

Looking Back - Looking Forward

9th International CAT Conference

15th - 17th of June 2023

Helsinki, Finland



Parallel sessions

Friday June 16th

Session 1 (11.00-12.30)

Workshop

Minna Martin and Mirka Lammi

Embodiment & CAT – demonstration and practice

Minna Martin and Mirka Lammi are psychotherapy teachers, both in CAT and body-oriented psychotherapy (created by George Downing). In this workshop they will first demonstrate how to use some basic body-techniques in the psychotherapy session. In this way of working one can build more trust, insight to the core problem, get in touch with the underlying emotions and find new ways to relate to oneself. **Body-organizing** is a key concept in this method. It refers to the way we relate to ourselves and others and how it is embodied – and how to achieve change. After the demonstration work the attendees will be able to practice the techniques used, followed by discussion of the experiences.

Session 2 (11.00-12.30)

Workshop

Elaine Martin and Steve Potter

Mapping the power of national psyches in our lives: a CAT approach to the individual and collective experience of national identities

CAT offers the conceptual tools to help us be in simultaneous dialogue with our inner emotional world, interpersonal and group relations and wider social forces and conditions. In this workshop we show how mapping brings us into an open dialogue with our respective (hi)stories which incorporate

wider cultural and national psyches. We demonstrate how mapping can help us to negotiate the 'push and pull' of social and political discourse.

The workshop will give participants an opportunity to use bits of CAT letter-writing, mapping, and giving voice together to explore their personal experience of national psyche and identity. We will share experiences and then reflect on the implications for CAT therapy of bringing individuals' wider cultural identity into dialogue.

Session 3 (11.00-12.30)

Workshop (11.00-12.00)

Sami Kivikkokangas

Living with the Climate and Ecological Emergency

The world is facing a climate and ecological emergency (CEE) but seems to be ignoring the increasingly urgent alarms being raised by scientists and activists that we are heading for catastrophe. The CAT Climate SIG emerged during lockdown as an attempt to make sense of our responses (or lack of them) to the CEE, and to formulate them from a CAT perspective. We hope to offer spaces for CAT informed dialogue about the CEE crisis, and to think about ways in which CAT could contribute.

We would like to propose a plenary talk and workshop for this conference that will draw on this role for CAT within the context of the Climate and ecological crisis, as well as sharing a couple of posters about work that has been on going around this theme / within this space.

This will be an international presentation, involving Tim Sheard, Sami Kivikkokangas, Reem Ramadan, Rabhya Dewshi, Steve Potter, and Nick Barnes

As well as looking at a role for CAT within the dialogue around the climate and ecological crisis we shall also look to share some of the work that has been in development, including an adaptation of the psychotherapy file, working under the initial title of "Living with the Climate and Ecological Emergency", which is being supported by a series of maps. Whilst very much in its infancy, this file will be shared with the conference to seek people's views and ideas on its role in mediating conversations about the climate crisis.

Our hope will be to share this CEE File with attendees before the conference, so that they may explore how it works for them and bring this experience to the plenary session.

We are also hoping to share examples of CAT contribution in the climate space – such as through Climate cafés and research on young people's views about climate change, and how this might be informed by their sense of connection with land, nature, and community

The plenary session will be followed by a workshop that might seek to explore how connecting with green and blue spaces might support us to manage these difficult feelings, but also offer help with finding new ways of living with the CEE. In this case, there's no exit solution.

The posters will also talk to specific themes located within the climate space, but our overall aim for this Climate Cafe within the conference is to have sufficient time available to address the most critical and existential threat of our time and explore the positive contribution CAT can make to this.

Presentation (12.00-12.30)

Rosealee Rhodes

Emotional practices used by young climate activists to communicate climate change: Reciprocal roles

In an age of climate scepticism, young climate advocates are facing considerable backlash as they try to bring a politicised climate agenda to the global stage. Climate advocacy involves examining one's relationship with Earth and the eco-system, whilst putting forward philosophies that go against the bigger, higher, faster mentality. Considering the difficult role young climate advocates are taking up in grassroots campaigns, I ask what are the costs of advocating for the climate on young people in Aotearoa New Zealand? This critical qualitative study aimed to address previous literature that overlooks the role of affect in climate change communication, by seeking to identify the affective-discursive practices used to get climate messages across. Using a thematic analysis, I identified seven affective-discursive practices from individual interviews with twenty-one young climate advocates, which clearly detail the affective impact of climate advocacy on young people and climate politics more broadly. These affective practices fell under two broad patterns: the practices used to communicate the urgency of the climate agenda and the practices used to pacify the climate retaliation they encountered.

The rare moments in my study when advocates enacted affective resistance that shifted or had the potential to shift climate conversation highlight how emotionally and politically difficult it is for young people to navigate this landscape. These socially-contextual findings have demonstrated that there is merit in moving psychological climate research beyond limiting understandings of climate emotion. To the profession of clinical psychology – telling young people to get therapy, to process their emotions and persevere with climate action is short sighted. When psychologists fail to name or condemn the mistreatment young climate advocates face, it leaves young climate advocates alone to mitigate the harm by themselves. Psychologists and other powerful adults need to take a bold approach to climate activism so that young people are not singlehandedly left to address climate change or feel responsible for it.

Session 4 (11.00-12.30)

Presentation (11.00-12.00)

Louise McCutcheon & Reem Ramadan

Relational care in tertiary youth public mental health settings

Although the CAT model was developed as an individual therapy, increasingly we are seeing the model being used as a relational framework that can guide clinicians in many other helpful ways. In this workshop, we will briefly describe how CAT principles inform a number of specialist streams of care (such as personality disorder, eating disorders, and mood disorders) in our public tertiary youth mental health service (Orygen). In particular, we are keen to share the benefits of using a relational

model when young people do not access individual CAT, and how we involve non-mental health clinicians involved in young peoples' systems (e.g., vocational workers and dieticians).

We will then invite discussion with others about how the CAT relational model can inform the varied work being done in tertiary mental health settings, especially in those working with children and young people. We are keen to explore the benefits as well as the barriers and challenges and how others have addressed these.

Presentation (12.00-12.30)

Dr Jessie Emilion and Rosie Carr

'Emotional Blast' – Implosion or explosion. Young Adults CAT group in Complex Care

Context: As a result of the 10-year NHS long term plan from the Department of Health, mental health services in the UK went through a transformation process. Services in secondary care were expected to develop a stepped care model of treatment for services users with complex presentations, often with a diagnosis of EUPD.

Group Intervention: This is a structured, not manualized, group intervention that evolved because of the imposed changes on the care we deliver. Contrary to our expectations, the young adults (aged 18-23) engaged well in this process and played a key role in shaping this group intervention. Subsequent group programmes were modelled on the feedback received from the young adults in the pilot scheme.

The first group (2020) was co-facilitated with the key worker (care coordinator) who had completed the CAT skills case management training. This group was piloted and is now being delivered within the community mental health team (previously assessment and liaison service). The key worker had a role in working closely with the CMHT/ A&L colleagues to facilitate the complex relational dynamics that presented within the team because of this client group. The CAT framework became the container for this process.

A genuine piece of work that showcases creativity, collaboration between therapy services, mental health teams and service users. We would like to share these experience, knowledge and skills with the wider CAT community.

Outcome measures and qualitative feedback were collected.

Session 5 (11.00-12.00)

Workshop

Jamie Kirkland and Joe Judge

Working at the edges of human experiences: A shared workshop applying a CAT approach

It must be said that all humans are unique, as are the systems we work within and between. However, as CAT practitioners we do, at times, work with those experiencing extremes. Those at the edges of human existence. Perhaps in their shared stories, perhaps in our reactions to them. Perhaps in the dialogue created between us.

In being a part of the writing and editing of a second Forensic CAT book we want to explore with you some of the challenges we have faced in working with individuals and systems 'at the edge', not just for those in forensic services. We believe CAT allows us to not only 'hold' these challenging stories but actively work with them.

We invite the workshops participants to consider our presented ideas and then work in small groups/pairs to explore those moments where you have faced similar 'at the edge' experiences. How did you move through that? How did CAT help or hinder?

We would invite the whole group to actively share what each person feels able to, in order to build our connections, knowledge and ways to move forward in our challenging work.

Session 6 (11.00-12.30)

Presentation (11.00-11.30)

Édua Holmström

A new relational perspective on cognitive-analytic psychotherapy - is it time for integration?

In this presentation, I highlight three essential theoretical perspectives of relational psychoanalytic theory and reflect on their significance for the theory and practice of cognitive-analytic therapy. The essential perspectives of relational theory in therapeutic action and psychological change are: (1) the understanding of enactments as a central target and interactive phenomenon of therapeutic action, through which therapeutic change occurs; (2) social constructivist epistemology underlying the construction of the mind and psychological change; (3) and the experience of being in a new kind of relationship as a facilitator of therapeutic change.

CAT was originally created as a brief therapy approach that achieves psychological change quickly, with cognitive aspects emphasizing the importance of insight in psychological change. Relational theory, on the other hand, developed in the psychoanalytic tradition, where therapy continues for years, and the parties meet multiple times a week. The natural question arises: can the contributions of relational theory be integrated or even applied to CAT?

CAT is committed to the idea that psychological change occurs relationally, where the therapist's participation is an essential part of the process. Relational psychoanalysis, on the other hand, was born with psychoanalysts questioning classical theory's emphasis on reserve and neutrality and asserting that the therapist always participates in the therapeutic process in one way or another. Although unanimity has not been achieved on this in the analytical field, one thing is clear: The more we therapists participate, the more responsibility we have for this participation. Relational theory has reflected on theoretical, clinical, and ethical questions related to therapist participation and the interactive nature of the therapeutic dyad over the past 40 years. As CAT and relational theory share many similarities, CAT potentially can benefit from the contributions of relational psychoanalytic literature.

Workshop (11.30-12.30)

Rita Toli and Iannis Vlachos

Understanding the dynamics of using CAT in private practice and cultural differences: Case studies

Looking back to the journey of CAT in Greece shows that the model has suited the culture of Greek psychotherapists leading to a quick expansion around the country. However, factors which are specific to the Greek mental health services as well as the culture of service-users have led to CAT being used predominantly in private practice, as a long-term therapy.

Considering the vast changes in health services around the world and the increasing complexity of mental health needs in recent years, could long-term CAT be the way forward? Join us in a discussion of the dynamics which rise in a private practice and the role of culture in the clients' perception of good enough therapy. A case presentation will be used to reflect on the relational focus in long-term CAT.

Session 7 (15.30-17.00)

Workshop

Tim Sheard

Integrating the marginalized voice of the body into CAT

CAT, like most established psychological therapies, is anchored in the dualistic tradition of disembodiment. This position is being challenged by the emerging paradigm of embodied cognition and enactivism. CAT seeks to be politically inclusive but in relation to the body and nature it can be seen to be in a silencing/ignoring power dynamic.

It is argued that CAT's disembodiment and marginalisation of embodied experience becomes particularly problematic when working with developmental trauma. This can be addressed through CAT therapists learning how to include their own embodiment when in a session and develop a capacity for '*embodied therapeutic presence*'. Features of embodied CAT are summarised in this presentation but described in detail in a recent paper in Volume 4 of the International Journal of CAT. This draws on the author's experience of practicing embodied CAT and introducing this to many CAT therapists and trainees.

Key points:

Interpersonal neurobiology has moved towards an understanding of the 'embodied brain' and embodied processes are seen as key in maintaining and treating trauma, this is not the case in CAT.

Embodiment appears to mediate key relational capacities of grounding, boundaries, empathic contact and feeling such that an embodied therapist may offer a stable enough, regulated, relational presence for the client to engage with.

Reciprocal roles can be more immediately and directly experienced live in the room, (crucially including self-to-self).

Embodiment opens up a more spatial quality of relationship, mediating an experience of '*space within*' and therapeutic '*space between*' that can support/mediate containment, holding and integration.

The therapeutic relationship becomes an embodied relational field, a complex system with inherent capacity for emergent integrative processes such as the birth of signs.

Embodied CAT supports the therapeutic possibility of the traumatic unmanageable experience being held in the therapeutic space, rather than stuck in the client's or therapist's bodies. The marginalised and silenced traumatic experience can then begin to have a homecoming, be felt, and brought into humanity.

This is in contrast to the frequent (and characteristic) experience of *loss of relational space* when working with developmental trauma. The therapist can lose their usual relational capacities and become dysregulated. An embodied therapist may draw on her embodied presence and widen her 'window of tolerance' in the relational intensity of the encounter. But a disembodied therapist will be more vulnerable to unrecognised communication of traumatic experience being made 'body to body' and experienced as problematic embodied countertransference (e.g., exhaustion, tension, pain, difficulty in breathing). If not addressed this becomes collusive reciprocation damaging to therapist and client.

Session 8 (15.30-17.00)

Workshop

Marie-Anne Bernardy-Arbuz and Steve Potter

Sibling relationships and CAT

We are born into a family and learn to relate to other people from the first relationships with our parents, significant others but also from our relational experiences with our siblings. Our patients talk a lot about relationships with their parents, less about the relationship with a sibling and their position in the family.

We will invite participants to look into relationships from the sibling angle using reciprocal roles. In this experiential workshop, participants can reflect on their place in the family. They can look at past and present relationships, understand how these family relationships might influence our relationships with colleagues, friends, and clients. Participants will be invited to map these relationships with the help of reciprocal roles using the CAT framework. The facilitators will provide tools and examples.

From this first understanding, participants will be encouraged to work on the shape they would like to give to future relationships that have a sibling quality to them.

Session 9 (15.30-17.00)

Workshop

Nick Barnes and Sivakami Suresh Prabalkumari

Working in and out of the clinic – Exploring meanings and understandings of culture through case discussions, from India to the Scottish Highlands

Being in Dialogue - These presentations have been woven together from a dialogue between Siva and Nick that has emerged through the writing of a chapter for the forthcoming book – Working Relationally with Young People.

In the Clinic - Building on the title for Siva's chapter in the forthcoming Youth CAT book, "Creating Just Enough Space – Setting up a new psychotherapy service in Chennai", Siva will offer some case studies that demonstrate how the CAT model through its flexibility and creativity allows for ways of working with young people that are accessible and meaningful within the context of modern-day India

Outside the Clinic - In the Highlands of Scotland, Nick has been exploring ways of taking CAT out of the clinic, exploring ways of working with young people through connecting with nature and engaging in ecologically restorative and regenerative interventions such as rewilding. Nick will present some of his findings from recent qualitative research with young people, exploring with them their understandings of the climate and ecological crisis, and how this might be influenced by connection with land, nature and community. This research has then enabled further interventions and working that is increasingly falling under the title of WildCAT – a space for rewilding CAT, and rewilding ourselves.

Exploring meanings and understandings of culture – When Nick first approached Siva to see if she would be interested in writing a chapter, he was particularly interested in whether there were cultural challenges to setting up a psychotherapy service in India, based on a model of practice and theory that was informed by a western centric understanding of self. Was there a risk that this could be a culturally imposed model of care, which supplanted previous imperial and colonial experiences?

Session 10 (15.30-17.00)

Presentation (15.30-16.00)

Simon Waight and Ian B. Kerr

Māori and 'mental health': towards a cross-cultural, CAT-based, socio-relational meta-perspective or 'korowai āria'

Maori are the indigenous people of Aotearoa-New Zealand, still comprising approximately 15% of the population. Like many other indigenous peoples, Māori lived in a close-knit, clan ('iwi')-based social system sustained by traditional practices ('tikanga'), traditional wisdom and science ('mātauranga'), an indigenous system of healing and medicine (rongoā) and healers ('tohunga'), in a profoundly and pervasively spiritual culture. Since colonisation, there has been massive loss of language, culture, identity, and well-being. Māori have been subject to an insidious and traumatic process of assimilation and acculturation into Western 'individualistic-competitive' ways of life. Consequently, Maori are considerably over-represented in most negative social, economic, and

health-related outcomes. Since the late 1960s, many Māori have fought to have these outcomes addressed but with considerable dissatisfaction with the systemic dominance of inappropriate 'Western' models, leading to increasing demands for culturally-consistent models of treatment. We suggest that a socio-relational, partly CAT-based meta-perspective (here termed 'korowai ariā' or 'broadly-covering cloak') that incorporates understandings and practices from both traditions, and how experience is psychologically 'internalised', could be helpful in understanding and properly attributing these problems, and re-thinking appropriate forms of 'treatment'. This would imply at the social level very considerable changes to improve mental health for Māori, and indeed elsewhere. Therapeutically this would imply modifications of Western-style 'diagnostic' and treatment practices, especially those advocating the achievement of purely individual goals, achievements and 'success'. Even for a relationally-based model like CAT this would imply a serious re-think of therapeutic 'skill' and 'competence'. We suggest also that therapists and other mental health professionals need to be wary of ignoring or colluding with existing socio-political dysfunction by focussing on the Māori individual and locating and treating problems as 'technical' issues, whether biomedical and/or cognitive-behavioural. We will include illustrative case vignettes, but further formal evaluation of such approaches will also be important.

Presentation (16.00-16.30)

Adrian Hayes

Understanding restrictive practice in acute mental health crisis: A Contextual CAT approach to managing containment

In mental health services we generally wish to help others; to ease suffering and prevent harm. In an acute emotional crisis, people can present with serious risks to themselves and others. But sometimes when we leap to action to prevent harm by using admission or restraint, we can enact an escalation in distress and risky behaviour which results in the need for further restrictions. On the other hand, not acting in these situations can feel like neglect and brings concern about blame in the event of harm occurring. In both cases, our professional identity is disturbed and our perceived inability to make the situation better has adverse consequences.

Bringing my experiences as a medic and therapist, I will use this talk to understand our dilemma using a CAT model. I will look at how we get drawn into restrictive interventions including psychiatric admission, seclusion and restraint, involvement with the police or forensic services, through well-meaning actions seeking to maintain safety. The people we work with can look for teleological containment which may result in feeling more trapped than contained, which can then lead to further risky behaviour. For both parties, anxiety may be reduced in the short term, but this does not last, and the situation can deteriorate further with each restriction.

There are exits to this procedure which rely on relational continuity. When we understand the triggers and responses of the person, we may be able to sit alongside them, allowing them the agency to manage the situation themselves, supporting rather than rescuing or rushing into action. With positive experiences in this type of relationship, we can increase our clinical confidence but do also need back up and organizational containment from our own leaders and managers. Working relationally can provide a rewarding dynamic where people can develop their self-agency to break free from repeating patterns and live their lives the way they wish.

Presentation (16.30-17.00)

Sarah Cluley

The Court Report Recommends CAT and Parenting Classes

This Workshop is based on a series of 10 clients who have been referred to me for CAT via court due to child protection proceedings. I will give a brief overview of the UK system and current issues in service provision. The workshop will be interactive with exploration of inherent conflicts and dilemmas in such work, discussion of impact of gender bias and bias generally. I will include anonymised case material and discuss the use of mapping, selection (who is put forward for psychological intervention), the impact on the therapist of working in this area and outcomes.

Session 11 (15.30-17.00)

Workshop (15.30-16.00)

Dr Frank Margison

Learning CAT using film: reformulation with a film of therapy focusing on loss

This workshop discusses how video and film is reasserting itself in developing psychotherapy skills in CAT and other therapies.

We discuss how film material can be true to the spirit of CAT with short examples from films made to develop therapy skills.

We use an extended example from a film on "Loss" as an exercise in reformulation and then discuss how film material and role plays can be used synergistically in training new CAT therapists and in developing skills of experienced therapists.

Workshop (16.00-17.00)

Soile Tikkanen

Olenka's reciprocal relations to her love objects

Olenka (Olga Semyonovna) is the protagonist of Anton Chekhov's short story Darling, which was published in 1899. It has been analyzed through many lenses, e.g., Frommian, Jungian, psychoanalytic, feminist etc. In this workshop we will try a dialogical approach.

Olenka lives in the house she inherited from her father. The story mostly describes her relationship with three men and a boy. She gets married twice but loses her companions. In the end, she is living with Sasha, the school-aged son of one of his companions, and whom she is afraid to lose.

The short story gives a peculiar picture of Olenka's relationships to others, objects in the world and herself. Chekhov writes, that Olenka has no opinions or ideas of her own. It has been described that Olenka, "darling," has no identity outside of those she loves and who bring life to the empty house she seems to live in.

The aim of the workshop is to concentrate on the quality of Olenka's reciprocal relations with her love objects and to herself. Short excerpts from the original text will be discussed in small groups in order to construct hypotheses or formulations on Olenka's current situation and her way of getting

along in life. Do we see possibilities for change? What kind of feelings rise in us as psychotherapists and readers today when reflecting on Olenka's situation over 100 years ago? How do we reflect the author's perspective on Olenka?

[Please read the following text before the session](#)

Saturday June 17th

Session 12 (11.00-12.30)

Workshop

Glenys Parry, Dawn Bennett, Louise McCutcheon and Gabriele Stabler

Understanding what we do in worldwide CAT

Cognitive Analytic Therapy is now taught and practiced across a number of countries and regions of the world, in many different cultural contexts and healthcare settings. An international CAT competence framework is being developed by a team of CATs from UK, Australia, New Zealand, and Spain, to explore what's involved in doing CAT across different countries and cultures. This workshop will build on Glenys Parry's plenary session, by offering a chance to get a close up, hands-on experience of the Framework. Participants will understand, explore, and critique the concept of CAT competence. By sharing experience across different settings in different countries, workshop participants will be able to influence the international Framework through a consensus generating exercise. We will explore a range of issues, including:

- What's the value of this type of research, and what would be the barriers to doing it in your own country?
- The CAT model is used in many different contexts beyond formal psychotherapy, for example CAT skills training for non-therapists and CAT-informed practice across many settings. Do these approaches require a different Competence Framework?
- How can a Competence Framework inform what we teach in our programmes?
- How can CATs use the Framework to gain influence and political leverage within their own healthcare systems?

Session 13 (11.00-12.30)

Workshop

Anna Laws

Using CAT in dialogue with gender diverse people

Lots of therapists want to offer affirming and positive experiences of CAT to gender diverse people but worry about saying something wrong, or not being able to offer challenge and support appropriately. We will watch some short videos of gender diverse people in dialogue with the presenter and reflect on our practice, using CAT and developing confidence in dialogue with gender diverse people.

Session 14 (11.00-12.30)

Workshop

Vicky Petratou and Emma Walton

The art of presence - using improvisation and play to facilitate openness and responsiveness in CAT practice.

Creative improvisation can be very useful in enriching the CAT process in therapy and clinical supervision. In this workshop we will explore some relevant playful activities that will help the participants when working with recognizing, exploring, and engaging with dialogic and integrative experiences of rigid and stuck moments and contradictory self-states. We will engage with areas such as dramatic embodiment and enrolling and de-rolling when using role play and improvisation. We will experiment with some energizing and stimulating impro-playing techniques.

This workshop aims to provide a playful experience that will encourage physical engagement and improvisation. We will need an hour or an hour and a half for the facilitation of this workshop.

Session 15 (11.00-12.00)

Presentation

Katri Kanninen

A CAT-based automated digital formulator

A good and effective therapy is built on good enough reformulation. The building of formulation takes time and is a demanding task for professionals as well. This is something we CAT therapists are especially good at. The very bases and origins of CAT lie in creating a valid and shared reformulation with clients. But imagine if part of this could be done already before you meet your client for the first time?

For the past 3 years we have been creating a formulating tool.

Formulator is a solution that makes automated digital case formulations. With a standardised science informed approach and automate the client's first step in order to ease and accelerate the therapy process. The chat produces a holistic case formulation describing the client's unique situation and needs going beyond a psychiatric or numeric assessment.

We have used CAT understanding as a bases for building the tool in how the chat is interactive with a client and in a reciprocal understanding of how human psyche is formed.

In this presentation I will be describing the formulator tool and sharing how it is used with the client, as well as sharing some clinical examples and user experiences.

After the presentation and discussion you will get a chance to test the product.

Session 16 (11.00-12.30)

Workshop

Dr Jenny Bowe and Dr Anam Elahi

A reflective workshop to consider the impact of our own ethnicity in the therapeutic relationship in the context of Social Identity Theory

We aim to create a safe space where participants can reflect on their own ethnicity and how this may impact on the therapeutic relationship. The workshop is based on ongoing research projects at the University of Liverpool, underpinned by Social Identity Theory (SIT; Tajfel & Turner, 1979), which are seeking to understand the experience of South Asian women in CAT therapy and the experience of therapists when working with clients from an ethnic minority background.

The SIT proposes that our identity is shaped through group belonging and social contexts, which help explain how individuals understand and define their place in society. A key part of SIT is Social Categorisation which is the identification with a certain group, including i.e., football club, gender, and ethnicity. It has been applied to mental health symptoms to illustrate that strong group identification relates to lower levels of depression and anxiety (Cruwys et al., 2014; Cruwys, et al., 2015). However, belonging to and identifying with stigmatised groups can lead to poorer recovery from mental health conditions (Crabtree et al., 2010). In the UK, people of African-Caribbean heritage who identified strongly as British displayed low rates of paranoia, only when they experienced positive contact with the White British majority (McIntyre et al., 2019). Another study found that British Pakistani students experienced higher levels of paranoia when they identified as British but lived in an area that is predominantly Pakistani (Elahi et al., 2022). These studies illustrate the importance of understanding the background of clients and the contexts in which they live/work, particularly in CAT, where identifying and being able to engage in a broader range of reciprocal roles supports better mental health outcomes.

We aim to discuss the importance of ethnic groups and exploring clients' backgrounds in the therapeutic relationship through personal reflections, small group work and role play videos.

Session 17 (11.00-12.00)

Workshop

Maria Hämäläinen

Working with stones in therapy (in Finnish)

Psykoterapia on perinteisesti ollut keskustelua, puhetta. Viime aikoina on ilmaantunut uudenlaisia keinoja työskennellä yhdessä potilaan kanssa. On kehosuuntautunutta, on kuvakortteja käyttävää psykoterapiaa, eläinavusteista terapiaa, esimerkiksi. Nyt käsittelen tässä workshopissa kognitiivis-analyttiselle psykoterapialle ominaista kuvaamista, sekä reformulaatiota että pienempiä kuvauksia, ja erityisesti ajatusta esineistä kuvaamisen apuna.

Verrattuna perinteiseen kirjoittamiseen tai diagrammeihin perustuvaan kuvaamiseen esineillä on omat etunsa: ne ovat konkreettisia, potilas voi valita ne tarkkaan pohtimalla, ne voi kaikki nähdä pöydällä samanaikaisesti, niitä voi liikutella. Valitseminen on merkityksellistä, juuri se luo voimakkaan yhteyden potilaan mielessä olevan asian ja sitä merkitsevän esineen, välille. Esineestä tulee merkki tärkeille kokemuksille ja mielentiloille. Sama ilmiö on tietysti edellytys myös sanallisen kuvauksen tai

kirjallisen reformulaation toimivuudelle.

Omat kokemukseni esineiden käytöstä rajautuvat kivien käyttöön. Siksi kerronkin niistä. Kivillä on pitkä historia ja ne ovat käyneet läpi monta muodonmuutosta. Ikaikaisten prosessien tuloksena missä on erilaisia pintarakenteita, muotoja ja värejä, juovia ja kuvioita mineraalista ja kiven muodostumistavasta riippuen. Siksi ne tarjoavat potilaalle hyvän mahdollisuuden tarkastella niitä omien mielensisäisten elementtiensä kuvina. ”oi, juuri tämä kivi, koska se on samalla tavalla särmikäs kuin...” tai ”tämä pieni kivi, se on kuin minun haavoittuvin olemukseni joka pelkää, saanko pukea sen vaikka nenäliinaan että se olisi turvassa”.

Kivet ovat etäällä itsestä, helpommin yhdessä käsiteltävissä kuin itse kokemus. Kivet ovat todella käsiteltävissä, liikuteltavissa, niiden kanssa voi jopa leikkiä. Tarkoitus on että kivet voivat alkaa keskustella, alkaa syntyä henkilön sisäinen keskustelu. Psykoterapeutista tulee työskentelyssä eräänlainen mahdollistaja ja tuki, työskentelyn painopiste ei enää ole niinkään hänen ja potilaan välinen, vaan potilaan mielen sisäisten äänten, hahmojen, välinen keskustelu. Kun toisilleen vastakkaiset puolet mielen teatterin näyttämöllä, puolet jotka usein toimivat yksin ja toisiaan vastaan, tulevat näkyviksi ja tuntuviksi, siinä on integroitumisen alku! Mielen hahmot voivat alkaa toimia yhteistyössä ja henkilön omaksi hyväksi.

Workshopissa kokeillaan millaista on ohjata toista tällaisessa työskentelyssä, ja toisaalta millaista on pienissä ryhmissä käyttää kiviä merkkejä mielenmaailman tutkimisessa. Workshopiin tulijat saavat workshopin ajaksi käyttöönsä kivikokoelmani. He voivat eläytyä potilaansa asioihin ja työskennellä siten, tai sitten liittyen johonkin omaan probleemaan.

Workshopin lopuksi käydään keskustelua kokemuksista.