



1st Use? Ryle A (1975). *Frames and Cages*. p36. London: Chatto & Windus for Sussex University Press.

References:

1. Ryle A (1975) *Frames and Cages*. p36. London: Chatto & Windus for Sussex University Press.
2. Ryle A, Kerr IB (2002) *Introducing Cognitive Analytic Therapy*. Chichester, Wiley.

Case Illustration (Ryle, unpublished)

M had had numerous contacts with mental health services since her father's death and the birth of a congenitally handicapped child six years ago. She had broken off contact from therapy and counselling several times. Care workers called her 'overpoweringly loud'. She had had a brief admission to a psychiatric ward 2 years previously. She described low mood, suicidal ideas, panics and anger, and had Borderline Personality Disorder. She received 24 sessions of cognitive analytic therapy). The patient said she had been raised by her grandmother apart from her siblings, who never accepted her (**rejecting to rejected RRP**). Grandmother could be overprotective and at other times harsh; M was the same with her children (**either overprotective or harsh in relation to depending RRP**). Over sessions 1-4 M and the therapist identified three recurrent dysfunctional states and associated RRPs, and drew a sequential diagram linking these:

1. VICTIMISED state: RRP **victim in relation to controlling neglect**.
2. RAGE state: RRP **anger in relation to perceived threat or rejection**.
3. POWERFUL CARETAKER state: RRP **controlling care in relation to submissive dependence**.

The therapist and patient traced the sequences between the states. When M sees others as being or likely to be **neglecting or controlling** she feels she is or will become a **victim**. **When** anticipating or responding to this she gets **angry** ( RAGE state), shouting and ignoring others and provoking rejection. She is most secure in the POWERFUL CARETAKER state where she feels **in control** but where others are **submissive and dependent** and don't meet her needs. She risks dependency only with her husband.

As M and the therapist came to recognise these states and RRPs as they appeared in sessions the therapist suggested that they were developing a new **listening in relation to listened to** RRP. Gradually M became more able to reflect and care for herself and lessen control of her children. In session 19, however, she arrived in a bad mood, dismissed the therapy as useless and refused to take off her coat, saying she was leaving. The therapist suggested she was **angry** because of **perceived rejection** implied by the impending end of therapy. They used the summary of state sequences to understand this. For sessions 20-23 M conversed calmly and acknowledged how her loud voice had been a way to hide her insecurity. They exchanged 'goodbye letters' in session 24; in hers, M expressed gratitude for the changes achieved. Scores on a measure of identity diffusion fell from a borderline to a normal level.