

Pollock, P.H., Broadbent, M., Clarke, S., Dorrian, A. & Ryle, A. (2001). The personality structure questionnaire (PSQ): a measure of the multiple self states model of identity disturbance in cognitive analytic therapy. *Clinical Psychology & Psychotherapy*, 8(1), 59-72.

Potter, S., 2004 Untying the knots: relational states of mind in cognitive analytic therapy. *Reformulation*, Spring, pp.14-21.

Roland-Klien, D. & Dunlop, R. (2001) *The transmission of trauma across*

generations: identification with parental trauma in children of Holocaust survivors. Australian & New Zealand Journal of Psychiatry. 32(3), 358-69.

Ryle, A. (1997) *Cognitive Analytic Therapy and Borderline Personality Disorder: The Model and the Method*. Chichester: Wiley.

Ryle, A. & Kerr, I.B. (2002) *Introducing Cognitive Analytic Therapy: Principals and Practice*. Chichester: Wiley.

Ryle, A. & Fawkes, L. (2007) Multiplicity of selves and others: cognitive analytic therapy. *Journal of Clinical Psychology*, 63(2), 165-74.

Sonis, J., Gibson, J.L., de Jong, J.T.V.M., Field, N.P. Hean, S. & Komproe, I. (2009) Probable post-traumatic stress disorder and disability in Cambodia: associations with perceived justice, desire for revenge, and attitudes toward the Khmer Rouge trials. *Journal of the American Medical Association*, 302(5), 527-536.

Innovations in Writing

Steve Potter, Ivona Amleh, Lee Crothers, Marie Ann Bernardy and Lucy Cutler

Introduction

For some twenty years, writing has been central to CAT therapy. The reformulation letter written by the therapist, to and for the client, has been a lynchpin of CAT therapy. The reading of a draft of this letter, by the therapist, in session four or five is a moment of drawing together the work of formulation into a reformulation of the client's difficulties. Standard practice has been that clients are invited to amend the reformulation letter, but only at the end of therapy to write their own letter back to the therapist, at the end of therapy, in order to reflect on the therapy and how they may continue the work.

In recent years therapists, under pressure of time in the

public sector, and in pursuit of a genuinely collaborative approach, have extended the idea of an exchange of letters from the end stage of therapy (the goodbye letters) to the reformulation stage. Alison Jenaway (2011) has described inviting the client to write a letter back in response to the therapist's reformulation letter. Others have tried writing the reformulation letter with the client in the room.

We would like to contribute to reflection and development of how we traditionally use writing in CAT. Is it helpful? Is it efficient? How else could we use writing to develop and broaden our practice, and add to our therapeutic toolkits?

We describe writing to address unmet childhood needs and how this can open up a dialogue about change. Two examples in the process of therapy of writing a memorable sentence either as a 'protective' sentence in the face of difficulty or as a 'blocking' sentence describing a core difficulty. We write of the added therapeutic richness of reading aloud what is written.

What we describe is work in progress. We warmly welcome additions and responses to our work and encourage the reader to try out some of the ideas.

Reference

Jenaway, A. (2011) Whose Reformulation is it anyway? *Reformulation*, Winter, pp.26-29.

Blocking or Protecting Sentences

Marie Ann Bernardy

In Goethe's *Faust*, Mephisto insists that his pupil should write everything down, to which the pupil replies:

*"You will not need to tell me twice!
I think myself, how much it is of use
Because what one possesses penned in
black and white
Can be carried home confidently"*
(personal translation)

Practising CAT, needs constant adaptation to the needs of

our patients. The quote from Goethe's *Faust* in the voice of Mephistopheles comes as a perfect advice for the therapist and his patient. What is written on paper invites us to go back to, look again, confront with, try to understand, take in and, change our responses. But it also stands *in the moment*: it fixes what has been said by the patient, is listened to, heard and received by the therapist, but not yet perceived by the patient. This writing *in*

the moment with the blocking sentence, can be used to overcome "blockages" as the patient sees before him the sentence he has just been uttering, or the sentence he keeps repeating, incapable of moving on. Writing in the moment can also be used for frightening situations where patients can dissociate or experience flashbacks. By writing a "protecting sentence" in the here and now, we can help the person to feel secure,

to have something to hold on to, something to feel at home.

In this paper I introduce ‘mini’ written reformulations of various kinds at various moments in the therapy, trying to help the patient, through writing, to express his or her suffering, experience being heard in the moment. It involves writing single sentences of reformulation in the therapy room there and then. It is like a local version of the target problem procedure (the traps, dilemmas and snags) or exit procedure written out in short, in that moment as the ‘blocking sentence’ and a possible exit procedure, written out as shown below, as a ‘protecting sentence’. The patient can carry home these little pieces of writings in order to reflect and perhaps reduce the habitual avoidance, or repression, of such moments. The writing in front of him/her can be accepted or refused, opposed or changed. The patient can be empowered by this writing activity. His or her reactions will be a sign of our mutual understanding of our “writing together, travelling together through the patient’s life history”, of our being attuned and “sitting side by side”. We can then talk about his/her feelings and reactions and we can work on his reciprocal roles and find out if there is a repetition of long since learned patterns from former experiences.

Writing can help to find new ways of expression, construct new templates of reactions and the patient can comprehend “comprendre” – in the sense of “prendre avec” (to take with) the written works for a new learning. Writing in this way can help stop repetition and help prepare exits from unhelpful patterns.

The two examples below show the use of what can be called *blocking and protecting sentences* to help the client become aware of the patterns

they are in and which are being or have been identified through the reformulation process.

What do I mean by “Blocking and Protecting sentences”? A “*blocking sentence*” is a sentence that keeps coming back, seeming to be blocking the patient’s thought process and capacity for further elaboration, making it difficult to recognize unhelpful and negative patterns. These sentences also block the therapeutic dialogue and the therapist can feel trapped together with the patient. Often patients are not fully aware of what they have been saying. Sometimes they have forgotten the last sentence they uttered. Writing the sentence down, helps them become aware and recognize.

A “*protecting sentence*” is a sentence allowing the patient to see written on paper words professing that there is no immediate or real danger; help is available, security can be found. It should help the patient to stay in “his window of tolerance” or “zone of security” and avoid panic attacks and dissociative moments, or to offer immediate help when they start occurring.

Writing with or for the patient is key in CAT. After the first few sessions, we write a reformulation letter and new ways in doing this are being explored (Jenaway, A 2011). As the therapy moves on, we map, which is yet another form of writing, trying to engage the patient in co-writing. In this joint activity, his or her words count. In writing, we are telling the patient “*that we are taking his or her words seriously*” - “*je prends ta parole au sérieux*”. We are noticing, and we are inviting him/her to look at their self differently. The therapist is thus valuing and validating the patient’s expression. The patient feels valued and validated.

Writing could be looked at as a “*founding moment*” of being “*in a relationship*”, where another person notices, takes account and acknowledges. It is a moment of creation, a moment where the «I» can come alive with the «thou» in the mirror of the reciprocation. Perhaps a repetition of a moment long forgotten of a mother/ baby relationship, a moment of playfulness, a play with words to find meaning. Where there has never been an experience of a ‘good enough’ relationship (in the sense of Winnicott’s good-enough mother), this might then be the first time where the person might feel recognized.

Anthony Ryle (1927-2016) developed reciprocal roles, showing that there is always a relationship with another, the first one being with the mother or a Significant Other. He also insisted on reformulation as a key moment of therapy.

Blocking sentences

Alice aged 16 says “*it would not have bothered me to carry all the problems of my family .. so that they should be happy!*” As this sentence keeps coming back, we write it up and identify it as “*Alice’s sacrifice*” and work together on a diagram where Alice is blocked in the belief that she is “*the chosen one*” who has to suffer and to sacrifice.

She says: “*My parents are having arguments all the time and fight a lot over money issues. When I can’t stand their arguments anymore, and I am getting very angry, I blame myself for my behavior, and I go to the bathroom to self-harm. Then I stop and start thinking that this leads to nothing, I do not want to show my parents what I have been doing. If I show them, they will worry and will watch me all the time. I feel guilty and think that if I had not been born, they would not have been in trouble*”.

This conviction makes Alice feel that she must carry all the family burden. In a “blocking sentence”, that we develop, she repeats several times the words: *“I have a wonderful family, if anything goes wrong, it is my fault and I must sacrifice myself. It would not bother me to carry all the problems of my family, so that they should be happy”*.

From this sentence we see that she is idealizing her family and is convinced that she has to watch over her family. She links the idealizing process with self-blame and sacrificing. She wants to make sure that nothing bad happens to them and for that she is ready to sacrifice herself.

Our collaborative work of writing together in the session helps us to develop a protecting sentence: *“no child should be confronted with such huge family problems! It is too difficult to carry.”* In seeing and saying this, she starts to open up. We can talk about this feeling, she can gradually get rid of the guilty feelings, slowly finding appropriate exits and learn to protect herself.

Protecting sentences

Sophie is 34 and she is terrified when meeting her father, who

abused her as a child. Even as an adult, mother of two children, she cannot confront him with all the wrong he did to her.

In a diagram we present Sophie as a child, being a victim, abused by her father, but special and protected for being her *“father’s thing”*. But she is in a trap and says *“if I rebel, then I am rejected, annihilated, silenced, may be killed. So, I comply and do not tell anybody. Even as an adult, I am silencing, imprisoning the secret”*.

In order to work on this belief, I invite Sophie to come and tell her father all the wrong he did to her in a psycho-dramatic vignette. She dissociates in the session, as she is overwhelmed by fear. The panic state she is in, makes her return into her child-role *“as if she were still the vulnerable child having rebelled”*. So, she says that she is convinced that her father will brutalize her: *“If I am discovered, my father will hurt me – he could attack me and kill me; I need to hide, be on my guard, ready to run away; I need to be in control”*.

Reformulating and writing with her the protecting sentence *“today, I can defend myself and nothing can happen to me”*, helps Sophie to feel safer and protected and above all to remain

in her present reality. The sentence works like a cognitive protection in the here and now, opposing childhood trauma with the anxiety of rejection, annihilation, the fear of being killed that has been building up in the traumatic memory. It has prevented her for years to get help for these traumatic experiences. The sentence allows her to step out of the state of being staggered as it offers a protection in the here and now as she dares speaking at last of her childhood abuse.

Over the years I have found that writing down protecting and blocking, repetitive sentences with clients and putting them in the shape of diagrams, has helped patients gain some distance and has allowed them to start working on their sources of suffering. It is like a *“squiggle for adults”*, as we play with words together and gradually create a new meaning. The therapist’s support becomes somewhat materialized by the sentences and could be viewed sometimes as a “transference object”, or a “relational string” between patient and therapist and sometimes as a gift.

Marie Ann Bernardy

Working together with a Reformulation Writing Template

Lee Crothers

Giving clients a reformulation letter early in therapy has allowed my clients and I to create stories and to reflect on their experiences through the CAT lens. It has been a way of ‘checking in’ and of beginning to think differently and compassionately about their past and its problematic effects on their way of relating to themselves. However, I was recently left intrigued, and disturbed, by a

client’s saying she couldn’t possibly write a goodbye letter as she could not write as well as I had in her reformulation letter. Clearly, I had impressed her in my telling of story, to the point she did not feel empowered to tell her story as I had hoped. In therapy and particularly in CAT we aim for people who have split off stories or fixed stories that do not allow growth, to find a perspective that

is compassionate, realistic and looser or not as fixed. I wondered if by writing her reformulation letter for her I had confirmed a fixed view of herself, one that could not be expanded on or thought of from different perspectives.

I can easily imagine Vygotsky shaking his head at me as he reminds me one must ‘do with’ a more learned other before one can

do independently, as explained by the concept of the Zone of Proximal Development (Wertsch, 1988). We, as CAT therapists, want to promote the capacity for people to tell their story so they have themselves reflected, in a humane and caring way. Don't get me wrong, I don't want to do away with the reformulation letter (as it can still be a conversation and a way of the therapist and client communicating) but I wondered if it could become more relevant for the client's learning through a modifiable guide scaffolding the learning in and of the process of reformulating.

But the question I am asking is if the reformulation letter is a tool that increases self-reflection and a compassionate stance in and towards one's own narrative? Many of my clients are in their teens, early 20s and 30s, and have not received letters on paper, or when they have, the letters are from authority figures, like child protection services or social security. This way of writing is something that they find strange and out of date.

I have found myself considering my own role –the 'therapist as expert or saviour' role– and how a beautifully written letter can play into this. Helped by the discussions in this *'innovations in writing group'* and around this paper, I got to looking back through my files where I discovered I had written around 100 letters in the past two years. This meant, conservatively, I had spent 100 hours writing letters (realistically it would be more like 200 to 300 hours). These were hours that I wasn't with my children, partner or reading fiction (a pastime that seems more and more in the past for me).

The underlying message may be that the therapist is the rescuer and the one making sacrifice. The other message this seems to represent

is that the therapist knows better and thinks better by themselves. Of course, this fits the idea that the therapist is imperative and the one with more power to change things. If we think reciprocally, this means that 'the other' —the client— is no good and will never measure up.

The template or Guide to letter writing was created so we could look upon it together: the client and therapist. It works as a scaffolding for enabling both client and therapist to build a written account together of the purpose and focus of the therapy. I believe it helps us with *"The Art of Witness"* (Hoffman 2007). Writing together, focussing on a new piece of work together, involves reflective interaction. In doing so it is hoped that the client continues to express their story, compassionately, to those around them so others may respond in more helpful ways. We can together look upon the questions, explore different ideas, rethink and remind each other of how past events have shaped present views.

So far, I have worked with twenty people using the Guide. I have used it in the room with me and it's helped us focus on the work and cooperate. I ask if I can sit closer to them with my laptop (pen and paper would work just as well for someone else) on the coffee table in front of us. Sometimes I do the typing and sometimes the client does. It's a different tactile experience but the words emerge as we type and a story forms that is, later, sent back and forth by email. From there it may be printed out and scribbled on some more. Often the "Guide" helps us think together about what other questions should be asked and what else needs to be said in this letter.

Our verbal discussions grow deeper around this writing. When writing with a woman (20) who has BPD, and discussing what she

wanted to change through therapy, she spoke of this feeling of being "empty" and described this as "a skin walking around hurting". We paused, in an empathic space, and then agreed that this was important to write in the letter. This pausing and hovering over, to borrow a term from Steve Potter (2010), was a moment of connecting.

In another letter (written at home from a template), a 19-year-old man wrote about a dilemma he had: *"Either I do things intensely (like Mum) or I am disinterested (like Dad)."* This sentence gave us much to talk about, and he was able to go on writing more of the letter, and about how others respond to him in similar extremes. In doing so he was able to see the reciprocal, writing more and more about this pattern and, thus, increasing his skills in observing himself in relationships.

Other letters, written together, have opened a dialogue of how we, in the room, may observe things together. A young woman who can be perfectionistic and controlling laughed about how she grabbed the laptop, and we laughed some more as we tried to find the best words to put down. Having these conversations first and then writing them down together, with a guide helps me feel like we are formulating together whilst playing out an exit of collaborative reflection.

People have had different reactions, requiring different approaches to reformulate together. The guiding approach has helped me to be freer in finding a shared way of writing, including being collaborative from the very beginning and recognising that the therapist is not the expert but rather a guide. It is important to note that the "guide" is just that, a guide in formulating together and does not have to be followed strictly. It is not a form that needs to be ticked off or completed but

rather, in a word document, is something that can be added to, changed and re-formatted. The modern technology of writing on an online document allows the pair to change the questions and not just the responding voice. The words appear as they are spoken and re-worked together. It is hoped that this different perspective taking is internalised. Most people have started it with me in the room and then gone on to add to it at home. At times they have added to the template questions or changed them. It has become a more

dynamic or growing document compared to previous times when I have written the reformulation letter and it stayed as is. Writing the reformulation together has given more ownership to the client as it has been worked and re-worked.

This has helped me think about what we need in order to be able to reformulate and reflect. It has also made me wonder what relational positions we take up in response to how we have been related to by others and how we can be with our clients, rather than 'do to'

and thus find more flexible way of looking at oneself, together*.

* For a copy of the template contact: lee@indialogue.com.au

References

Hoffman, L. (2007) <https://www.scribd.com/document/22086888/The-Art-of-Witness-p-63>

Potter, S., (2010). Words with Arrows. Reformulation, Summer, pp.37-45

Wertsch L (1988)

Vygotsky, L. (1978) Vygotsky and the Social Formation of Mind

Writing a dear therapy letter

Ivona Amleh

The healing power of written words is widely recognized in a variety of therapeutic settings and many of its applications continue to appear as new buds on the old branches. I was personally attracted to CAT when I noticed its attentive engagement with words and wordings, which were grasped and grounded through letters and maps. CAT's ways of working with words -for acts that have hurt us and moved us into compulsive reiterations, as well as its ways of offering other words and experiences that may pull us out of them - appealed to me. It was forthright and different compared to other therapeutic practices. Writing a letter to the therapy itself may potentially be another mediating tool. Its simplicity may make it an unpretentious but curious offspring of CAT's written reformulation tradition.

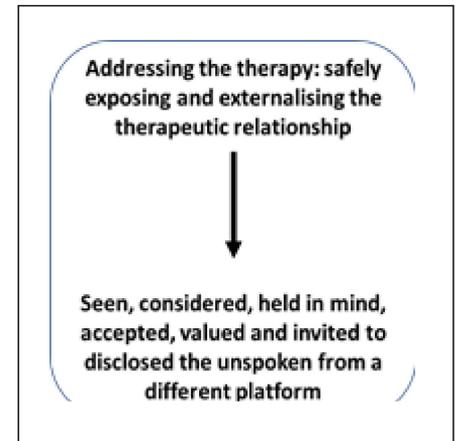
The idea of composing a "Dear therapy letter" - as a *side by side* activity within the session to our therapy, at the moment - was a gift to me by Steve Potter when we were reflecting in supervision on someone whom I was holding

in mind. This idea appealed to me immediately, and when I later tried it with my patient, he reacted by the widening of his eyes and accepting it readily.

Writing such a letter affords at least two peculiar stances: we do not usually write to those that are not in capacity to offer us a verbal response, and we usually think or speak about the therapy, but not addressing it in the second person. In that sense, we are stepping with our patients into a zone that is novel, uncertain, shared, and has a pleasing symmetry and equality in it - all under conditions that, we therapists, resist premeditating the exact content of our letter. Both participants are spontaneously pointing to an unusual addressee and getting two independent perspectives on current, underlying issues.

The "Dear (our) therapy..." letter has to be written in the middle of the session, for about ten minutes, following some discussion or mapping, and without any concern for grammar, composition

or handwriting - just putting thoughts on paper the way they come to mind and considering



them to be a 'work in progress'. Finally, the letters are read out to each other and listened to attentively. The evoked reflections are worked through in a dialogue.

The timing of these letters may be set at different points of a therapeutic course: at the beginning, before the main reformulation letter is written, as an introduction to it. Or, as a means of checking/matching of the views and expectations at any point of the therapeutic process:

- *When we sense issues being avoided by us*
- *Or something is being enacted*
- *When something needs to be tentatively redefined*
- *Or some pain needs to be approached in a safe manner*
- *When a therapy is closing, it may be used for evaluation of the separation issue, or to reflect on the silenced, or unspoken disappointments*
- *In cases where we find it appropriate to focus the letter onto certain 'shadowed' themes.*

The "Dear Therapy..." letter is an exercise for two dialogical selves that meet each other within the therapy. They share a common territory which they are creating and addressing, calling it "our therapy" The therapy is "ours" but it does not stop it being "mine" as well, so making it part of the extended sense of self. The letter is introduced as a third entity in the therapeutic process. It becomes a written record of a meta-cognitive perspective added to the therapeutic relationship. The relationship becomes externalized and can be more easily observed and negotiated. When the spotlights are removed from

the therapist and the patient, new insights may be more readily digested and integrated.

This kind of letter, with a touch of improvisation and playfulness, may catalyse the expression of thoughts and feelings, which otherwise would remain hidden.

The potential space, which is inviting and open, of a sheet of paper to engage us into an inner dialogue, may rely on several factors. It may be that its immediacy and distinctiveness, allows us to put more of ourselves into it. When writing, our eye contact turns to a shared but separate task. The words become transitional phenomena and the paper and the time and space of writing, side by side becomes a transitional space. In it and through it we may be less exposed, confiding onto paper our less visible parts. An introvert may take a chance to speak out safely and an extrovert may slow down to look into his/her inner ruminations. When writing, the voice is hushed and restrains emotion, so we become more courageous to convey sensitive issues. However, the emotional charge remains built in and rehearsed by writing down, ready to reappear during the reading of the letter. Moreover, in addressing the therapy in a way

that is not directly to a person, there is less anxiety related to an immediate reciprocation. Perhaps we dare to say more.

Some of my closing thoughts – memories of "Dear Therapy" letters are:

"I see [Client] T. as having many layers...and hope that you, Therapy, will provide us with space and time to ponder about them, helping T. to discover new states of mind – and the way out of her labyrinth..."

"What I want from you, therapy, is to help [Client] N. to hold himself when there is nobody around, to learn to stand in the middle of nothing..."

"I would like to know if I, dear therapy, failed to address certain things, or if [Client] P. has ever been angry with me, but being so kind, she swallowed it to hide it?"

Some of my thoughts were:

"My therapist has always seen me as a growing person, without judgment... The thing is that whenever I feel down before the day of my session, I start to think negatively...that my therapist will maybe get disappointed in me..."

"I want to love myself more, so I can love others more...Dear Therapy, do not give up on me, and help me to not give up on myself..."

The Importance of Childhood Need in CAT

Lucy Cutler

*A word is dead
When it is said,
Some say.
I say it just begins
To live that day.*

Emily Dickinson

Writing reformulation letters has enabled me to re-visit and

revise how I support clients as we begin to piece together and colour in a map of their world. It is this process of 'making sense of', in words and writing, that has evolved most significantly during my practice of CAT. Encouraged in supervision and the 'Innovations in Writing Group', I have welcomed a flexibility and creativity in

approaching my therapy writing. I would like to extend an invitation to be curious about writing and to share innovations.

There is a quality of externalisation and development, that is facilitated by the incorporation of the written CAT tools, the letters and the maps. They enable client and therapist to

think together, to capture, hold and guide the backwards and forwards between our ideas, voices and enactments. This initial exploration enables the client's history to unfold and weave together in words and for reciprocal roles and target problem procedures to emerge. I am interested in this unfolding, and how we share it using the language around CAT to facilitate meaning making.

In the evolution of CAT Tony Ryle describes the development of the model to explain the formation of the sense of self in childhood through the engagement of the child in the reciprocation of others by the inclusion of Object Relations Theory (Ryle & Kerr, 2002). At the core of CAT is the belief that we are innately relational in searching out relations with others in an attempt to elicit their acknowledgement and reciprocation (Ryle, 1985). The earliest of these, shape the relationships we develop through a means of roles and procedures (Ryle & Kerr, 2002), which form the basis of the Procedural Sequence Object Relations Model (PSORM).

The PSORM framework facilitates our understanding of reciprocation, the requesting of and the response from the 'Other'. As therapists with a grounding in object relations this model can bring sense and resonance to us, as it forms part of our shared language and ideas. Our clients hold uniqueness and difference in thought, language and its expression in their own sociocultural backgrounds. In our daily clinical practice, we bridge these differences by coming along - side by side - with the client and in doing so - with and through words we collaborate we join one another - in our shared hope of joint understanding.

In my clinical work, I use *childhood need* as a frame of reference to bridge ideas from Object

Relations Theory to my clients' lived experience to help them to make sense of how, "what happened before" may relate to what is being "re-enacted now". I have found this translation of their repeated re-enactment of problematic events or situations, described by Freud as 'repetition compulsion', (Laplace & Pontalis, 1988) to be more accessible to client and therapist and non-blaming. Through a shift in words to viewing enactments as attempts to meet an unmet need, we create a new space that allows a reformulation from a new perspective. Childhood need becomes a vehicle of meaning, for moving between repeated unhelpful patterns and for understanding painful intergenerational dynamics and reciprocations. This can nurture a compassionate understanding of trauma, the co-creation of maps and letters to guide the journey ahead in which intrinsic needs are held and validated, while scaffolding pain and loss, without clients being overwhelmed by feelings of shame, retribution or the critical voice of a collective other.

The Vygotskian perspective incorporated into CAT is to navigate and steer understanding of the social and cultural pressures on the formation of self in relation to others, and the internalisation of skills and concepts from reciprocal role relationships (Ryle & Kerr, 2002). From this theoretical underpinning the self is social in relation to its origins, dependent on and in relation with the dominant enactments and discourses of culture and sub-cultures. We understand that how our clients position themselves in relation to cultural/familial roles and procedures and their patterns of reciprocation may determine their level of self-identity and self-worth.

The introduction of childhood need may enable a new frame of

reference from which conversations can take place, with a client perspective that may not have been heard before, that may have been dismissed by more dominant role relations. In doing this work with clients, I talk a lot about 'noticing the dance and not blaming the dancers' (Steve Potter, 2014), a fundamental position from which we explore trauma and pain.

I use the metaphor of a *toolbox* of skills, roles and procedures that my client is handed down from their carers to help them meet their needs and manage distress when needs are unmet. In due course we explore the inter-generational links of this *handing down*, what may be shared, held back, used or misused. The symbolism of the toolbox initiates exploration around shared intents and purposes, as a way of acknowledging difference while understanding interwoven themes within generations. These shared toolboxes, each with their individual differences, can begin to link understanding in ways that can bring more meaning and feel less isolating. It can facilitate clients to become actively different, or to choose what to keep and what to change.

In this way the reformulation letter becomes interwoven with language and symbolism, my clients' and mine - words we share, some we have developed, and those *golden nuggets* spoken during sessions which encapsulate our understanding in a word or phrase. We begin to capture and expand reciprocal roles and patterns.

Childhood need becomes a way of perceiving, of being curious, standing back to see the possibilities rather than seeking a universal truth. In doing so, I feel we add to 'the toolbox', helping clients to become their

own therapist in time, to be able to adopt different positions or chose to remain in the familiar.

In moving and 'shimmering' (Steve Potter, 2014) between the old and the new, we create a third position and language, which is spoken between us, then written on maps and touched, before being written and heard in the reformulation letter. I am curious about this development, both emotionally and neurologically. There is a richness in the positions that clients can adopt, to be the historian to one's story; to create maps of meaning which can be touched, discussed and changed; to be heard and then to hear the voicing of this shared understanding before it is seen, then held and taken away by the client.

The importance of the reformulation letter is not only what it holds but where it is pointing the therapy. Within this article, my collaborators describe enactments of what we may be trying to hold in our letters, the perfect understanding, or what may indeed hold us back. We understand those valued moments

in therapy when clients feel positively heard and held and those moments when they do not. What feels important is that the *getting* or the *missing* is explored. That we can remain curious and flexible. As our clients locate themselves in their unfolding reformulation, in a way that helps us to think outside of repeated re-enactments, they can start to be able to point themselves into the future by having goals and hope. Having a 'wished for' future is a main component of hope (Nunn, 1996) and working towards it provides energy and momentum that maybe fundamental to a client's optimal outcome (Snyder, 1994).

Incorporating childhood need is understandably not a universal framework for all clients or all cultures. My experience is that it has resonated for my clients by supporting an acknowledgement of something they have been seeking to fulfil, which they give value to, which others have not validated in their past relationships. It creates a vehicle of change through the wording of childhood need in the therapeutic relationship, using a new perspective, language,

symbolism and imagery to support clients in understanding the repetition of difficult patterns around significant relationships in their lives. It can enable a supportive direction towards noticing and rehearsing more adaptive exits, to recognise and re-capture hopes for their future and how they relate to others as a foundation to their relationships. It bridges their past, with now and the future.

In writing these reflections, I invite you to join with my curiosity about the importance of childhood need.

References

- Laplanche, J. & Pontalis, J.B. (1988). Compulsion to repeat (Repetition Compulsion) pp.78-80. *The Language of Psycho-analysis* (reprint, revised edition), London: Karnac Books.
- Nunn K. (1996). Personal hopefulness: a conceptual review of the relevance of the perceived future to psychiatry. *British Journal of Psychiatry*; 69, 227-245.
- Potter, S (2014) *Helper's Dance in Lloyd and Clayton Cognitive Analytic Therapy* Kingsley-
- Ryle, A. (1985). Cognitive theory, object relations and the self. *British Journal of Medical Psychology*, 58, 1-7.
- Ryle, A. & Kerr, I. (2002). *Introducing Cognitive Analytic Therapy: Principles and Practice*.
- Snyder, C. R. (1994). *Psychology of Hope: You Can Get Here from There*. New York: Free Press.

CPD Events

22nd to 24th April 2020 ACAT Relational Skills in CAT Supervision Residential
Holland House, Main Street, Cropthorne, Pershore, WR10 3NB
#ACATSup20 www.acat.me.uk/course/1052/

24th April 2020 ACAT: Embodied CAT and Trauma
Safe Trauma Processing, Inner Attunement
and the Development of the Adult Self
Presented by John Bristow
www.acat.me.uk/event/1077/

4th May 2020 ACAT: Negotiating the therapeutic alliance
Relational and practical approaches for strengthening the therapeutic alliance
Presented by Dr Robert Watson
www.acat.me.uk/event/1095/