

Book Reviews

Introducing Cognitive Analytical Therapy

Anthony Ryle and Ian B. Kerr

Chichester: Wiley Press, 2002. pp. 265. £16.99 (paperback). ISBN: 0-471-89273-4.

DOI: 10.1017/S135246580421133X

Cognitive analytical therapy (CAT) is becoming increasingly popular in clinical practice, especially in treating patients who receive a diagnosis of personality disorder. This book introduces the principles of CAT, provides a practical description of the tools and techniques involved and explains its relevance to a wide range of mental health problems. I approached the book as someone who has researched the cognitive processes involved in psychological disorders and begun to carry out cognitive therapy in a clinical context. I wanted a better understanding of how cognitive processes might be conceptualized within the context of interpersonal relationships.

Like cognitive therapy, CAT is a time-limited psychotherapy that involves the collaborative formulation of current psychological problems in the context of present experiences and past events. Both CBT and CAT also involve active challenging of pre-existing ways of relating to the world, both using techniques of exposure, cognitive reappraisal, problem-solving and role-play. It could be argued that CAT differs from CBT in that its main focus is on relationships, or “reciprocal roles” rather than on the link between thoughts, emotions and behaviour. According to CAT, “the ‘permeable’ self is seen to have been formed in, and to be maintained through, interactions with others; the internalized relationship dialogue from the past is constantly expressed in, and may be maintained or modified by current relationships” (p. 200). In practical terms, people act out different roles in different situations based on earlier relationships, and CAT helps the patient identify, control and modify these roles both within and between therapy sessions.

Introducing cognitive analytical therapy is organized in a user-friendly manner. It first describes the way in which CAT is used within a clinical context, and then explains the main principles of the therapy and their theoretical foundations. Subsequent chapters explain key components of CAT such as the assessment interview, the formulation process (which is in the form of a letter and a diagram of sequential stages), the use of the therapeutic relationship, including the “goodbye letters”, that the therapist and patient exchange, and the role of supervision. The last three chapters explain the use of CAT in a range of client groups such as anxiety disorders, eating disorders, substance abuse, psychosis, personality disorders, and “difficult” patients. The end of the book includes a glossary of the main terms, a summary of the evidence-base and the “Psychotherapy File”. The Psychotherapy File is an extended questionnaire given to the patient at the start of therapy to allow them to identify key problems in their life (“dilemmas”, “traps” and “snags”). Dilemmas reflect apparently irresolvable decisions that are couched in dichotomous terms (e.g. “Either I look down on other people or I fear they look down on me”). Traps are vicious cycles that perpetuate interpersonal problems (e.g. “Feeling uncertain about myself I try to please other people, but this means other people

take advantage of me, thereby confirming my uncertainty about myself”), and snags relate to the fear of change that may stifle progress.

The book works well as an introduction to CAT. Throughout the book, many detailed case examples with diagrams illustrate the principles and techniques of CAT. This provides a very effective way to introduce the reader to the way that CAT works in practice. The book also explains how cognitive processes can be couched within a theoretical framework that involves developmental psychology, interpersonal relationships and culture. The authors make a strong argument for the validity and utility of CAT itself.

One major shortcoming, however, is that this volume is not quite a practical handbook for carrying out CAT. For example, it does not explain a fundamental feature of CAT, the Procedural Sequence Model (PSM) in sufficient detail. Furthermore, it provides very little information on the cognitive and behavioural techniques that are used during the middle of therapy. The book would also have benefited from an information sheet, or a separate introductory chapter that explains the ideas of CAT in straightforward terms. This would be useful both for clinicians who want to form a general impression of CAT before embarking on the rest of the book and as an information sheet for patients. Nevertheless, interested readers can of course access the large number of pre-existing books on CAT to get more information.

The evidence-base for CAT is at present still very small in comparison to the evidence for the effectiveness for CBT. The authors do justice to this discrepancy in that they also describe and promote existing cognitive models of psychological disorders in the book. They follow these descriptions with persuasive suggestions of how cognitive analytical methods can complement CBT approaches, or be more effective than CBT in certain patients. However, CAT may also be able to continue to learn from CBT. Although CAT uses cognitive and behavioural techniques, it appears to place little emphasis on the more powerful techniques within CBT, such as attentional manipulations, behavioural experiments, imagery rescripting and cognitive restructuring within reliving. If books like *Introducing cognitive analytical therapy* reach a wider audience of clinicians and researchers, it may be possible that the more effective elements of both approaches can be further developed and integrated.

WARREN MANSELL

Department of Psychology, Institute of Psychiatry, London

Eating Disorders: The Facts (5th ed.)

Suzanne Abraham and Derek Llewellyn Jones

Oxford: Oxford University Press, 2001. pp. 317. ISBN: 0-19-850937-5.

DOI: 10.1017/S1352465804221336

Eating disorders: the facts has been written with patients, their families and non specialist health professionals, such as GPs in mind. This book is welcome, in view of the increasing need voiced by such individuals for further information, and by the increasing incidence of individuals presenting at primary care centres with disordered eating. The book has been extended from previous editions with the inclusion of two further chapters covering eating disorders and pregnancy, and the family.

The book starts out by considering “adolescent eating behaviour”, although the chapter goes much further than simply describing adolescent eating, covering topics such as self-esteem,

depression and anxiety, smoking, the influence of the media and an introduction to pregnancy and eating behaviour. Significant focus is given to the importance of menarche with respect to the development of heightened awareness of body weight and shape, and dieting behaviour (which perhaps reflects the fact the both authors are/were based at a department of Obstetrics and Gynaecology). Some relevant data are presented, although the origins of such data remain undetermined.

The book then goes on to present an overview of eating disorders. Consideration is given to biological mechanisms governing the control of eating, but this is not related to the eating disorders discussed. A helpful general introduction to four eating disorders (Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and Eating Disorder Not Otherwise Specified) is given, alongside DSM-IV diagnostic criteria where appropriate. Anecdotal descriptions, examples of cases and quotes from patients are informative and useful. The authors also focus on a disorder unrecognized by DSM-IV known as anorexia nervosa not for shape or weight, and suggest possible diagnostic criteria, although it isn't clear how this might be different from EDNOS. Also included in this chapter, perhaps somewhat controversially, is a general introduction to obesity.

The next two chapters are devoted to considering some of the main explanations that have been put forward to account for eating disorders, including both a physiological and a psychological account, and factors relating to sexuality (to which an entire chapter is devoted).

One of the additional chapters to this edition (devoted to eating disorders and pregnancy) provides information about problems and consequences of eating disorders both during and after the pregnancy, but little in the way of management and health-professional related information.

Some focus is given to assessment, and the authors talk the reader through 20 initial assessment questions that could be used by both health professionals and patients alike. They also include a printout of the computer reported examination of eating and exercise attitudes and feelings. However, it isn't clear how this examination is done, or scored, which limits its usefulness somewhat.

Information is provided on the general management of eating disorders, and one chapter provides a somewhat brief introduction to some general principles of management, as well as outlining a number of well-established approaches, including Cognitive Behavioural Therapy, Behaviour Therapy, and Interpersonal Psychotherapy. The same chapter also introduces the concept of compulsive exercising, which is somewhat out of context and may have been more appropriately included in an earlier "overview" chapter.

The second additional chapter to this 5th edition entitled "The family" is well-written, taking the perspective of a parent, but this should prove useful to anyone with a family member with an eating disorder. The chapter includes a number of useful tips, which have been sourced from one patient's mother such as getting professional help as quickly as possible, and trying not to be secretive about the disorder.

The book explores anorexia nervosa and bulimia nervosa in further detail in two extended chapters, examining various aspects of behaviour and cognitions displayed through case examples and quotes/letters from patients. They also explore in further detail the treatment options and outcomes for patients. The final chapter (also the longest) examines obesity from a number of different areas. Useful definitions are provided, as well as information relating to the prevalence, clinical investigation and treatment/management of obesity. Advice relating particularly to the different methods of treatment of obesity should prove useful to both

health practitioner and patient alike, and the chapter also includes some more generally useful information on behavioural strategies that may result in enhanced weight loss.

This book will probably be useful as a general introduction to eating disorders for primary care professionals with limited existing knowledge, and almost certainly will be useful for patients and particularly their families. However, I believe the book does present with some difficulties. Firstly, its organization is sometimes confusing. New ideas and concepts are presented in seemingly irrelevant sections – for example, an introduction to pregnancy and eating disorders is given in a chapter entitled “Adolescent eating behaviour”. This may be problematic for anyone searching for information in a hurry, or using chapter titles to guide their reading. A second problem relates to the number of inaccurate cross-references within the book. On a number of occasions the reader is referred to another part of the book via an incorrect page number, and tables are often referred to without any reference to page numbers. Thirdly, the book doesn’t appear to live up to its “factual” title; overgeneralizations are apparent, and little effort is given to substantiate the information given – for example, references are not included. In its favour, however, is the inclusion of a list of well-written textbooks and self-help manuals at the end of the book, which should prove particularly useful for health professionals and patients seeking further guidance and help over and above what is contained therein.

MICHELLE LEE

Department of Psychiatry, University of Oxford

Science and Pseudoscience in Clinical Psychology

Scott O. Lilienfeld, Steven Jay Lynn and Jeffrey M. Lohr (Eds.)

New York: Guilford Press, 2003. pp. 473. £31.95 (hardback). ISBN: 1-57230-828-1.

DOI: 10.1017/S1352465804231332

“This book is likely to make a number of readers angry” (p. xix). A mouth-watering start to a book whose purpose “is to subject a variety of therapeutic, assessment and diagnostic techniques in clinical psychology to incisive but impartial scientific scrutiny” (p. xix). The topics covered include controversies in a wide variety of areas such as: the use of clinical judgement, expert testimony, the diagnosis of Dissociative Identity Disorder, New Age therapies, memory recovery techniques; treatments for trauma related stress disorders, alcoholism, ADHD, and autism; and the commercializing of mental health issues such as self-help and the media.

There is a useful foreword, which recognizes and acknowledges an increasing scientist-practitioner gap, and good introductory and concluding chapters, especially on the sometimes fuzzy definitions of, and differences between, science and pseudoscience. Throughout the book the various authors adopt a rigorously empirical stance, in particular arguing, “if a procedure is extensively promoted through extraordinary claims, those claims must be accompanied by extraordinary evidence” (p. 263): evidence that in almost all the cases cited is sadly lacking. It is important to remember that even what is intuitive and feels good may not necessarily mean that it is of greatest benefit. Novel treatments should be encouraged whilst recognizing that “keeping an open mind is a virtue but this mind cannot be so open that one’s brains fall out” (p. 4). Proper evaluation is vital.

Occasionally the book becomes turgid as it lists the endless problems with, and minutely dissects, particular assessment or treatment approaches. It perhaps has an over-reliance on the role of RCTs, which, as has been argued within this journal, are only one part of the research process (Salkovskis, 2002). Furthermore, as a US book it addresses particular US legal and service provision issues that may be of slightly less applicability to a wider audience. It would also have been nice to see further development of the ideas presented about how to get clinicians to use research and how to disseminate the need for such an empirical approach to the public, who show a great hunger for “media psychology and therapy”.

Did this book make me angry? Not really. However, it was variously interesting, entertaining, tedious, exhaustive, controversial, and opinionated, which is pretty good as clinical psychology books go in my experience. It is definitely worth reading the foreword, introduction, conclusion and any chapters that particularly pertain to one’s own clinical practise.

NICK GREY

Centre for Anxiety Disorders and Trauma, South London and Maudsley NHS Trust

Reference

SALKOVSKIS, P. M. (2002). Empirically grounded clinical interventions: Cognitive-behavioural therapy progresses through a multi-dimensional approach to clinical science. *Behavioural and Cognitive Psychotherapy*, 30, 3–9.

Psychotherapy Relationships that Work

J. Norcross (Ed.)

Oxford: Oxford University Press, 2002. pp. 452. £49.50 (hardback). ISBN: 0-19-514346-9.

DOI: 10.1017/S1352465804241339

Why is it, when we all profess to wanting to provide clinical services guided by the best empirical evidence, and to act as good and reflective scientist-practitioners, that we don’t pay attention to the repeated finding that the therapy relationship far outweighs technique in affecting therapy outcome? Norcross asks the reader of this challenging text to ponder Henry’s 1998 paradox that, were a neutral scientific panel from another field to review the evidence on outcome in order to decide what should be the focus of research, they would undoubtedly conclude that, along with pre-existing client characteristics, it would have to be therapist differences and the therapeutic relationship, regardless of technique or school of therapy. Perhaps we persist in minimizing relationship and client factors because of our professional arrogance and a sort of affronted disbelief, combined with defensiveness, over having spent considerable time and resources on gaining our technique-oriented professional qualifications. All of this may make it difficult for us to accept such a conclusion. Yet this book provides an overview of more than three decades of research that repeatedly demonstrates this finding. Aimed at practitioners and trainees as well as researchers, the text presents a range of evidence on empirically supported therapy relationships (ESRs) to counterbalance the widespread (but in Norcross and his contributors’ view, unbalanced) emphasis on empirically supported treatments (ESTs) when evaluating psychotherapies.

The volume consists principally of a number of chapters that review evidence on effective aspects of the therapists' relational contribution, and further chapters on how therapy can be tailored or "customized" to take into account how therapy relationships function differently, and most effectively, with different types of client. The book's main conclusions are summarized very briefly and clearly in the final chapter, which consists of a list of ESR elements, in a format that parallels existing lists of ESTs. Hence amongst those elements listed as demonstrably effective are empathy, goal consensus and collaboration, whilst the list of promising and probably effective elements include positive regard, feedback, management of countertransference, and repair of alliance ruptures. In addition, elements that are demonstrably effective when modifying the relationship include varying the level of directiveness offered according to level of client resistance; while elements that are probably effective when modifying the relationship according to client characteristics include taking into account their level of assimilation of problematic experiences, and their coping style.

Implications for practice, training, research and policy are presented, which make challenging reading. For example, training programmes should provide explicit and competency-based training in the effective elements of the therapy relationship; practitioners should routinely monitor patients' responses to the relationship, which would provide enhanced opportunities to repair ruptures; researchers should avoid a "therapist-centric" view of the therapy relationship, and should study both therapists' and patients' contributions to outcome.

This book is clearly written and presents material with which anyone interested in increasing therapy effectiveness should be familiar. It may well be that many practitioners are indeed aware of the centrality of relationship issues, at least in their everyday practice. It is up to researchers and trainers to rise to the challenge that this evidence presents to our theories and practice. My major quarrel with the book is that, although it purports to discuss the relationship, it still does so from a somewhat limited perspective, that is, it centres on what the therapist does and what the client does, rather than taking into account recent work on dialogic approaches. That is, it still does not see therapy as essentially a joint construction, which is modified moment by moment by the dialogue of the participants. But at least this is a step that is very clearly in the right direction.

SUSAN LLEWELYN

Oxford Doctoral Course in Clinical Psychology, University of Oxford

Reference

- HENRY, W. P. (1998). Science, politics and the politics of science: The use and misuse of empirically validated treatment research. *Psychotherapy Research*, 8, 126–130.