is also used with people with eating disorders, addiction problems (like drugs and alcohol), obsessional problems, anxiety, depression, phobias, psychosis and bipolar illness. CAT therapists also work with adolescents, older people and people with learning difficulties, and in forensic settings.

CAT is mostly offered to individuals, but it can also be used effectively with couples, in groups and to help teams understand the 'system' in which they work – an approach called 'contextual reformulation'.

What Qualifications Can I Expect the Therapist to Have?

ACAT can confirm that all the therapists listed on the ACAT Register are accredited CAT Practitioners or Psychotherapists.

CAT Practitioners usually have either core training as a mental health professional (c.g. as a Psychiatrist, Psychologist, Nurse, Social Worker or Occupational Therapist,) with a minimum of two years post-qualification experience, or previous training in counselling to an accredited level followed by a two year training in Cognitive Analytic Therapy with accreditation following successful completion.

CAT Psychotherapists have qualified as CAT Practitioners and have undertaken an additional in-depth two year training leading to this qualification.

To search the register for an Accredited CAT Therapist [click here](#) [[page/register+of+acat+members](#)].

To find an Accredited Private CAT Therapist [click here](#) [[page/find+a+private+cat+therapist](#)].

How does CAT work?

CAT is a very active therapy, inviting you to be the observer of your own life and to take part in what needs change. The changes needed may be small, such as stopping being caught in a trap of avoiding things, or they may be larger, such as finding new ways of relating to other



people. The first thing that happens with any human encounter is our reaction to the other person. If we feel warm and happy we are likely to feel accepted. Conversely, if we feel got at, criticised or humiliated we tend to feel hurt and misunderstood, we might respond by being angry and defensive or give up trying and get depressed and isolated. Many of our automatic responses to other people stem from patterns of relating in early life.

For example, if you had learned in your childhood that you only received love and care by pleasing others you might have the belief: 'Only if I always do what others want will I be liked' which puts you in a trap of pleasing others [page/traps+dilemmas+and+snags], and can lead to you feeling used and abused. When you realise you have got used to being in this trap you can start to notice how often it catches you and can begin to change what you do

and learn to find other more useful ways of standing up for yourself and relating to others. CAT shows you the way to change your learned attitudes and beliefs about yourself and others, and helps you focus on ways to make better choices.

The process of a CAT therapy is to help us look at patterns of relating, and the effect these patterns are having on our relationships, our work and the way we are with ourselves. Together with your therapist, in the safety of the therapeutic relationship you will gradually develop an understanding of the ways in which you have learned to cope with what has happened in your life. Often people who have been through abuse, neglect or trauma feel bad about themselves and this can affect self-confidence. The active part of CAT helps you to take part in the process of change in your own way. CAT is a very creative therapy and the process of understanding and self discovery may involve painting as well as writing, movement, self-reflection and learning to self-monitor through journal keeping.

CAT shows you the way to change your learned attitudes and beliefs about yourself and others, and helps you focus on ways to make better choices.

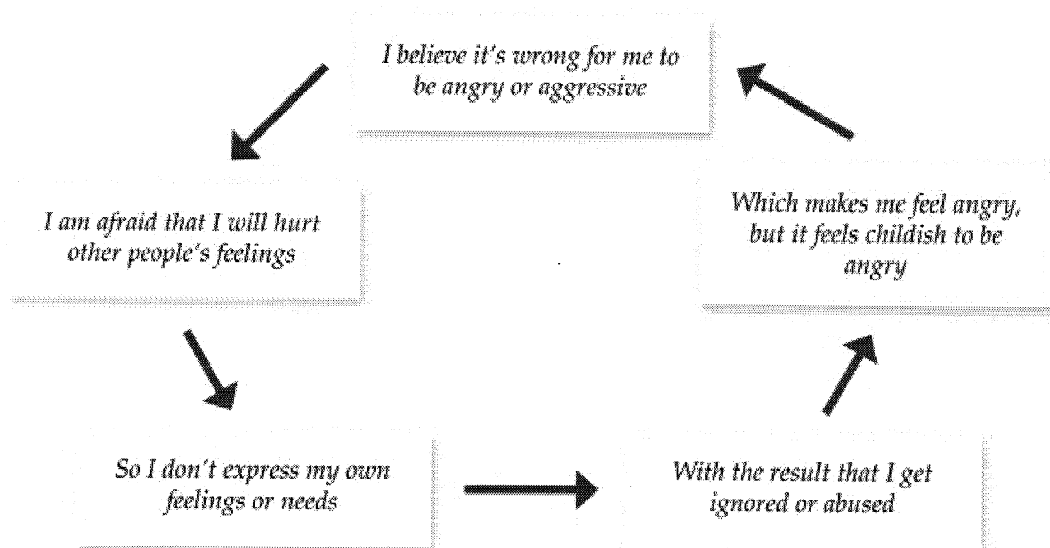
Traps, Dilemmas and Snags

There are certain ways of thinking and acting that do not achieve what we want but which are hard to change. When Tony Ryle was meeting with patients he began to recognise three main patterns of problems that kept people stuck and unable to change their ideas or behaviour. He called these Traps, Dilemmas and Snags and they are included in the 'Psychotherapy File' which is often used at the beginning of therapy as a way of helping a person begin to think about their problems. Examples of each are given below:

1. TRAPS

Traps are things we cannot escape from. Certain kinds of thinking and acting result in a 'vicious circle' when, however hard we try, things seem to get worse instead of better. Trying to deal with feeling bad about ourselves, we think and act in ways that tend to confirm our badness.

E.g. Fear of hurting other people's feelings trap



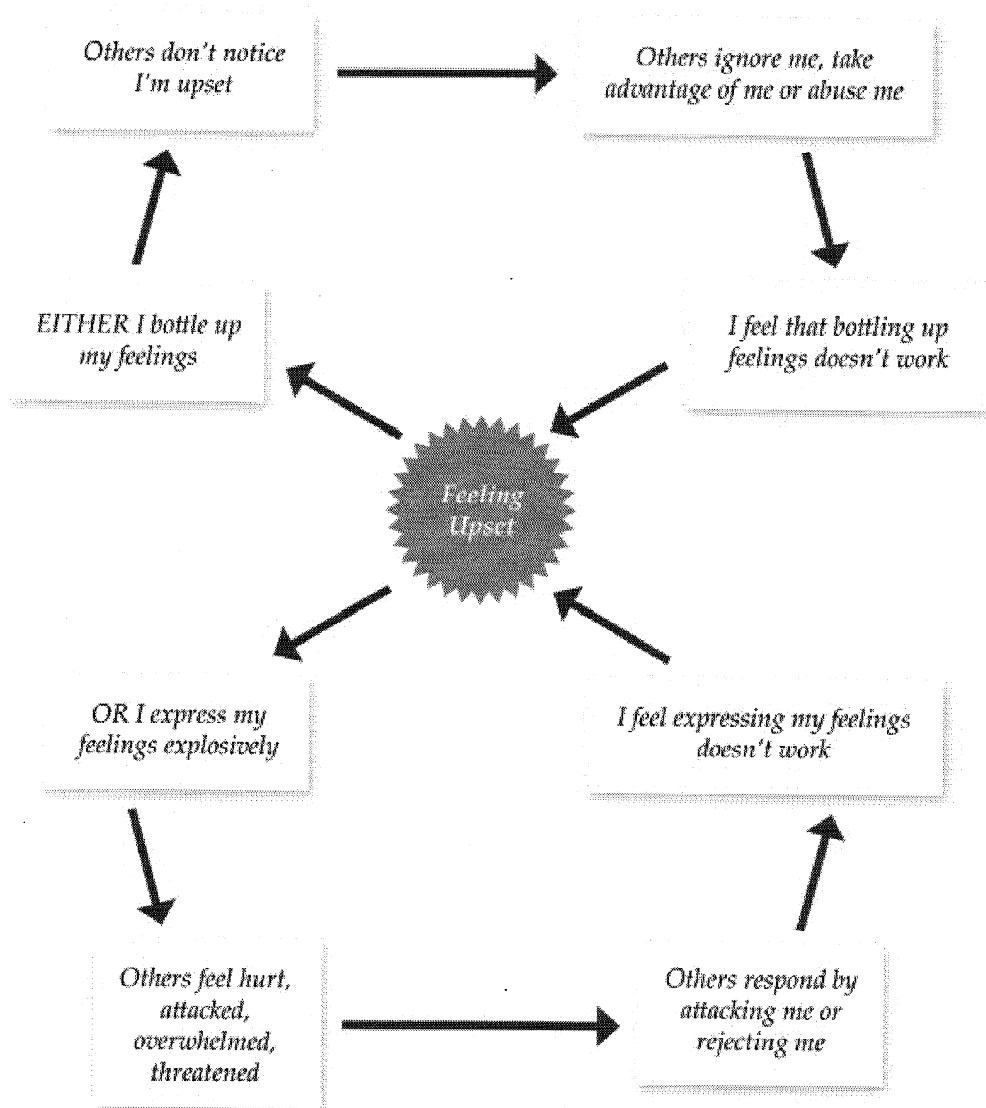
2. DILEMMAS (False choices and narrow options)

We often act as we do, even when we are not completely happy with it, because the only other ways we can imagine, seem as bad or even worse. Sometimes we assume connections that are not necessarily the case - as in "If I do 'x' then 'y' will follow". These false choices can be described as either/or, or, if/then dilemmas. We often don't realise that we see things like this, but we act as if these were the only possible choices. Recognising them is the first step to changing them.

3. SNAGS

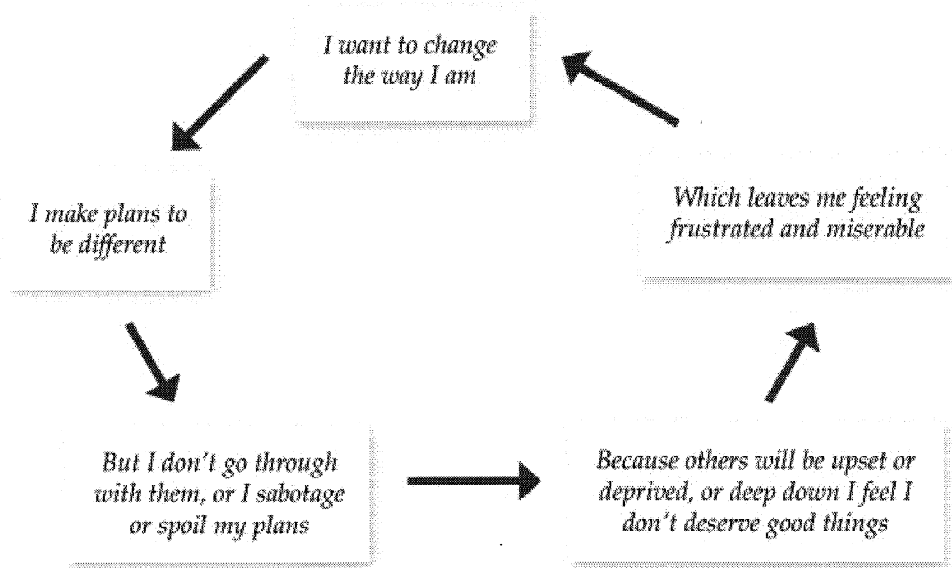
Snags are what is happening when we say 'I want to have a better life, or I want to change my behaviour but.....' Sometimes this comes from how we or our families thought about us when we were young; such as 'she was always the good child', or 'in our family we never...' Sometimes the snags come from the important people in our lives not wanting us to change, or not able to cope with what our changing means to them. Often the resistance is more indirect, as when a parent, husband or wife becomes ill or depressed when we begin to get better.

E.g. Upset feelings dilemma

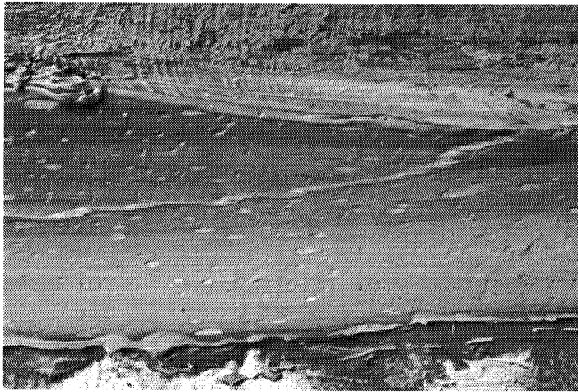


In other cases we seem to 'arrange' to avoid pleasure or success, or if they come, we have to pay in some way, by depression, or by spoiling things. Often this is because, as children, we came to feel guilty if things went well for us, or felt that we were envied for good luck or success. Sometimes we have come to feel responsible, unreasonably, for things that went wrong in the family, although we may not be aware that this is so. It is helpful to learn to recognise how this sort of pattern is stopping you getting on with your life, for only then can you learn to accept your right to a better life and begin to claim it.

E.g. I want to change snag



CAT and the Therapeutic Relationship



The one, shared understanding within all approaches to psychotherapy is of the value of the therapeutic relationship as a way of understanding a person's inner world. It is within this confidential relationship that psychological and emotional wounds reveal themselves in relation to the therapist and have the opportunity to find healing. The structure of CAT offers important contributions to this potential healing journey through relationship. The shared description of learned patterns of

relationship (these are called reciprocal roles in CAT) and how these patterns of relationships will almost inevitably be experienced in the relationship between the client and the therapist. This is called 'enactment' in CAT and can be very powerful and learning experience for client and therapist.

The therapist recognises and names these difficult relationship patterns as they happen so that you can begin to connect your cognitive (or 'head') understanding with your emotional (or 'heart') understanding. However painful or difficult, this process is shared and explained, in a mutual and respectful way.

The process of change comes from naming, experiencing, sharing, recognising and understanding these patterns. Developing awareness allows new, healthier relationship patterns to be born. The relationship between the client and therapist itself models this more accepting and respectful way of relating.

*you can begin to
connect your cognitive
(or 'head')
understanding with
your emotional (or
'heart') understanding*

CAT is not

- CAT is not prescriptive or pre-designed
- it's not like 'painting by numbers'
- the work is shared collaboratively
- right from the beginning you will be involved in your own self monitoring and diary keeping
- alongside the therapist who starts the ball rolling, you will be describing your own life story and mapping goals for change

*CAT is not prescriptive
or pre-designed, and
it's not like 'painting
by numbers'*

It is an individualised programme for uniting each person with their emotional history in a way that makes sense and out of which is born the real possibility for revision of old patterns and change.

What problems can CAT help with?

CAT tries to focus on what a person brings to the therapy ('*target problems*') and the deeper patterns of relating that underlie them. It is less concerned with traditional psychiatric symptoms, syndromes or labels.



CAT recognises that people are so much more than their identified problems or diagnoses and helps each individual find their own language for what appears to go wrong as well as setting manageable goals to bring about change.

- You might have problems that have been given a name by a health worker such as depression, anxiety, phobia, or borderline personality disorder
- You might recognise that you are suffering from unmanageable stress or that you self-harm
- You might have problems with substance misuse or suffer with an eating disorder
- You may have a pattern of difficulty in looking after yourself properly or unsuccessful or broken relationships
- You might have long-term physical symptoms that are difficult to manage and affect the way you feel about yourself and your close relationships
- You might have tried other types of therapy, or different things to help you cope with your difficulties

Some CAT therapists work with people with eating disorders, those with addiction problems (like drugs and alcohol), obsessional problems, anxiety, depression, phobias, psychosis, bipolar illness, and a number of therapists work with adolescents, older people and people with learning difficulties and in forensic settings.

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Case histories

Karen's story

This is a case history written by Liz McCormick - it draws on different clients' stories as a way of explaining how CAT works. All the clients gave Liz permission to use their stories in her self help book 'Change for the Better'.

Karen was recommended for Cognitive Analytic Therapy after a number of admissions for overdosing on Paracetamol – a potentially life-threatening action.



Her family background was unsettled. She had been fostered at age four, and then adopted by a couple who split up when she was eight and she was 'parcelled around' to family and friends. Two 'uncles' had sexually abused her, she had been made to 'keep quiet' by being offered food. Her experiences of rejection and abuse had left her feeling worthless and unlovable as if no-one wanted her or loved her. She had never had the opportunity to develop a language for feelings and did not know how to say 'no'.

Karen learnt to cope and survive with her confused and unhappy feelings in different ways. From about the age of 12 she developed an eating disorder, one of her patterns was to starve herself – that way she felt in control and this gave her temporary relief, but then her need for food would lead her to binge and she would feel overfull and disgusted with herself and vomit. In the end neither way helped as she still felt lonely and at the mercy of difficult feelings.

By the time she began secondary school all her peer group seemed to be pairing off and it reinforced her feelings that she was worthless, as if no one really wanted her. All she could identify with were stories from romantic novels or an idealised longing for 'perfect care'. In reaching her mid teens this longing for love and care developed into a pattern of making intense and immediate relationships with men. Whenever she met anyone new she 'fell immediately in love' idealising how things might be and how this new person might offer her 'perfect care'. Her desire for closeness made her appear overwhelmingly demanding and the relationships would end explosively after just a few weeks when she would be intensely angry at what she experienced as betrayal and rejection, and would reinforce her feelings that no-one cared for her and she would make an attempt on her life. She had had five admissions in two years for overdosing.

We worked on developing the diagram below and this helped her to see and understand the pattern of responses in relationships that led to her overdoses. She started to understand how these patterns had emerged from her early experiences and learning and she began self monitoring and finding experiences that she could rate as 'good enough' through therapy rather than continuing to seek 'perfect care' that only existed in romantic novels. She also began to untangle what she was feeling, learning a language of emotions and recognising the patterns of her emotions involved in bingeing and starving. She started a feelings diary, slowly being able to describe what she was feeling when she wanted to binge or starve. Just these few self help skills helped her to feel more stable and in control.

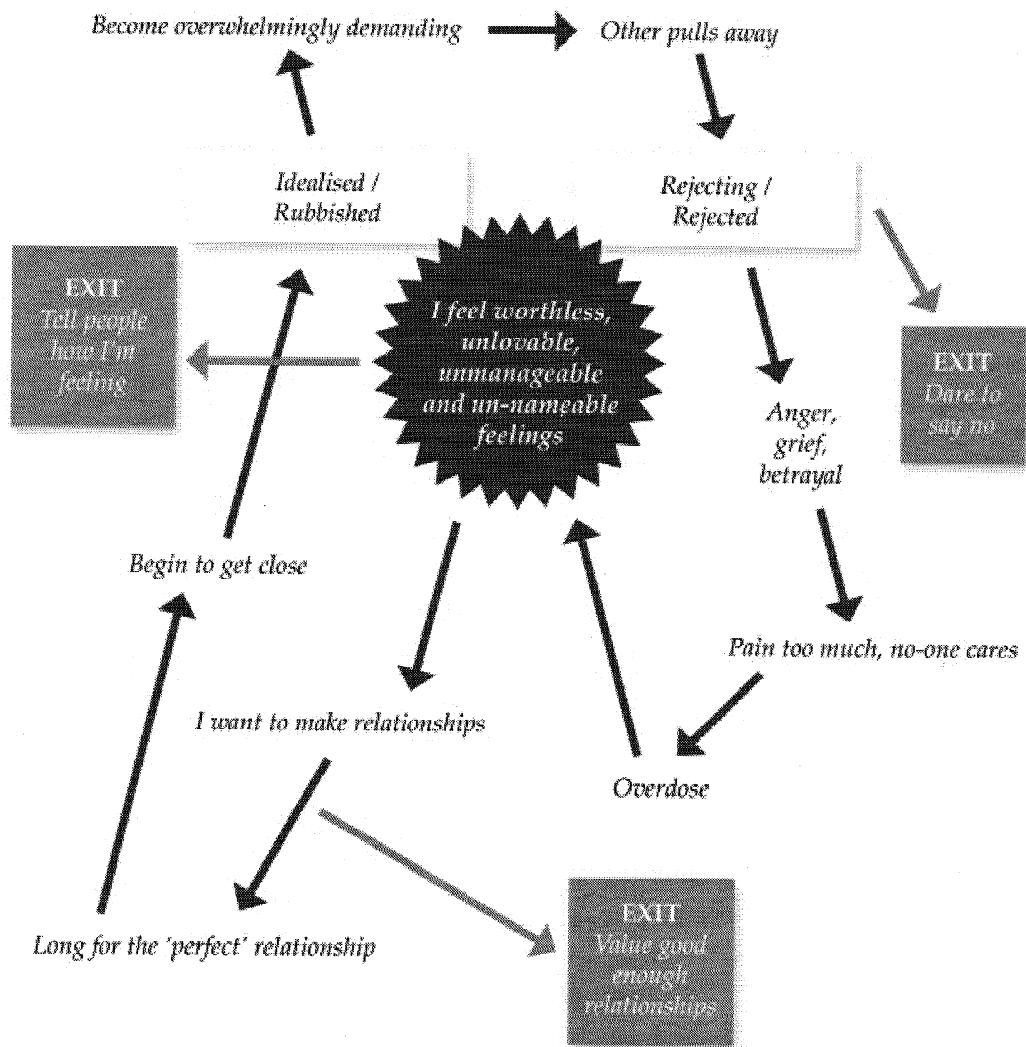
During the middle phase of her therapy she began to see how her idealisation of relationships had become a substitute for her grief at her early losses and how it had prevented her from being able to recognise 'good enough' and that if she said 'no' it did not mean that she would have nothing (when she felt as if she was rubbish and would always be alone). Her sadness and anger at everything that had happened in her life sometimes felt overwhelming for her but the regular sessions helped her to express what she was really feeling rather than expressing this through overdosing or bingeing and vomiting.

Life began to stabilise for Karen and she began the work of receiving 'good enough' care for herself and found that when she began to say how she felt, that it did not result in rejection that she feared.

Making sense of Karen's map

- Karen's map describes one of the patterns that she and the therapist worked out between them. Start at the purple circle:
- Karen's experiences when she was growing up left her with raw emotions and feelings she could not make sense of, and which were overwhelming
- She needed to get away from feeling like this about herself, and like anyone else, wanted to have a relationship but
- Part of her had learned to behave in particular ways and to expect others to do likewise (in CAT we call these 'reciprocal roles'), so relationships would nearly always take the same course

Karen's Map



- Karen would become too demanding and the other person would pull away and end the relationship, or Karen would do anything to keep the relationship going and suffer abuse rather than be alone
- This would leave Karen overwhelmed with anger, grief and betrayal and the only way to cope with these unbearable feelings was to block them out by overdosing but this again left her back in silent despair
- The light purple squares show some of the changes that Karen slowly made to find ways out of these patterns ('exits' in CAT language). They look deceptively simple, but summarise important changes that were hard to make and meant many different things to Karen.

Some clients have written accounts of their experiences of CAT and have very kindly agreed for them to appear on the website. See:

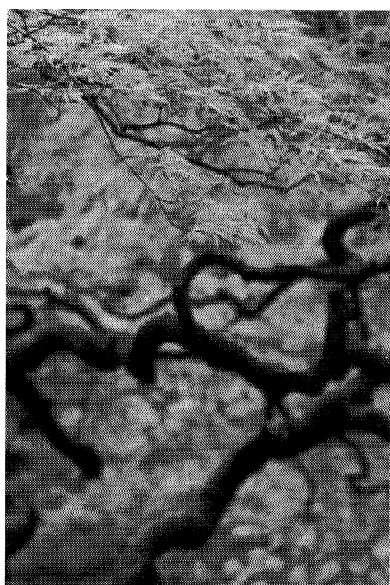
- *CAT or Can You Make a Mad Man Sane* [page/client+accounts]
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Cognitive Analytic Therapy, or Can You Make a Mad Man Sane?

Alan Wayne Whiskerd

Alan has given his permission for us to use his story.

When I was asked to write this, I must admit I was surprised and just a little bit daunted. What follows is an honest appraisal of what happened to me and how the process of CAT affected me and my life.



Madness - The dictionary definition features of a variety of synonyms: deranged in mind, insane, crazy, frenzied, angry, and infatuated. If that is an accurate assessment, then I suppose I was "mad" because I was all of those things. But then again isn't everyone? It is, though, a question of degrees.

Certainly, I felt and exhibited the whole gambit of those emotions. My wife, family and friends didn't know what to do next. I didn't know what to do because I didn't know who I was or what the hell was happening to me. I had recently had a liver transplant; a life saving operation which literally gave me the gift of life. I should have been on top of the world, "A man barely alive", who was literally rebuilt. I had the opportunity to again thrust myself into the maelstrom of life, to tackle the issues, the injustices to "make a difference". I needed to make up for

the mistakes of the past. But I was falling apart, not physically, all well there, but psychologically and emotionally. I found no solace in simply being alive. What was the point of life if you didn't know what the hell to do with it (I would have used another word other than hell which begins with an "F", but sensibilities of one's audience must play a part).

I was a 51 year old Welshman who grew up in a tough industrial steel town. I had a brain and "got out" of the expected route of school to industry and then an early death from some industry related disease. I went to college and then into the teaching profession. Two wives, three children, twenty seven years teaching man and boy followed. I became a head teacher, well liked, respected and good at my job. I had also, however become an alcoholic. At 47 I was forced out of my profession through mental ill health, chronic depression and nervous breakdown, (looking back now it was alcohol related) in short, I simply could not cope anymore. In April 2007 I was diagnosed with Decompensated Cirrhosis of the Liver. It was a death sentence; not that I realised the full implications until later. So began the "war" as I called it, the battle to survive, I gave up alcohol, battled the addiction and won. Fantastic health professionals kept me alive just long enough for the transplant, (I was told I had less than two weeks if that liver hadn't become available). Now I had to deal with God's intervention? Why me? What about the guy who died? What if it all went wrong? When would it all go wrong? I had also become infatuated with a beautiful young nurse. Nothing wrong with that it happens a lot. But I was married

So began the "war" as I called it, the battle to survive

with three children. She had just got married. I went to the wedding. What was one of the definitions of madness, Infatuation? Well I was certainly infatuated. When I told her how I felt, she of course broke off all contact, I was bereft.

Cognitive Analytic Therapy

I had been receiving psychiatric support and counselling from the very early days post operation. The balance of my mind was disturbed. I simply couldn't come to terms with what had happened to me. The how, what, why, who? There were the questions about me, my life that I couldn't even begin to interpret let alone answer. I lurched from one crisis to another each one deeper, more destructive than the last. At this point, I was contemplating suicide. Incredible, I had spent the last year fighting to stay alive and here I was considering taking my own life. It was at this point that I was referred for CAT. But as normal nothing is ever straight forward, there was a waiting list. So I waited. But even as the wait began I started to put all my faith on this procedure. I had already built it into a life saving event. I had no idea even what it was all about and although I wanted it to be the Holy Grail, I did wonder whether this was yet more "psycho babble bullshit". As the wait continued my mood swings and behaviours became more severe.

I had heard briefly of CAT through my contacts with counsellors and a friend who was a trainee psychologist. My experience of "counselling" was less than inspiring and I was reaching the point where I thought that all things psychological was a mythical creation by a bunch of people who had worked out a better system for printing money than the Bank of England.

Counselling to me was well meaning people who had allegedly been trained and who listened to your woes, made warm coo-ing noises, then told you about their woes, where you then ended up counselling them. So I suppose I wasn't exactly going in to it in the most positive frame of mind. However I was now desperate for help. I had realised that because of everything that had happened to me in the recent past, my fault or not, I was descending into despair. I was afraid that I would once again be entering a tunnel that ultimately led to hell itself.

I wanted a cure for the mental malaise and desperation that I felt. CAT I hoped could be that cure, the magic bullet. It didn't cure me. As time progressed I realised that CAT isn't designed to do that and to be fair when dealing with mental illness putting a plaster on it and resting up for a couple of weeks isn't an option. In the long term what it did was to give me the tools to make the magic bullet myself, to understand; therefore to realise; and to effect the answer.

The course was for sixteen weeks. I have to admit I couldn't for the life of me see what anyone could talk about for sixteen weeks but I thought all would become clear. The initial phase was simply background building, I told my therapist everything that had happened in my life half expecting her to hang herself, a la the scene from the film "Airplane". That didn't happen and my perception was that actually she did care and believed that she could help me come to terms with my problems, who I was, and how to manage my mental instability and move forward with my life. That was a key moment, the creation of the trust that was needed for me

a key moment, the creation of the trust that was needed for me to believe that this process could actually work

to believe that this process could actually work. I prefaced everything I said with what I tell you this week I might say the exact opposite next week depending on my mood. While nothing as extreme as that did happen, I did act and react according to how I felt at the time. On going events have a habit of impinging especially when you are trying to reinvent yourself.

Even from the early stage my therapist understood where I was coming from. She was intuitive and we quickly established that my current attitude, mode of behaviour was steeped in the events of the past especially my relationship with my father and mother. That being said, the first "eureka" moment was the realisation that my relationship with my grandmother and her death when I was a very young boy had critically affected my development as a man and my approach to life as an adult. I was, as a boy, extremely sensitive, I cried a lot, actually still do. This didn't go down well with a steel worker father who believed your only way to survive was to be hard and ruthless. I suffered untold physical abuse at his hands. Part of my problem was that I never sorted out the past with him. I also realised eventually that, although what he did was wrong, he believed it was best for me because the world I was born into didn't take any prisoners. My Nana was my comfort blanket, she looked after me gave me love care and protection from the nasty world that I inhabited. Her death took away the comfort blanket and I was now exposed to whatever the world, or particularly my father, could throw at me.

It was from this juncture I created my alter ego, to give him a name, Alan, which was my father's name. Alan became the hard nosed, forward driving, ruthless individual who couldn't be hurt. The little boy who was sensitive and cried a lot was crushed and submerged beneath my Mr. Hyde. Don't get me wrong, it stood me in good stead. I became immensely ambitious and by and large succeeded. I was a deputy head at 28 and a head teacher at 31. Alan prevailed, I lived and worked flat out, but when I crashed I did so big time. I had two breakdowns, severe depression followed and the cycle had been created. I surged to tremendous highs and collapsed to unbelievable lows. I put this down to Wayne, the weak little boy who cried a lot coming through. My therapist worked with me on a simple diagram which had a top and a bottom. I lived either at the top or in the latter years, more often at the bottom. The top being Alan's world which I saw as success and the bottom being Wayne's world which was weakness and failure. To me, I had failed, as a teacher, husband, father and ultimately as a man. I never lived in the calm waters of the middle; a place where the qualities of Alan and Wayne could co-exist, even help and support each other. I likened it to an episode of Star Trek, where Captain Kirk had been split into two physical beings, by the transporter, each physically identical. One was ruthless, ambitious and utterly bereft of compassion. The other was soft, sensitive, loving and compassionate. The upshot of the story was that neither could survive alone they could only live as one.

Over the weeks I began to recognise my trigger points. What made me surf the waves from crest to trough and slowly, almost accidentally at first, I began to control the intensity of the mood swings. In short I had become aware of what was happening to me. I used the diagram to control my emotions, I practised techniques of thinking before acting. It didn't always work and I still did things, said things that were rash and foolish but slowly they lessened and I became more calm in my acts and deeds.

But there was something else that was causing my underlying instability. In the days of dying, as I have said, I had become infatuated with a young beautiful nurse. By now she would have nothing to do with me, understandable when you consider her position. When you fall in love, however absurd and unlikely, and that love is unrequited, and you are

eventually rejected; the emotional resonance is huge and destructive. I couldn't understand what had made me like this, yes I was ill, yes I was dying but there were lots of nurses that cared for and helped me, I didn't fall in love with them. Then, the second "eureka" moment, which came directly from the CAT, happened. The nurse, my nurse, was the first one to show me the care and love that my Nana had done. She was warm loving and made me feel safe when the "bogey man" was hiding under my bed; the bogeyman being my imminent death. My love, or what I called love, was simply the search for the care and warmth that my Nana had shown me. The little boy who cried a lot and had been crushed under my alter ego had surfaced and screamed for help. The nurse, however unwittingly, had answered my call but like my Nana she too was to leave me alone, hence my path towards self destruction. My understanding of that fact was the key to what I regard as, and call, my recovery.

I have moved on from those times and I am as happy now as I have ever been in my life. The two sides of me now co-exist, sometimes there is friction, but mostly harmony. We both realise that we need each others strengths. Alan gives the little boy who cries a lot, strength to face the hardships and problems. Wayne tempers the ambition, aggression and thoughtlessness of Alan.

I now understood who I was and why I was and how I got there

The bottom line was the fact that "I" had allowed the little boy, you remember, the sensitive little boy who cried a lot, to co-exist with and support the go-getting, hard-nosed ambitious man I had created. I now ask the question what part the Cognitive Analytic Therapy played? Firstly, it helped me to come to terms with things I already knew, but hadn't accepted. Then it helped me link up the moment of Nana's death and its effect on the person who I had become. I now understood who I was and why I was and how I got there. I wasn't the bad person I had come to believe. I was, and am, an ordinary man with lots of flaws but lots of good parts. The key to it is accepting all facets of my character and personality, to temper the highs and lows with the understanding of who I am. (And not to fall in love with 25 year old nurses!!!)

This may sound like a lot of "Tosh" but it is a genuine attempt to put into lay mans terms the effect that Cognitive Analytic Therapy had on me. As the recipient, in the end I think I have gone a long way to resolving the issues; but it was the facilitator, my therapist, who made me ask the questions, face the facts and address the behaviours. Without it, at the risk of being melodramatic, I may well have taken my own life.

Borderline Personality Disorder and Cognitive Analytic Therapy - a personal account

Here I aim to talk about Borderline Personality Disorder (BPD) and how Cognitive Analytic Therapy (CAT) can help you make important and lasting changes to your life, and what to expect during the therapy process. It has been my experience that there is so much jargon and



confusing information for BPD and sexual abuse, particularly on the internet and the information is aimed at therapists and health professionals and not patients. I hope that by reading this you will come to better understand BPD, the therapy process and how this impacts you and your endeavour to seek lasting change and inner healing.

The term Borderline Personality Disorder is used by health professionals to describe

people like us, who have difficulty in relationships and suffer with depression, feeling anxious, feeling very angry "rage" and directing the pain we feel either at others or inwardly at ourselves through self-harm. There is nothing borderline about you. I know being diagnosed with BPD can be a scary prospect, as the symptoms described are all of the things that you detest about you or are too scared to confront. It can also be freeing, I know when I started therapy it felt good to name and recognise how I was feeling and to know that I was not a "freak!" Borderline Personality Disorder is actually more common than you think, and is nothing to be ashamed of.

When I was first diagnosed I remember feeling angry and hurt, as I felt they had just stuck a label on my head. Now I realize that it is my choice to either live up to the description and diagnosis and behave as they describe, or work out ways of changing how I respond in situations, but more importantly work on changing how I feel about myself on the inside. You have that choice too.

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There are many studies into BPD and exactly what causes it and there are some conflicting results, but most people who have BPD suffered greatly as children, and this is something all health professionals agree on. From the time you are born you are like a sponge, taking in information from the world around you. As a baby you are completely dependent on your parents and need them in order to get all of your needs met. We can only view the world based on what we experience. We take in from the world words and ways of behaving and beliefs about ourselves based on how others treat us. If you were abandoned as a child, as I was, you might grow up believing that you are not loved and unlovable. If this is then confirmed like it is when you are abused then you grow up feeling that you are bad, relationships will always be bad, you don't deserve to be happy, and it was your fault.

This is then how you see the world, and because the world is not safe we devise ways of protecting ourselves, we put up defences and learn how to act "normal" or how society expects us to even though we feel empty on the inside. We want and need to feel safe, but never do. We push people away when we want them close. The very thing we want we either

push away through fear that the other person will reject or hurt us, or we become attached to that person and overwhelm them so they back away and reject us. This then confirms what we believe about ourselves and the world, and so the cycle continues.

During abuse we manage and cope with it in different ways. A common way to cope is to go somewhere else in your head and pretend it's not happening. This is called dissociation, it happens to everyone at different stages in their lives. Did you ever go on a journey in a car, where you know the road well and get to the other end and have no recollection of parts of the journey? That is dissociation and thank God for it, it protected you and me when things happened that were out of our control, things that were too painful for us to cope with as children. The problem is our brain doesn't realize that we are safe now, and during times of extreme stress and anxiety we switch off.

We feel like we aren't real - I know that when I switch of my face goes numb and I can't feel a thing. One way I used in the past to make myself feel again was to cut myself, when I cut I felt release, I could feel again. It can be really hard to stop cutting, and people who don't understand us think it's a way of seeking attention. There are other ways of coping with these unpleasant symptoms, but ultimately you have to want to change for you, and seeking therapy is a good start.

People who have suffered as children, especially abuse, have difficulty relating to others and to themselves. This is because when you are abused your boundaries are trampled on; your personal space is invaded. As you try to cope and make sense of all of this you create ways of coping ways of protecting yourself. The legacy of what happened to you as a child, if left undealt with will continue to manifest itself in your adult life, in your interactions and relationships with others but more importantly in how you think or feel about yourself. This bears much weight because your self-image or lack of it, is what leaves you vulnerable to abuse from others. It may not be abuse of the same kind you endured as a child; it may be that you learned as a child that if you behaved in a certain way you would escape the inevitable abuse "if I am good then..... won't happen." This continues into your life now so you try to please others all of the time and so conform to their wishes even if you don't want to.

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You will find it hard to think about yourself and care for yourself, because you believe you don't deserve it on one hand, but on the other hand crave affection, acceptance and intimacy. The problem is you have no clear sense of who you are because you have had to learn to respond to the world around you, rather than being centred and assured on the inside. This means you are constantly changing in how you act or react with others, in psychology they call these changes in mood "state changes." Boundaries are an important way of defining where you end and the other person begins, people like us cannot do this because we have no clear sense of who we are because who we are is defined by outside experiences.

The good news is, you can bring about lasting change, it won't be easy and you really have to commit to it and stick at it. Therapy won't change you - only you can do that - but it can give you a safe place to learn to look at yourself and reflect on your life with someone who understands your inner world and will support you.

There are many different models in psychology that are based on different theories. Cognitive Analytic Therapy is what is known in psychology terms as "integrated,"

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