

CASE STUDY OF COGNITIVE ANALYTIC THERAPY

A trained and experienced cognitive analytic therapist, Dr Louise McCutcheon from ORYGEN Research Centre, has provided the following case study of Cindy, a 22-year-old woman with borderline personality disorder.

After the assessment phase, Cindy and her therapist agreed to have 24 sessions of therapy. The first four sessions covered her history and presenting problems in order to develop an understanding of the relationship and behavioural patterns causing her most difficulty. These became the basis of the **reformulation letter** that was read out to Cindy in the fifth session by her therapist. The aim of the reformulation letter is to present the patient's history in such a way that the s/he can feel validated and understood by the therapist, and can start to make sense of the interpersonal patterns that cause him/her the greatest difficulty. The following reformulation letter was read out to Cindy:

Dear Cindy,

I am writing this letter as a way of trying to help us both understand what you've told me so far about your life, and how this has led you to the point that you are at now. You were referred to our service after a doctor you saw became worried you were feeling suicidal, and that you were overwhelmed by a number of problems (particularly your eating problems and alcohol binges). I hope this letter is a summary of our thinking so far.

You have described growing up in your family as "toxic" and that there was a lot of fighting all the time. As a child this must have felt frightening and I wonder whether you felt safe. We have talked about how "unbearable" it felt to be the "weak, deprived victim". To avoid this, you learned to be sensitive to any signs of violence, abuse, and rejection. You tried hard to please others, especially your parents, but it often felt your efforts were ignored or led to more abuse. Your parents had both struggled early in their lives and as a result had high hopes that their children would do better. While your sister seemed to receive attention because she was so unwell, you tried hard to win their approval through pleasing them. Academic success has mostly been easy for you, and you have often

received admiration and attention from others for your academic abilities. However, it has not been from those you wanted it from (i.e., your parents) and has also somehow left you feeling empty and unfulfilled.

As you got older, you discovered that being angry feels more powerful than feeling scared. So you learned to control everything by fighting back and being the strongest. You have said how hard it is to tolerate others putting you down or disagreeing with you. It seems there are only two responses. You either quickly feel angry, contemptuous, and superior of the other person, or completely worthless and hate yourself. Usually, you try to force others to agree with you and if this doesn't work, you demean and humiliate them. This behaviour has left you without many friends and often feeling guilty and ashamed. No matter how hard you strive to please others and to get things right (e.g., by losing weight), it hasn't prevented you from later exploding and hurting those around you. Being in control and powerful always feels momentarily better than powerless, but then others reject you and you are back at the beginning, feeling lonely and deprived. No matter how hard you have tried to be perfect, it never seems to be enough and you give up trying, feeling humiliated and a worthless failure.

Sometimes, you find yourself in a situation that you cannot control with angry rages. At these times you feel so bad, you turn your hatred onto yourself. This leads you either to try to block everything out (e.g., by drinking) or to hurt yourself and you have taken several overdoses. These strategies unfortunately don't usually help for very long and often make things even worse later. You have described how often you do either dangerous or embarrassing things when drunk and how bad you feel afterwards.

Despite all this, you have managed to successfully complete your university course with high distinctions. You have been able to hide from many people just how desperately sad and lonely you often feel, by being competent and caring towards your customers at work. But these people don't really know much about you – what they see is the outer "shell". It seems that you often deny your own needs when you are presenting the way you think you "should" be to others.

We have begun to discuss some of these patterns and to try and think about what we might work on in your time here. We will need to look out for us slipping into some of these patterns ourselves. For example, you might start to feel that I am being critical of you or that I am telling you what to do. I hope we can talk about this, if and when it

happens. Therapy can be a place to explore some of these things together.

As a summary of what we have discussed so far, it seems that some useful goals for you might be:

- To learn more about what my patterns are, and how they help or make things worse.*
- To learn new ways of getting my needs met (rather than through control and/or rage).*
- To learn how I can feel okay about myself without having to strive to be perfect/thin/better than others.*
- To learn how to respect others' needs and to consider these alongside my own needs.*

I look forward to hearing your thoughts about this letter and to discussing it further.

Regards, (therapist)

Sindy felt understood by this letter and was able to agree to the goals for therapy. Together, the therapist and Sindy developed a **diagram** (displayed in Figure 2) of the essential relationship themes that were causing her difficulty. The diagram started with the central reciprocal role that captured her relationship with both parents: (A) Abusing/Rejecting in relation to (B) Deprived Victim. Sindy was able to see that occupying position (B) felt so overwhelming to her, that she had developed a hyper-sensitivity to signs that others were enacting this role by being rejecting, abusing, or possibly violent towards her. Sindy had learned reasonably early on in her life that she felt better taking the powerful (A) position in relationships than the powerless position (B). She was increasingly able to reflect on the behavioural sequences (procedures) that she had developed in an effort to manage the overwhelming experience of her needs not being met. Mostly, the patterns identified involved her enacting a form of (A) by getting angry or becoming rebellious and engaging in impulsive, dangerous behaviours. Alternatively, she would engage in strategies (e.g., trying to please others) that reinforced her position in (B), feeling deprived and a victim.

Sindy was able to explore in therapy how these patterns had developed over time in a non-blaming way. In particular, she was eventually able to accept that her parents had probably not intended to be abusing and rejecting, but had grown up with similar relationships as models themselves and therefore had not had an opportunity to develop more accepting and caring relationship styles. In this way, Sindy was able to explore how she might want her relationships to be with both her parents as well as with herself. The diagram was used in therapy to identify what was happening both within therapy sessions as well as outside in her life. The aim of the

diagram was also to develop some ways to exit the problem procedures. This was done with Sindy through discussion of the aspects of the therapeutic relationship that helped her to feel "Cared For (enough)". These were described by Sindy as feeling Respected and Accepted. The therapist–patient relationship was able to model this and give Sindy an experience of feeling cared for in a reasonable, but less than perfect way.

By the end of the 24 sessions of therapy, Sindy was less depressed, no longer using drugs and alcohol, and was back at work. She reported having a much better understanding about why she behaved in particular ways, and being clear she no longer needed to engage in dangerous risk-taking behaviours such as heavy drinking. Sindy also reported her relationships with her parents were much improved. She was working on learning how to care for herself and others better, in a "good-enough" way, and this involved practising how to communicate her needs to others and to accept what they could offer her. Sindy was offered several follow-up sessions over the subsequent six months in order to assess her progress and assist her to continue working towards her goals. Despite Sindy understanding how her strong desire for control maintained her eating-disordered behaviour, she found this very difficult to change. By the end of the -follow-up period she had reduced the frequency of her binges and purges, but had not eliminated them. She was, however, working on this herself and felt that she was making slow progress.