

Mindfulness Within The Structure Of Cognitive Analytic Therapy

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Introduction

This presentation brings together Mindfulness and Cognitive Analytic Therapy and is illustrated by a single case study.

A basic definition of mindfulness is '**moment by moment awareness.**' Before reading on, you might like to spend a few moments giving yourself some mindful breaths.

To do this, sit comfortably on a chair. Notice the feel of your feet on the floor, and the support of the ground under your feet. Notice your hands resting gently on your thighs. Become aware of the chair supporting your body and allow your attention to rest on the rhythm of in- breath and out-breath. You might like to place your attention first on the in-breath, and then, at the top of the in-breath, follow the breath down with the out-breath, allowing the out-breath to be much longer than the in-breath. At the end of the out-breath there is a gap, almost of no breath, out of which the breath rises again. Just allow yourself to follow the breathing in this way for five breath cycles. Distractions will arise - thoughts, body sensations, feelings. Allow them to rise and fall just as they are, not trying to follow them or change them, without judging or dismissing. When you realise you have become distracted, just say 'thinking' and return your attention to the rise of the in-breath and then following the breath down with the out-breath.

My own mindfulness meditation practice

I have practised meditations from different approaches for thirty years, but in the last ten years my practice has been focussed on the work on the Vietnamese Zen Buddhist Thich Nhat Hanh. I began reading his books during the 1990's and value his practical approach to mindfulness and the way in which he suggests ways that mindfulness can be integrated into daily life. He began writing to his monks in Vietnam during the 1965 – 75 war when he was living in France, exiled from his own country for his peace initiatives, encouraging them to continue to practice. These letters were made into books for Westerners and I learned from these books that one could find stillness in the midst of chaos, and a sense of steadiness, like a tree, when everything is changing. The practice of loving kindness, novel to me at first, has become essential.

My own mindfulness meditation practice is an important part of my daily life. It is a discipline of silence and concentration, and my experience is that it nourishes the ground of consciousness from which I work therapeutically. It has always been challenging. When I first started, I thought I would always be distracted by thoughts about past or future and often this is so today. I learned

that everything that happens is part of the practice, and that it is unhelpful dualistic thinking to divide experience into good or bad. There is no 'good' practice, only one's experience.

I try to practice mindfulness in both formal and informal ways, finding many applications for the practice, and practising with a weekly sangha (community). Mindfulness is naturally entering different aspects of my professional work with clients and training groups. On days when my individual practice seems more deeply rooted within me, when I am really sitting in an energy of unconditional presence, sessions seem to follow the energy; there are days when this is not so marked.

Professional life

I have worked as a psychotherapist for nearly thirty years, mostly in private practice in London, and now in Suffolk. In the late 70's I became involved with Transpersonal Psychology at the Centre in London and developed an interest in different approaches to spiritual narrative and conversation, and to spiritual practice. In 1996 I became Director of Training and this interest developed into studying the interface between spiritual practice and psychotherapy, and the role of spiritual practice in healing. This professional and personal interest in the many approaches to the experiences we gather under the umbrella term of spiritual – what it is, and what it is not - continues. My other professional training is in social psychiatry, and in Cognitive Analytic Therapy. Recently I have followed my interest in mindfulness to take the training in mindfulness based stress reduction at Bangor North Wales, and also to understand mindfulness and the body with training in sensorimotor psychotherapy for trauma – the work of Pat Ogden, from Boulder, Colorado, USA.

The essence of all these four psychological approaches is to get off what Dr. Anthony Ryle, the founder of CAT, calls 'the symptom hook', to get behind the story to what Eugene Gendlin called 'the felt sense' or what Pat Ogden would refer to as 'the call from the body's memory and intelligence', which can be followed mindfully and can often release the fight, flight freeze mechanism when it has become dominant after trauma. Transpersonal Psychology holds that human beings are capable of making a meaningful relationship with suffering. The way to do this is to develop a mindful awareness and curiosity of all that occurs within one's own mind and life. These approaches all help to mobilise our human self-help capacities and thus free us from the danger of being over-identified with our suffering or diagnosis.

Mindfulness

Historically mindfulness has been called the 'heart' of Buddhist meditation and resides at the core of the teachings of the Buddha. The Buddha had nothing in the way of scientific instrumentation other than his own mind and body and experience. What emerged from his long arduous contemplative investigation was a series of profound insights, a comprehensive view of human nature and a formal 'medicine' for treating its fundamental dis-ease, typically characterized as the three poisons:

greed/grasping;
hatred/aversion/avoidance;
ignorance /delusion /unawareness.

The dharma - a Sanskrit word carrying the meaning 'lawfulness', that grew from the Buddha's experience is, at its core, truly universal. These teachings are not categorized in terms of belief, ideology, or religion. They form a coherent, phenomenological description of the nature of mind, emotion and suffering and its potential release, based on highly refined practices of learning to cultivate mindful concentration; being able to remain mindfully present with what is.

Definitions of mindfulness

'Mindfulness is the awareness that emerges through paying attention, on purpose, in the present moment and non-judgementally, to the unfolding of experience, moment by moment'. (Jon Kabat-Zinn)

Mindfulness is a way of paying particular attention that originated in Eastern meditation practices. It has been described as bringing one's complete attention to the present experience on a moment-to-moment basis.

Mindfulness is the non-judgemental observation of the ongoing stream of internal and external stimuli as they arise. It means remaining present with what is, exactly as it is, without trying to avoid it, change it or disappear into it. The emphasis is upon maintaining one's attention in an accepting non-judgemental way, in a spirit of unconditional friendliness to oneself.

The practice of mindfulness includes the body as participant, not the mind observing an observed body. It is through our bodies that we notice feeling, and experience change. Often our thoughts take us away from what we are actually feeling and experiencing.

Maitri

Mindfulness practice is taught in an atmosphere of Maitri – a Sanskrit word meaning unconditional friendliness to oneself, or non-judgmental loving kindness. This simple instruction is often a revelation to Westerners. Too often, we find our internal world is dominated by conditional acceptance of ourselves, or by demanding, critical, judging internal voices that are harsh, penetrating, putting down.

Maitri offers the best possible condition or environment for our practice, so that we can open to our experience as much as possible. When we are critical, conditional or judging, our minds restrict and close. When we stop and revise our tendency to automatic closure, we open up to softening hardened attitudes. Mindfulness of breathing, sitting, walking, eating and feeling can subtly alter the quality of our experience.

Mindfulness approaches within psychotherapy.

'A contemplative approach to psychological work differs from conventional therapy in being more concerned with the recovery of the presence of being – accessed through opening directly to experience – than with problem resolution'

1. Unconditional presence and contemplative attitude.

With many patients I begin by inviting them to sit as we did at the beginning of this presentation. We return to this at the end. The object of mindfulness might be breathing, or the body, or a particular state such as agitation, heaviness, anger. As patients become used to participating in this way they often say 'can we concentrate on...?' The leaving practice often brings together one of the fruits of the session and so might focus on something like peace, calm, intention.

2. Mindfulness as a specific practice might become an exit on a CAT diagram (as will be illustrated).

3. Walking mindfulness may be used as a short meditation if I felt that the person was becoming heady or detached, or if they were showing other signs of disregulation.

4. Breath poems or gathas such as: 'I have arrived. I am home. In the here. In the now. I am solid. I am free. In the ultimate I dwell. (We breathe in and say the first line to ourselves, breathe out and say the second line, and so on).

5. Mindfulness of body states. Just stopping to place attention on what is happening in the body, breathing, paying mindful attention to the language of this experience and naming the feeling that arises.

In all therapies where mindfulness is offered, the roots of mindfulness are always acknowledged and instructors and practitioners of mindfulness-based health care must have their own developed mindfulness practice before they can take patients.

The core skill of mindfulness-based cognitive therapy is the disengagement of mind states characterised by negative or ruminative thoughts. The practice comprises cultivating a witnessing acceptance of the mind's contents without responding to them. Mindfulness can be an empowering self-help skill that is simple to learn with a willingness to practice regularly.

Thich Nhat Hanh writes and teaches about 'steadying the practice' so that when one's emotional world starts to storm, the practice becomes like a branch that hangs just above the swirling river. The power of the storm or swirling river is not negated but mindfulness offers a helping hand to be with it so that it can be experienced in its fullness, and we can also be alongside it at the same time.

John Teesdale in Mindfulness Based Cognitive Therapy writes:

'Dysfunctional attitudes - false beliefs born of experience – lead to enduring traits. The depressed thinking programme does not get

properly wiped from the hard disc – small shifts in mood can reactivate it, as if it had never been absent. Mindfulness fosters a de-centred relationship to mental contents by training people to take a wider perspective, in order to observe their thinking as it is occurring.'

Patients may learn a way to be with emotional pain and recognise the specific sequences to the maintenance of emotional pain, often fed by negative and repetitive thinking. The detail of those sequences can be observed with kindness, and the practice of being present with the rise and fall of the identified non-helpful thoughts can diminish rumination and the acceleration of panic.

Counter-indicators for working specifically with mindfulness are: a recent psychotic break; active substance abuse, active suicidality and having being very recently traumatized.

Cognitive Analytic Therapy

'The practice of CAT is based upon a collaborative therapeutic position, which aims to create with patients narrative and diagrammatic reformulations of their difficulties. Theory focuses on descriptions of sequences of linked external, mental and behavioural events. Initially the emphasis was on how these procedural sequences prevented revision of dysfunctional ways of living. This has been extended recently to a consideration of the origins of reciprocal role procedures in early life and their repetition in current relationships and in self management.'

(Introducing Cognitive Analytic Therapy by Dr Anthony Ryle and Ian Kerr. Wiley 2002)

Cognitive Analytic Therapy was pioneered by Dr Anthony Ryle at Guy's and St Thomas's Hospitals in London as a time-limited integrated therapy. It has been used with increasing demand in numerous different settings within the British Health Service since 1983, and CAT is now available in Finland, Australia, Spain, Greece and France.

CAT evolved as an integration of cognitive, psychoanalytic and, more recently, Vygotskian ideas, with an emphasis on therapist-patient collaboration in creating and applying descriptive reformulations of presenting problems. The model arose from a continuing commitment to research into effective therapies and from a concern with delivering appropriate, time-limited treatment in the public sector. Originally developed as a model of individual therapy CAT now offers a general theory of psychotherapy with applicability to a wide range of conditions in many different settings.

CAT is a highly relational therapy and is tailored to what the patient can use. The elicitation, understanding and naming of the reciprocal roles that are problematic and contribute to the maintaining of chronic emotional pain are

named and worked with actively in the session. Here are examples of just three problematic reciprocal roles:

- 'abusively punitive in relation to crushed'
- 'punished and abused from which the only escape is through dissociation'
- 'critical judging in relation to flattened and misunderstood from which the only escape is to endlessly give out to others or try to be perfect in all that we do'.

CAT works toward making an accurate description of what goes wrong through the process of Reformulation in prose or diagrammatic form, in collaboration with the patient and using their own words. There is an active invitation to develop the new reciprocal role of 'listening to kindly in relation to listened to kindly'. This links with the fruits of mindfulness, that one develops over time a more compassionate awareness in relation to all that happens - we may continue to suffer but we develop a way to be with suffering, and we learn not to act out of or feed the more problematic reciprocal roles.

The accurate description and diagram making means that both patient and therapist can see how any forms of help or support might get sabotaged. CAT has a dilemma called 'if I must, then I won't' and 'if I must, then I will' and any suggestion from an 'authority' could be subjected to this dilemma. The naming of it can be an invitation to recognise it with awareness and see what other ways might be tried.

In Summary:

The therapeutic Goals of CAT

Recognise the pattern of traps, dilemmas or reciprocals role

Notice and observe what happens in mind, body and feelings

Be curious in a non-judgemental way 'ah...this is that pattern...'

Find ways to describe this pattern and its sequence

Stop doing it

Revise it through creating manageable exits

Try something else

What CAT shares with Mindfulness

Self-awareness and self-reflection

Curiosity

Stopping

Revising

Practising

Developing a new compassionate attitude

Case illustration

The patient in question, who I shall refer to as F, has kindly given her permission for our therapeutic work to be shared with professional colleagues

and some of this work has already been published in Reformulation, the magazine of ACAT (The Association of Cognitive Analytic Therapy).

F and I are meeting for the first time in a number of years. She completed a 16 session CAT in 1998 and returned for several spaced follow-ups. I have received a letter from her consultant asking for her to have more therapy and she has made the appointment herself. She brings me up to date with what has been happening. There had been repeated admissions for extreme panic attacks and prolonged inpatient treatment during the last year, suffering severe bouts of depression including suicidal thoughts, and having a great deal of ECT.

I ask her what she thought more therapy could offer her now. She says: 'All I am doing is distracting myself all day in order to get to bedtime when I can take a pill and go to sleep'

I remain silent with this powerful statement, with its self-observation and insight. I feel deeply sad and sit for a moment with her statement and my feelings, letting them be fully present in the room. She bursts into tears. 'I realise I am absolutely desperate.'

We explore the nature of her desperate feelings together. She describes waking feeling 'low'. I sense in myself that this is a learned generality offered to her so many times as an inpatient. I want to know more, the exact nature of 'low'.

In his research findings at The Wellcome Foundation Dr Mark Williams writes about the tendency of depressed patients who relapse and those with continual suicidal rumination to recall their past or their emotional states in an 'overgeneral' way. Although such overgeneral recall might have been adaptive at one time (reducing the impact of unpleasant events and so helping to control mood), it has become maladaptive because it prevents the use of the past to generate solutions to current problems, or to imagine the future in sufficient detail.

I ask: Where do you feel it in your body? She looks surprised and cannot tell me. She looks scared. Then she says, 'tired. I feel weighted down. In a cage, covered by a blanket. When I wake up, I think, there's another day to be got through'.

We sit. She rocks slowly forward and back sitting on the edge of my sofa. She rubs the back of her left hand with the right.

How does she cope? 'I hug my husband. Go for a drive. It takes up the time'.

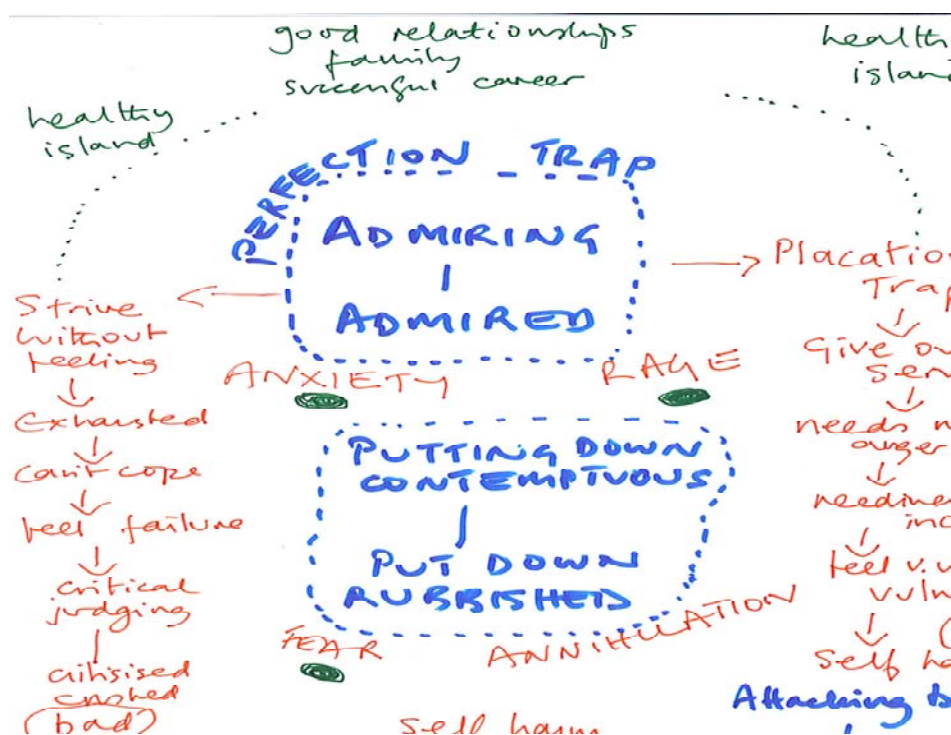
How bad does it get? 'When it gets to tea time and my husband isn't there and I feel panic coming on I can't stand it and I ring the hospital. If it gets too bad they say to come back in. There's constant pain. Then there's not wanting to do anything. I just want it all to end'.

Again the room fills with her desperate feelings. F says she wants therapy to reacquaint her with the maps we made years ago in the CAT. She feels she's lost her way. She wants therapy to be a place where she can bring her suicidal feelings and not have them judged or shut away.

'I'd never do it because of the children and H. But the feelings terrify me and I'm frightened they might take over.'

We discuss practicalities. I discover and feel shocked that she has never shown her diagrams to her psychiatrist or his team.

DIAGRAM 1



We talk about the splitting we mentioned in the first therapy between the difficult but admired medical model and the comfortable but secretly despised therapeutic model. Both models she subjected herself to passively, with hidden feelings of aggression. She looks frightened, as if these revelations will lead to her being punished and rejected by me. The tension of her ambivalence and hidden rage is painful. I remind her of how difficult it was for her, so dominated by the 'placation trap and need to be admired', to feel angry with either myself or her psychiatrist when things went wrong or didn't work out, such as with medications, my absences etc, and now ECT. She 'knows' that unresolved anger is often under depression. I know that when I name how hard she is on herself that she knows it, and that there can be a perverse pleasure in it, as in the masochistic wound described by Johnson in Character

Styles (1992). It seems as if the choice to avoid the fear of abandonment and rejection by others has meant that she abandons and rejects herself, living a half-life.

Her suffering is immense. And now there is so much identification through illness, and with being a patient, and having dependency on admired professionals.

I wonder how much she can realistically do in therapy. I am aware of not wanting to collude with being yet another professional trying to help whom she must outwit and endure in order to preserve the sense of self she does have. Her initial statement of naming her activity as distraction from desperate feeling has attracted me. I know whatever we agree to do together must be time limited and offer her something only she is in charge of.

I decide to describe mindfulness to her as a self-help tool she can learn, and tell her we can experiment together to see if this gives her any advantage in terms of control over impossible and overwhelming mood. I emphasise the experimental nature of the work we will do. I tell her about the course I am undertaking and that I have a mindfulness practice of my own. I emphasise the 'not going anywhere or trying to achieve anything' aspect of mindfulness, and the collaborative work of CAT where we will work closely with her diagrams, and each time we meet make new ones of each process she is describing.

In my notes afterwards, I write: She presents in a very depressed way. Her body is motionless except for the rhythmical rocking and hand rubbing. Her mouth is dry from medication. Her hair, once curly and full, is flat against her head. She remains sitting in her anorak. She looks at me only furtively except when she was able to tell me how desperate she was. Her breathing appears almost non-existent. She speaks in a faint whisper. I am aware of her watching me all of the time through her pores, as she is not looking directly at me. I remember how passive she became in the earlier work we did, how authority figures became powerful people to please and also rebel against.

I write to her psychiatrist as follows: F and I have agreed that the therapeutic work needs to be extremely focussed and practical in order to help her find strategies to respond to the depths of her depressed mood and suicidal thinking when she is inside it. So far, she is finding the mindfulness practices helpful. They are designed deliberately to not achieve anything or try to get anywhere. The instructions are to remain simply present with what is happening, in the here and now. She is picking up a lot more on her patterns of negative thinking and rumination that maintain her gloominess. I think it is essential that the therapeutic work is not orientated to achieve any specific 'success' or desired state for others. If she can learn some self management via mindfulness and thus gain some relief from the intensity of her depression this may offer some respite and be a tool she might take into the future.'

I note to myself that now it is important: To 'be with' rather than 'act out'.

The work begins

During the initial four sessions I teach her some basic mindfulness of breathing. Her breathing is habitually very shallow and painful, and her shoulders are hunched over. In our earlier work together I taught her basic breathing skills for her hyperventilation – sitting with hand on diaphragm or lying down with tissue box so she can see the box rise and fall.

We sit and breathe together. I teach her the ‘finding’ of her seat, shoulders down, head supported by an invisible string, feet flat on the floor, hands flat on thighs and to concentrate on the rising of the in-breath and falling of out-breath. We do this for just five minutes.

She takes home written instructions, taken from Mindfulness Based Cognitive Therapy, of how to sit each day for five minutes, morning and evening. She is to experiment with where in the house to sit: not to try any more than five minutes and to write detailed feedback about what it was like, using words that describe the experience, exactly as it was: bland, difficult, painful, noisy, boring, soft, harsh. Her words.

I ask her to keep a diary and I give her a book from the books I always keep with me and we write her name on it. I also ask her to monitor feeling ‘low’. To experiment with just placing her awareness onto the word low and where she feels it in her body. To see if ‘low’ is accompanied by any thoughts. I also ask her to notice and monitor any feelings of resentment.

She fulfils these tasks diligently - she does have a ‘placation trap’ and is used to being a ‘good girl’ and she is ‘desperate’. But these tasks are ones for herself. She writes neat and precise feedback of her experience, exactly as she finds it. As she goes through the feedback in our sessions she sees for herself the power of her patterns of negative thoughts.

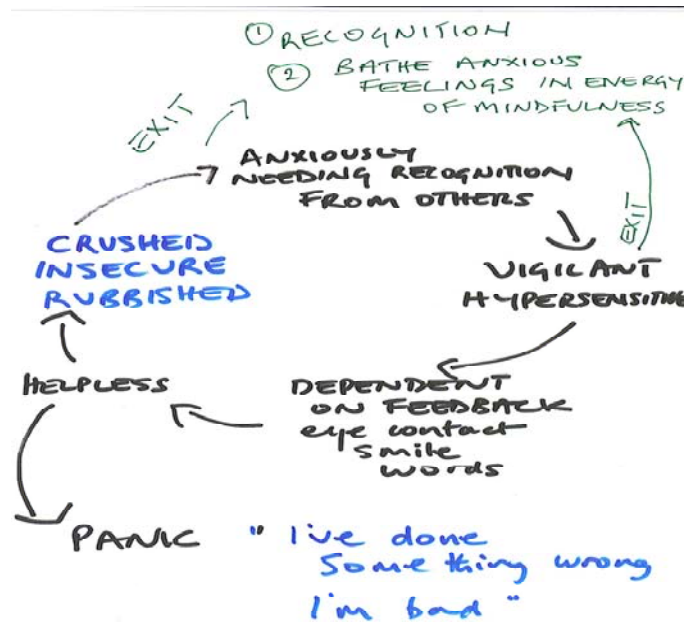
A second self-awareness homework is to monitor her ‘low’ mood and her feelings of resentment. Then to monitor her awareness of thoughts and responses around the word ‘pain’. Then to experiment with making the feeling of body pain the object of her mindfulness practice. Whenever she feels panic she is to return to the in-breath and out-breath. She becomes more aware of her anticipation of emotional challenges and how this incites hypervigilance.

Our work coincides with her beginning to take Tai Chi classes organised by her Day Centre. She finds these helpful and grounding.

We work for six sessions weekly and have a month break during which she is to practice mindfulness of breathing for ten minutes twice daily and introduce a fifteen-minute walking meditation we have done together.

She has diagrams of the loops that extend from ‘feeling crushed and insecure’ through ‘antennae heightened and extended to what others think’ to the cognitive distortion of ‘if someone doesn’t meet my eye contact I must have done something wrong’ and then falling into feeling bad, feeling depressed and panicky. She has ‘exits’ of recognition and revision, and of breathing into her fear to stop it escalating.

DIAGRAM 2



When she returns she has made a new exit on her diagram, noting 'this is where it all starts' from her core state of 'crushed/insecure'. She has been working on remaining present with this and to allow others whatever feelings they may have that may not be related to her. There is a relief in this. She acknowledges that it is more difficult to bring her mindfulness practice into feeling states such as crushed/anxious and to frustration and, most difficult of all, anger. Anger is something she is terrified of and cannot bear to get near.

We meet for six more weekly sessions and then have a six-week break. After this we arrange to meet once each month.

Just before I go away on holiday she telephones saying that she has had two dreams in which she has taken an overdose and wakes in fear of whether she has done this or not. I ask her about her current feelings. She responds that she just wants the pain to stop; that she wouldn't do anything because of the children and her husband, but she doesn't trust herself. I wonder with her if the mindfulness practice has 'flushed out' these most difficult feelings for her conscious awareness, and she brings them to me now, on the eve of my holiday.

At first she apologises as if she is a great nuisance. I say that these feelings are here, in the edgy 'catch me if you can' way in which they inhabit her and that we must remain with them here and now on the telephone, just as we are. She is able to tell me more of what she feels inside, of how frustrated she is at how little she can do, how bad she feels, how angry she is with her depression. Can she express how terrible and self-destructive she feels without having to kill herself?

I ask her if she has made any plans in her mind of what she might do. She answers by saying she has pills in the house and then says of her own accord that she will take them to Boots.

I ask her how this last sentence feels inside. Is her heart in it? If she went to Boots she would be doing the 'right thing' but for whom? What would happen to the raging destructive self?

I stress the importance for her to be fully conscious of what she is choosing to do. I feel that the 'good', placatory, dutiful but passive, angry and resentful self would do the 'right' thing, but that the hidden, raging self wants its rage and fury to be heard. We talk about choosing to remain conscious about what we feel and the terms on which we live, to have control over all decisions especially whether we live or die and that no one can do this for us. I cannot stop her killing herself but I can help her maintain conscious awareness of her thoughts and feelings as she is talking about this decision so that her life really is in her hands.

When we next meet, after my holiday, she tells me that a few days went by before she chose to go to Boots and hand in all her pills, having recognised and dared to acknowledge and take charge of her angry feelings and what she did with them. She felt a small surge of energy as she decided to live on her terms, not ideal but not rubbish either, somewhere in that slither of everyday conscious life that initiated her telephone call - and handed in the pills.

We extended the gap between sessions into one, two and then three months. She maintained her twice-daily mindfulness of breathing practice and was also using her diagram with its exits and bringing the mindfulness in to bathe her uncomfortable feelings.

One day, about eighteen months after she had begun the practice she rang in panic and we arranged an earlier session. She had had a dream where a dark figure was encouraging her to kill herself and had given her pills. She woke not knowing whether she had taken pills or not and very frightened this figure would overpower her and make her do things.

I asked her to describe this figure and at first she was reluctant, fearing it would overpower her. I suggested that the probability was that the power would lessen if we faced it. As she described it, I noticed as she was telling me about this figure that her right arm twitched slightly. I wondered whether this was a fight/flight response to a 'bullying other' that had not been properly able to be completed but which had been activated. (Her response to any form of bullying, particularly her own inner bully was to become passive, to be overwhelmed by the freeze, to play dead, be depressed).

I asked her to stay with this twitching right arm and to see what happened. At first this was hard for her. Then I asked her to stay with the breath and the energy of the 'safe circle' we had created over which she had control, to invite the dark figure to come forward outside the circle and speak to her so she

could ask him what he wanted from her. Her answers were a bit abstract such as 'what do you think you are doing.' I was not convinced this invitation was working in a way that was useful. I also wondered if she was humouring me, which would be of no use to her so I decided to take a risk.

I asked if she would let me hold a cushion and come toward her as if I were the dark inner figure and for her to stop me when I had got close enough. I asked her to notice what her body naturally wanted to do in response. As I got to about an arm's length her right arm shot out and pushed against the cushion. I held it there and invited her to push as hard as she wanted and to notice if any sounds or words wanted to come. Her voice was small at first and I encouraged her to make as much noise as she wanted and to repeat any words over and over. Emboldened she eventually shouted 'no' and 'get away'. I held the cushion and asked her to imagine she was saying no go away to the dark figure. We did this several times.

During this intervention, mindfulness was first applied to the micro-movement of the arm. This work is well described in sensorimotor psychotherapy (Pat Ogden) where mindfulness is used slowly to track the micro-movements of the body, to release the fight/flight response and activate the body and brain resources. Offering the cushion as an external object that mirrored her internalised destructive object was a way for her to ignite the defence response that had been so depressed but which had begun to come alive in the micro-movement. This action was extremely important in her being able to recognise and integrate a 'No' at the threat of destructive energy, whether in the form of the dark figure, or the suicidal impulses within herself.

In the last three years she has had two appointments each year. We continue to sit together at the beginning and end of sessions and she brings me the work she has done on self-awareness exits on her diagrams. She has given her consultant, whom she also sees monthly, copies of her diagrams and her mindfulness records and has invited his curiosity. She has bought her own singing bowl. She has not now had an admission for five years.

She also has much better relationships with her family and has been able to travel. She still suffers considerably from depressed feeling and thinking, and themes of suicidal thinking in waking and in dream life continue to occur but she has a way to be with them. It's possible that the mindfulness practice is offering her a small space within which she may find relief from the deep woundedness she inhabits.

Observations

The combination of CAT and MBP (mindfulness-based practice) combine two complementary approaches. CAT offers the accurate description of currently endured pain and the learned thinking that maintains the emotional suffering. The practice of mindfulness serves potentially as a way of allowing extra space around the narrow and restricted repertoire by taking a non-judgemental attitude. It is something patients can actively do themselves through their daily practice, and gives them some ground upon which to both observe their suffering and - maybe - to enter the denied, feared emotional state. The space

created by the practice of mindfulness can allow a patient to become more aware of the deterministic and repetitive nature of their cognitive distortions, how they repeat, how they build up into rumination and how sometimes they might be able to achieve a 'just drop it' position.

A by-product of mindfulness is greater relaxation and calm. The most positive gain in my experience is the possibility of control and non-judgemental experience inside of oneself: and potentially, a different relationship with suffering.

I will end this presentation by including a piece of writing from F herself. The entire piece and her diagram are included in *Change For The Better* (2008).

Practice of mindful breathing became a daily part of my life. It was difficult at first to let go of thoughts that constantly entered my head, something that in yoga I had yet to fathom. To my surprise, just by saying to myself, 'there's thinking' or acknowledging whatever was happening in the background, letting go of it was much easier. Even if my mind wandered for a while, it was okay and returning to the breath was even a matter of congratulations.

Sobbing uncontrollably has been part of the practice too. Each experience of practice is different but that is all part of it. Sometimes the mind wanders a lot or it is particularly difficult to settle but it really doesn't matter. That is where its beauty lies, especially for me, whose mind tends to be on full alert to what is going on all around. I can use the breathing to give me mental space and to break the negative process from the diagram that I now know so well and recognise my difficulties for what they are.

Last week I walked into the town centre and started to feel very heavy in my body and mind. I decided to sit in the Abbey gardens and take in the calm of the beautiful park. There were only a few people about so it was easy to find somewhere to sit and breathe. At some point I realised there was a broken beer bottle lying on the ground. William Styron writes, in 'Darkness Visible' about being accompanied by a 'second self' who watches 'with dispassionate curiosity' as one 'struggles against oncoming disaster, or decides to embrace it.'

Sitting on the park bench I could look at the broken bottle with this observer, taking in with curiosity what I intended to do. Like taking pills, cutting my wrists was a considered idea. But I found myself thinking about what I had learned in therapy, that I had a choice. It was entirely up to me as to what to do next. That choice in fact gave me strength to resist doing anything except slowly force my legs to move out of the park and back to the hostel.

My depression hasn't gone yet. It comes and goes as it always did. I hope that one day it will go away completely as innocuously as it came,

but for now, I can manage it much better. I can still feel desperate. I am lucky to have many loving friends and family. Talking to someone can do much to calm me, but then I have the thought that is so welcome; that I can give myself a few minutes of the space and peace that mindful breathing can invoke however I feel and wherever I am.'

On retreat at Arnhem in Holland in June 2006, Zen Buddhist Thich Nhat Hanh said: *'The practice of mindfulness is to remain in the present moment without trying to change or avoid it. It has the quality of attention that notices without choosing, a sun that shines on everything equally. The energy of mindfulness carries the energy of concentration and establishes us in the here and now. It allows us to touch the island within. Only when mindfulness is established can we know what is happening in the present moment.'*

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APPENDIX COGNITIVE ANALYTIC THERAPY - CAT

THE PSYCHOTHERAPY FILE developed by Dr Anthony Ryle and his team at Guy's and St Thomas' Hospitals, London

An aid to understanding ourselves better.

In our life what has happened to us, and the sense we made of this, colours the way we see ourselves and others. How we see things is for us how things are, and how we go about our lives seems 'obvious and right'. Sometimes, however, our familiar ways of understanding and acting can be the source of our problems. In order to solve our difficulties we may need to learn to recognise how what we do makes things worse. We can then work out new ways of thinking and acting to change things for the better.

These pages are intended to suggest ways of thinking about what you do; recognising your particular patterns is the first step in learning to gain more

control and happiness in your life. You should discuss this questionnaire with your counsellor or therapist.

KEEPING A DIARY OF MOODS AND BEHAVIOUR

Symptoms, bad moods, unwanted thoughts or behaviours that come and go can be better understood and controlled if you learn to notice when they happen and what starts them off.

If you have a particular symptom or problem of this sort, start keeping a diary. The diary should be focussed on a particular mood, symptom or behaviour, and should be kept every day if possible. Try to record this sequence:

1. How you were feeling about yourself and others and the world before the problem came on.
2. Any external event, or any thought or image in your mind that was going on when the trouble started, or what seemed to start it off.
3. Once the trouble started, what were the thoughts, images or feelings you experienced.

By noticing and writing down in this way what you do and think at these times, you will learn to recognise and eventually have more control over how you act and think at the time. It is often the case that bad feelings like resentment, depression or physical symptoms are the result of ways of thinking and acting that are unhelpful. Diary keeping in this way gives you the chance to learn better ways of dealing with things.

It is helpful to keep a daily record for 1-2 weeks, then to discuss what you have recorded with your therapist or counsellor.

STARTING TO CHANGE

You may get quite depressed when you begin to realise how often you stop your life being happier and more fulfilled. It is important to remember that it's not being stupid or bad, but rather that:

- a) We do these things because this is the way we learned to manage best when we were younger,
- b) we don't have to keep on doing them now we are learning to recognise them,
- c) by changing our behaviour, we can learn to control not only our own behaviour, but we also change the way other people behave to us,
- d) although it may seem that others resist the changes we want for ourselves (for example, our parents or our partners), we often under-estimate them; if we

are firm about our right to change, those who care for us will usually accept the change.

WORKING WITH THE PSYCHOTHERAPY FILE

Look through the descriptions on the following pages and mark how far you think they apply to the way you feel. Some will be familiar, others will not. If a description feels familiar but is not quite right cross out the words that do not apply and write in how things are for you in your life. Remember there is no way of doing this badly or of getting it wrong. Discuss what you have discovered with your therapist. You and he/she can work together to work out what your unhelpful patterns are, get the descriptions as accurate as possible as the first step towards making helpful changes.

PATTERNS THAT DO NOT WORK, BUT ARE HARD TO BREAK

There are certain ways of thinking and acting that do not achieve what we want, but which are hard to change. Read through the lists on the following pages and mark how far you think they apply to you.

Applies strongly ++

Applies +

Does not apply 0

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.

Examples of Traps

1. Fear of hurting other people's feelings Trap

Feeling that it is wrong to be angry or aggressive we can be afraid of hurting other people's feelings so we don't express our feelings or needs with the result that we are ignored or abused which makes us feel angry but confirms feeling that it is wrong to be angry.

2. Negative thinking Trap

Feeling that we will mess up tasks, relationships or social situations we can believe that if we try we will do it badly so when we do try we are ineffective and things go wrong; we often feel that things went disastrously which confirms the feeling that we will always mess things up.

3. Anxious thinking Trap

Anxious that we won't be able to cope with tasks, relationships or social situations we worry that we will mess things up and we anxiously worry about

getting things right resulting in panicking, stress and exhaustion . This makes us feel more anxious about things.

4. Trying to please trap

Feeling uncertain about ourselves and wanting to be liked we try to please others by doing what they seem to want with the result that they take advantage of us. We can feel angry and used but also as if we have failed to please which confirms our uncertainty about ourselves.

5. Can't say 'No' Trap

Feeling that it is impossible to say 'No' to others leads to feeling out of control in relationships. To feel more in control we avoid others by hiding away or letting them down with the result that they get angry and can reject us. We then feel guilty which confirms that we shouldn't say 'No' to others

6. Avoiding upset Trap

Feeling anxious and believing that we mustn't upset or displease others we avoid upset by doing what they seem to want, anxiously trying to please them. As a result others don't get upset, we feel relieved but trapped in not upsetting others.

7. Social isolation trap

Feeling that others may find us stupid or boring we lack confidence in social situations and feel anxious, so we don't approach others or respond when others approach us with the result that others may see us as unfriendly and go away which confirms feeling that we are stupid or boring.

8. Worthlessness Trap

Feeling that we can't ever get what we want or have what we need, it can feel that if we try to get needs met we will be punished, rejected or abandoned; sometimes it feels as if we have been cursed. We give up trying and feel hopeless and helpless and can even feel suicidal as if everything is impossible.

9. Self-punishment Trap

Feeling bad, weak or guilty, we can feel agitated or upset and feel as if we must punish ourselves. We can hurt or harm ourselves in different ways which can make the feelings of badness or guilt go away briefly but only confirms that we are bad and should be punished.

2. DILEMMAS (False choices and narrow options)

Examples of dilemmas

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. Do you act as if any of the following false choices rule your life? Recognising them is the first step to changing them.

1. Upset feelings dilemma

When I feel upset **either** I bottle up my feelings, others don't notice that I'm upset and so ignore me or take advantage of me or abuse me **or** I express my feelings, sometimes explosively, and others feel hurt, attacked, overwhelmed or threatened and respond by attacking me or rejecting me.

2. Deprivation Dilemma

When I feel needy **either** I spoil myself, take what I want or get what I need and then feel guilty or greedy as if depriving others and then feel cross with myself, bad and frustrated **or** I deny myself things and don't ask for what I want or need and feel modest and self-righteous, as if giving to others and then feel as if I am punishing myself.

3. Perfectionism Dilemma

Feeling inadequate or not good enough **either** I try to be perfect, which is impossible and very stressful and leaves me feeling an exhausted angry failure **or** I just let things slide and feel guilty for not trying and feel like an angry and dissatisfied failure.

4. Dealing with demands and criticism Dilemma

Feeling bullied or criticised **either** I gloomily submit to demands and feel trapped and crushed, miserable and hopeless **or** I passively resist demands, put things off, drag my feet and feel anxious but still get criticised and bullied .

5. Sabotage or rebellion Dilemma

Feeling bullied or criticised **either** I secretly resist demands and sabotage what is demanded of me but end up attacked and bullied **or** I actively rebel against demands and attack others and destroy things and feel hopeless and end up feeling trapped and punished, a hollow victory.

6. Responsibility Dilemma

Feeling over-responsible **either** I look after others, take charge, meet their expectations of help and feel needed but also taken advantage of and can feel angry and trapped (even though I'm in control) **or** I don't look after others, don't take charge, others don't expect me to do things for them and I feel unwanted, rejected or without a role and can feel lonely, anxious and out of control.

7. Self-sufficiency Dilemma

Feeling that I should be self-sufficient or that I shouldn't want or need anything, if I reach out for what I want and get it I feel childish, guilty and undeserving as if I shouldn't want things, that I should contain myself; on the other hand if I don't reach out or don't get what I want I can feel angry and deprived (as well as saintly) and that I should have the things that I want or need and that I should be more assertive.

8. Anxious control Dilemma

Feeling anxious about what may happen I try to keep things, feelings, plans in perfect order, pay obsessive attention to details in order to keep in control but feel exhausted and overwhelmed by the endless tasks and so feel like letting go and giving up; on the other hand If I let things go and get into a mess by avoiding or ignoring things then the brief relief is followed by feeling anxious and panicky about the mess and I feel an urgent need to get back into control.

9. Not knowing how to react in relationships Dilemma

Feeling unsure how to act towards others either I stick up for myself too much, don't join in or take my turn and find that others reject me or don't like me which leaves me feeling confused and unhappy or I give in and do too much to try to please others and get taken advantage of and end up feeling angry or hurt.

10. Approval vs. feelings Dilemma

I want to express my feelings but also need approval from others so mostly I feel I have to bottle up my feelings in order to be approved of or accepted so I don't cry or be angry or tender or playful with the result that I am accepted or approved of but feel frustrated and cut off; on the other hand when I express my feelings, be myself or do what I want or need, I can feel childish or rebellious and angry with the result that I am often rejected or disapproved of and feel my feelings and needs are unrecognised.

11. Approval vs. independence Dilemma

I want to be independent but also need approval from others so mostly I feel I have to do what they want to be approved of or accepted, I have to submit and can't be myself or do what I want, I feel accepted but at the same time frustrated and miserable; on the other hand when I do what I want and be myself I can feel rebellious and angry and am often rejected or unrecognised, disapproved of and unacceptable to others.

12. If involved then smothered Dilemma

It is as if when I get involved with or too close to others I can feel smothered, engulfed or taken over by them and then feel suffocated, trapped and desperate; so I keep distant and feel safe with breathing space and room to move but can also feel lonely and miserable.

13. If involved then abused Dilemma

I fear that if I get involved with others I will be abused so when I get involved I can easily feel taken advantage of or used and feel angry or miserable or I don't get involved and feel safe but also feel lonely and miserable.

14. If involved then admiring Dilemma

I feel that I need a lot of attention and seek others who I can admire or who will admire me which feels good; often this does not last and then I don't admire them in fact I often feel contempt towards them or find that they are contemptuous and rejecting of me which can leave me feeling bad or worthless so I seek a new relationship.

15. If involved then perfectly caring Dilemma

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.

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.

Do you recognise that you feel limited in your life?

1. For fear of the response of others: For example, I must sabotage success (1) as if it deprives others, (2) as if others may envy me or (3) as if there are not enough good things to go around.
2. By something inside yourself: For example, I must sabotage good things as if I don't deserve them.

4. DIFFICULT AND UNSTABLE STATES OF MIND.

Some people find it difficult to keep control over their behaviour and experience because things feel very difficult and different at times. Indicate which, if any of the following apply to you:

1. How I feel about myself and others can be unstable; I can switch from one state of mind to a completely different one.
2. Some states may be accompanied by intense, extreme and uncontrollable emotions.
3. Others states by emotional blankness, feeling unreal or feeling muddled.

4. Some states are accompanied by feeling intensely guilty or angry with myself, wanting to hurt myself.
5. Or by feeling that others can't be trusted, are going to let me down, or hurt me.
6. Or by being unreasonably angry or hurtful to others.
7. Sometimes the only way to cope with some confusing feelings is to blank them off and feel emotionally distant from others.

5 DIFFERENT STATES

Everybody experiences changes in how they feel about themselves and the world. But for some people these changes are extreme, sometimes sudden and confusing. In such cases there are often a number of states which recur, and learning to recognise them and shifts between them can be very helpful. Below are a number of descriptions of such states. Identify those which you experience by ringing the number. You can delete or add words to the descriptions, and there is space to add any not listed.

1. Zombie. Cut off from feelings, cut off from others, disconnected.
2. Feeling bad but soldiering on, coping.
3. Out of control rage.
4. Extra special. Looking down on others.
5. In control of self, of life, of other people.
6. Cheated by life, by others. Untrusting.
7. Provoking, teasing, seducing, winding up others.
8. Clinging, fearing abandonment.
9. Frenetically active. Too busy to think or feel.
10. Agitated, confused, anxious.
11. Feeling perfectly cared for, blissfully close to another.
12. Misunderstood, rejected, abandoned.
13. Contemptuously dismissive of myself.
14. Vulnerable, needy, passively helpless, waiting for rescue.
15. Envious, wanting to harm others, put them down, pull them down.
16. Protective, respecting of myself, of others.
17. Hurting myself, hurting others.
18. Resentfully submitting to demands.
19. Hurt, humiliated by others.
20. Secure in myself, able to be close to others.
21. Intensely critical of self, of others.
22. Frightened of others.
- 23.