

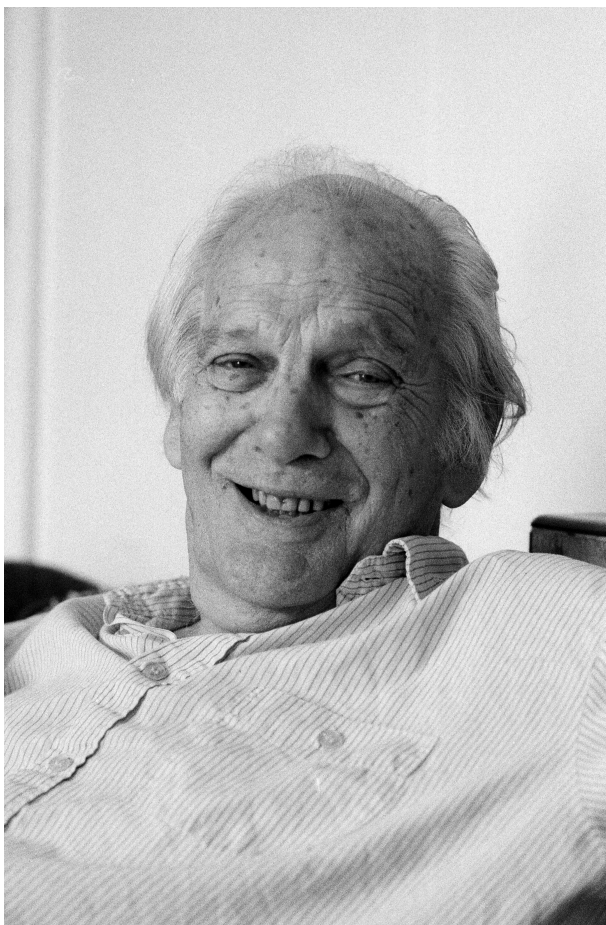


OBITUARIES

Anthony Ryle

Creator of cognitive analytic therapy

Croydon



Anthony Ryle was the creator of cognitive analytic therapy (CAT), a model of psychotherapy that has been taken up around the world.

His interest in mental health grew from his spending 15 years as an inner city GP; he gradually developed the model during the 1970s and 80s, first as director of the student health service at Sussex University, and subsequently as consultant psychotherapist at Guy's and St Thomas' hospitals in London. He published a steady stream of papers, chapters, and books on psychotherapy and CAT.

Improving mental health services

Ryle believed that many people with mental health problems were poorly served, often by approaches that did not fully address their lives as a whole, the impact of their early interpersonal relationships, and the therapist's role in producing positive change. "Basically, the model was an attempt to synthesise and transform the valid, effective elements of a range of other models," says Ian Kerr, a consultant psychotherapist, friend, and former colleague. "Tony did this brilliantly. He put them together in a time limited, user friendly package that could be employed effectively in the NHS for ordinary people. It was an extraordinary, creative, scientific, and humanitarian achievement—the culmination of a lifetime's clinical and intellectual work."

Cognitive analytic therapy is used to treat people with a range of problems, including patients sometimes labelled "hard to help" and survivors of historic emotional deprivation and abuse.

It is recognised as a specialist treatment for personality disorder by the Improving Access to Psychological Therapies for Severe Mental Illness programme (IAPT for SMI).

"Tony was a deeply compassionate man with a fantastic mind," says Jason Hepple, who chairs the Association for Cognitive Analytic Therapy (ACAT).

Innovative general practice

Ryle was evacuated as a pupil during the second world war. He studied at Oxford University and University College Hospital, qualifying in 1949 before taking up house jobs and an obstetric post.

He was a lifelong socialist and cofounded the Caversham group practice in Kentish Town—then a deprived part of north London, where rickets and tuberculosis were still prevalent—with colleagues who shared his enthusiasm for the newly formed NHS. The doctors at the practice were early GP innovators—employing a range of nursing and administrative staff whose salaries at that time were not reimbursed.

"Tony found himself increasingly concerned with his patients' problematic lives as well as with their diseases," says Hepple.

Ryle's physician father, John A Ryle, wrote *The Natural History of Disease* and upheld that meticulous, real life, clinical observations should underpin the development of theory. Strongly influenced by him, Anthony Ryle undertook

epidemiological studies of patients under his care. He investigated rates of common psychological disorders and links to age, gender, family, and social class, which in turn shaped his thinking on psychological treatment that could realistically and effectively be provided by the NHS.

Creating a good therapeutic alliance

Ryle led Sussex University's health service as its director from 1964, carrying out further research as well as teaching and providing support to students with psychological problems.

The two psychological theories that dominated the era were behaviourism and classical psychoanalysis. Ryle challenged limitations in both. He saw extreme behaviourism as too mechanistic and narrowly focused on modifying patients' symptoms and behaviours.

While he found classical psychoanalysis useful in part—in understanding personality in terms of developmental processes—overall he regarded it as confusingly esoteric, speculative theoretically, and generally unhelpful as a style of therapy.

Kerr says, “Not to belong to one of these camps [behaviourism or classical psychoanalysis] half a century ago and daring to criticise their theory and practice was extremely brave, given that it risked professional marginalisation, ridicule, and unemployment.”

Ryle took ideas from cognitive psychology and “added the depths of the analytic,” says Hepple. Ryle considered how patients were shaped by their early social experiences, cultural environment, and relational patterns from childhood and how these might be playing out in the present—and in therapy—in harmful ways of thinking or acting.

In his model, the therapist did not withhold active involvement like an inscrutable “blank screen,” says Kerr.

“Early on, before anybody was doing this, Tony was sharing his formulations with patients, discussing the key issues and objectives with them, and showing how working in an overtly proactive and relationally focused way might be more helpful. It was a revelation.

“We now know that creating a good therapeutic alliance contributes to good outcomes and is a common factor across all therapies,” Kerr says.

Cognitive analytic therapy was designed to be time limited—typically 12 to 24 weeks—and a “good enough” treatment that gave people the tools to get on with their lives.

Kerr says, “Tony never trained formally as a psychiatrist or as a therapist, and that freed him up, intellectually and clinically.”

Ryle was the only psychotherapy consultant at St Thomas' Hospital—which served a population of about 180 000 people—when he joined in 1983. He made CAT training available to large numbers of non-medical trainees—such as social workers, occupational therapists, and nurses—in addition to junior psychiatrists.

“During his 10 years at St Thomas' Tony personally assessed around 1% of the adult population of the catchment area. Most of those, unless psychotic or seriously misusing substances, were treated in the unit by trainees,” says Hepple.

Ryle retired from the NHS in 1992 but remained devoted to it and continued to be involved in teaching, supervision, research, and theoretical development.

Given his passionate concerns, he could at times be “singleminded, demanding, and adversarial,” say colleagues, but he was deeply moved and inspired by the colleagues and patients with whom he worked. “He found it hard to appreciate that, paradoxically, after a lifetime struggling from the margins, he had in some ways become an establishment figure,” says Kerr.

Until his death, Ryle was honorary president of the Association for Cognitive Analytic Therapy, which has counterpart bodies in countries as diverse as Finland, Greece, India, Australia, and New Zealand.

He loved the arts, painting, and music, and wrote poetry that was published under a pseudonym.

A keen walker with a lifelong love of the South Downs, he was also a sailor who crossed the English Channel several times in a 21 ft boat.

He leaves four children—Martin, Cym, Conrad, and Miriam—from the 27 year marriage to his first wife, Rosemary Langstaff. He also leaves his second wife, Flora Natapoff; two stepchildren; nine grandchildren; and four great grandchildren.

Biography

Anthony Ryle (b 1927; q Oxford 1949; DObst RCOG, DM Oxf, FRCPsych), d 29 September 2016.

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