

Tony Ryle: A personal appreciation and obituary

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Tony Ryle, the creator of cognitive analytic therapy, died on the 29th September 2016, aged 89. He had been unwell for some time, but he had been active and, as ever, emotionally and intellectually engaged, virtually to the last. He died in a nursing home in Havant surrounded by family members and with his second wife Flora. Although Tony's death was not unexpected, it will nonetheless be felt as an enormous loss, not only to his family and those who knew him personally, but to the broader CAT community and beyond. He was to all of us, in different ways, professionally, morally and personally, a towering, inspirational and compassionate figure.

The creation of CAT has represented an extraordinary creative, scientific and humanitarian achievement. It represented the culmination of a lifetime's clinical and intellectual work by Tony going right back to his early days as a GP in inner-city London at the inception of the NHS which, as a passionate, life-long socialist, he so much believed in and supported.

This lifetime's work, later at the University of Sussex and ultimately as Consultant Psychotherapist at St Thomas' Hospital, all arose from a passionate, sometimes impatient, concern to understand and help fellow human beings in distress. It led him to a restless, extended exploration and enquiry into a wide range of therapeutic models and approaches over many years and to a profusion of scientific papers, chapters and books.

[These included 'Neurosis in the Ordinary Family' (1967), 'Student Casualties' (1969), 'Frames and Cages'

(1975), 'Psychotherapy Integration' (1982), 'Cognitive Analytic Therapy: Active Participation in Change' (1990), 'CAT for Borderline Personality Disorder' (1997) and several further co-authored books on CAT, as well as, more recently, 'Diary from The Edge 1940-44: A Wartime Adolescence' (2014).]

His work, Tony would say, was always much influenced by the contributions of his eminent physician father Professor John Ryle. This was based in an Anglo-Saxon empirical tradition stressing the detailed and meticulous observation and recording of presenting problems of individual patients, and then their outcomes, prior to development of any grand, general theories - rather than the other way around.

It is sometimes hard to bear in mind just quite what a pioneering and integrative achievement CAT has been given subsequent developments and convergences with other models (both integrative and also between e.g. psycho-dynamic/relational and CBT type approaches) that have occurred over the past 30 years or so. Most of Tony's well-founded, articulate and, at the time, brave and outspoken, critiques of some of the extreme positions of e.g. behaviourism or classical psychoanalysis are now taken for granted. Early on Tony intuitively appreciated the basic formation of human beings through the early relational and social experience that underpins who we are, how we experience ourselves, and how we cope with life – in the context, he would also stress, of our biological inheritance. These various understandings have been increasingly validated and detailed scientifically (e.g. in the fields of infant

psychology and neuroscience), and have contributed much to the robust, comprehensive framework of mental health and therapy that CAT offers us.

These understandings have contributed to the 'whole person' (rather than purely diagnostically-focussed) approach of CAT, and to a model of a pre-dominantly relationally and socially-formed self. They have also contributed to a relational approach to understanding 'psychopathology', as well as to therapy, the latter based around a position of pro-active collaboration and compassion, important especially with more 'difficult' clients and patients. Tony's passionate political concerns and non-conformism also contributed to a robust sense of social responsibility that still pervades the model and the CAT community, and from early days on drew kindred spirits around him.

One measure of Tony's contribution is of course the way the model has spread around the globe beyond its initial band of dedicated enthusiasts at St Thomas' Hospital. By now several thousand around the world have trained in CAT at some level.

[This has occurred rather remarkably in the absence of a large so-called 'formal' evidence base of RCTs and in the absence of much glossy 'PR' or self-promotion, all of which which would be seriously antithetical to the spirit of CAT or of the ethos embodied by Tony.]

[This evidence base is however also accruing along with an impressive body of more qualitative and 'process' based research. In any case, as is acknowledged by experts in the field

and as we are know and demonstrate in our clinical work, CAT more than fulfils all well-recognised criteria for 'effective therapy'. CAT has spread in many ways more quickly through example and through its evident clinical effectiveness, both as an individual therapy and increasingly as a consultancy and reflective tool, and as a way of thinking.]

Given his passionate concerns Tony could also, of course, be at times single-minded, demanding (as various co-authors will remember!), and at times quite grumpy or overtly adversarial. He did not suffer obstruction or fools gladly, whether from NHS management, colleagues who propounded what he saw as opaque or persecutory approaches to therapy, or those who supported what he saw as immoral wars. And given his brilliant and restless intellect, (one colleague described him as having 'a Rolls Royce of a mind'), he was not, as many will fondly remember, always the best himself at e.g. managing the ZPD in supervision! He was no long-suffering saint nor would he have aspired to be.

And, as for many of us, his life had its sometimes painful and poignant ups-and-downs, personally and professionally. However I know that he derived enormous reassurance and pleasure from witnessing the growth and increasingly diverse application of the model. He needed reassuring sometimes too that what he had achieved was worthwhile, and he found it hard to appreciate that, paradoxically, after a lifetime struggling from the

margins, he had in some ways become an establishment figure. Tony was never any kind of formal 'club member' – including to some extent of ACAT! - a position which, although lonely at times, undoubtedly freed him up intellectually and clinically.

Tony was also frequently pained and distressed, especially as one of a generation that had witnessed and emerged from the Second World War (a profound influence on him) that, despite our understandings and efforts, he/we had not been able to do more in addressing the inequalities, injustices, conflict and suffering still widespread in the world today. But despite these preoccupations, and a powerful work ethic, Tony also cherished family and domestic life, he had a healthy hedonistic side and enjoyed the good things of life, including the arts (a wide range of literature, painting and music), the outdoors (a keen walker, he could describe in detail the changes in local bird populations since his childhood in his beloved Sussex countryside), the sea (he had been a keen sailor, and not a few of his therapeutic metaphors had their provenance here) - and a decent glass of wine or two.

Although Tony had been less active for some time in terms of contributing actively to the development of the CAT model, he continued to be an important reference point and interlocutor and was always happy to engage dialogically with all sorts of colleagues and to offer advice and support. I know this generosity was greatly valued by many

over the years. Now his engagement with us will be more virtual and his voice more 'internalised'. It is now our challenge to continue to advance the model theoretically, and as an approach to therapy, and through its broader systemic and social implications and applications. All of this within the context of the ongoing challenge of psychotherapy integration. And all of which is very much what Tony wished to happen. This has of course already happened over the years, perhaps most notably through the contributions of Mikael Leiman in Finland. An ultimate test of any model is how well it survives and thrives, which CAT is clearly doing, beyond the absence of its original charismatic founder – which Tony certainly was. Having said that, fidelity to the valid and effective model that CAT is at present, along with the need for further development, will inevitably be a tension and a challenge for us in the future.

Perhaps Tony's contribution in creating CAT may be partly understood and felt in terms his giving to us a profound psychological 'tool' to act as both a kind of torch and a humanitarian vision, and as a kind of compass, pointing to and illuminating a potential path of how we might effectively help those suffering from psychological difficulties and distress, and how we might live better with each other. This was after all very much Tony's abiding concern and aspiration. His contribution and legacy in this regard is immense. May he rest in peace.

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