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Reviews

The Comprehensive Resource Model: Effective Therapeutic Techniques for the Healing of Complex Trauma

Schwartz, L. Corrigan, F. Hull, A. and Raju, R.

Published Routledge (2016)

This book encompasses both a 'comprehensive' overview of the CRM model for the treatment of trauma developed by Lisa Schwarz and an exploration, largely based on the work of Dr Frank Corrigan, of the neuroscientific basis of its efficacy. This twin focus makes for a somewhat hybrid reading experience, as we move between neurobiological and clinical themes and implicitly different theories of the Self. However, both trajectories are rooted in what seems to me to be a highly significant development in our understanding of trauma and of the importance of working with it relationally. For the book adds neurobiological heft to the growing evidence that what is now being recognised as Complex PTSD (as a diagnostic category distinct from PTSD) often has roots in early attachment trauma.

To oversimplify radically, the premise of the book goes something like this: the early trauma of attachment disruption is, by definition, faced alone. It therefore needs to be repaired within and by an experience of relationship, be that interpersonally – other-to-self (therapist to client) or intra-personally – self-to-self (a benign, imagined Other which supports a young part to step into its dreaded traumatic isolation and re-experience it from a resourced position, leading to memory reconsolidation and repair) – though, of course, it is not either one or the other but both. To coin a phrase, the therapeutic relationship is seen here as necessary but not sufficient. In this regard, and for all that there is a chapter devoted to it, it could be argued that CRM underestimates the contribution to healing of the attuned

relationship, which is sometimes described as if it were simply a platform of somatic attunement from which protocols can be delivered, rather than itself a source of reliability, regulation, mirroring and developmental repair. But this is no doubt because the emphasis of the book is on breaking new ground – on hypothesizing the role of mid-brain neurobiology in the experience of traumatic attachment disruption and arguing that only protocols designed to work specifically with these brain systems can be effective in its resolution. Whether what might be described as 'neuro-therapy' is the main objective of a healing relationship is open to question. But what is germane for consideration by relational psychotherapies is that these resourcing protocols are themselves fundamentally relational. This is perhaps why I found it possible to integrate CRM organically within a CAT framework rather than its being a useful additional tool for the middle phase.

A CAT practitioner for 8 years, I trained in CRM extensively over several years after surfing what felt like of a wave of developments in the treatment of trauma and in the neuroscience underpinning them. From Sensorimotor Psychotherapy, via EMDR and Brainspotting, I had found myself garnering a whole array of tools for trauma work for use in the middle phase of my CAT work. I found (and continue to find) that each has something to offer, but that none were the 'magic bullet' that each maybe claimed to be and none felt particularly coherent with a relational model. In my view, this is because they do not address the fundamental issue of trauma in early attachment, or more broadly in formative relational experience, as the driver for what CAT might call dysfunctional but aim-directed relational procedures. CRM may not have or be the last word either, but this, its fundamental tenet, is at the heart of why addressing the material offered in this book is an important generic task.

From the outset I found there were natural affinities between CRM and CAT, both clinically and theoretically, especially given their emphasis on relationship, and that interplay between them could be mutually enhancing. This book might not be the most apt instrument for making that case, however, for the same reasons that my perspective might not always be welcomed within CRM. Like any new movement, it can seem more keen to emphasise its uniqueness than to acknowledge links and affinities with other models and in the book this comes over as what Harold Bloom once described as an 'anxiety of influence'.

On the one hand, one writer (LS) acknowledges that the model is a synthesis of lots of experiences of and in therapy and healing and scrupulously acknowledges personal sources; on the other, there appears to be some difficulty with recognizing the broader matrix of clinical cultures within which this work swims – indeed, Colin Ross's trauma model is asserted as the only influence on the work. Having embraced the former, the latter does not make sense to me: I welcomed CRM as a magpie model bringing together – in a new synthesis and with enhanced neurobiological foundations – many tools from my existing kitbag. It felt like a kind of home-coming. From Gendlin's Focusing (particularly when used to track and attune to somatic experience) to Leuner's Guided Affective Imagery, with its roots in psychoanalysis and its affinities with some shamanic practices; from parts/ego-state/self-state work to 'working with the frozen child within'; from the use of clean language to induce Ericksonian trance-like states to the involvement of the visual cortex in EMDR, the genius of CRM seemed to lie in its capacity to draw all these tools together in a way that gave them a more focused purpose and direction, viz. to serve the fundamental premises of CRM. These are as follows:

- that trauma in early attachment is at the heart of what the ICD 11 is about to distinguish as Complex PTSD and that it is also increasingly clear that this is likely to be the underlying cause of what are now classed as Personality Disorders as well as DID, DDNOS and DESNOS and other mental health diagnoses;
- that such trauma is stored in areas of the mid-brain which are not available to top-down reprocessing by cognitive approaches. This challenges the emphasis currently placed on CBT-based treatments for trauma. There is also a challenge to exposure therapy, this being an essentially behavioural approach to what is now being understood in terms of brain chemistry shaped by and rooted in attachment trauma. The new hypothesis suggests that even consciously embodied approaches like Sensorimotor Psychotherapy do not reach the appropriate level of brain function, since the basal ganglia involved in sensorimotor responses are positioned above the mid-brain, including the periaqueductal grey (hereafter the PAG), where the hard-wired neural networks implicated in human survival responses are laid down.

These arguments are put forward very effectively in the chapters on neuroscience. While clearly addressing a learned neuroscientific magisterium, these are also written with an eye to a relatively lay reader. They set out their hypotheses and describe the neurological processes involved with welcome clarity for the most part. Occasionally the detail is overwhelming rather than illuminating as when, for example, the description of the brain activity underlying 'Core Self' turns into a complex list of areas of the brain that may be involved which does little to strengthen the argument for this concept and begs existential questions about it. But elsewhere the detail is invaluable and clearly clinically tested: from the further development of Corrigan's award-winning work on dissociation to the detailed analysis of the neurological basis for using specific breathing

exercises, the work is persuasive and immediately useful. As I hope will be clear throughout this review, the neurobiological case for CRM is a significant contribution to the current debate on approaches to attachment trauma.

What is missing perhaps is a recognition of this wider debate and of other perspectives within it. Neurobiological sources are amply referenced (especially Panksepp, his research on hard-wired emotional systems being key to CRM theory), but the work of other major thinkers on attachment – Porges, van der Kolk, Stern, Damasio, to name but a few – is not discussed. The omission of Porges seems particularly significant: his polyvagal theory of social engagement maps similar areas of the brain and gives a socio-biological perspective on attachment and bonding. Furthermore, his explanation of vocalization would have underpinned the use of toning in CRM, to help new learning to become embodied. The intention is clearly to focus on the case being made for the importance of the mid-brain, but it seems to me that the effect is to denude the attachment element of CRM of context, thereby impoverishing it somewhat.

But perhaps that is to ask that this be a different book. The focus and task of the one before us is the necessary one of making the case for CRM and making its methods known. Other chapters almost exhaustively outline all the treatment protocols which make up the core model. While the reader is warned 'not to try this at home' without proper training, the address nonetheless resembles that of a training manual, the purpose of which is to explain the 'why and how' of every permutation on the resourcing protocols, with menus, caveats, counter-indications and trouble-shooting given for each. This will, no doubt, be very useful, by way of consolidation and as an ongoing point of reference, to people who have done the training – and indeed the book has been welcomed with excellent reviews by members of the CRM family. But for the new reader I fear the wealth of sometimes contradictory detail, the unexplained language (Magic Question? Energy exit?) and the failure to address questions about the provenance of some of the tools (to discuss the terminology of Safe/Sacred Place without reference to its use in EMDR seemed especially odd) might be off-putting in different ways. And the teaching style is relentlessly homogeneous. There are no diagrams (clarifying the scaffolding and building blocks of the model, delineating the parts of the brain and their functions, outlining the processes of attachment disruption) and no actual case studies to illustrate and vary the pedagogical tone. More effective editing might have helped the writers see their material from the point of view of a beginner's mind and make it more digestible.

But it is important not to allow imperfections in the text to diminish the dance of clinical intertextuality that can emerge from a dialogue between CRM and CAT. Both emphasize the centrality of formative early relationship experiences – Reciprocal Roles in CAT – and the different valences of the sense of self ('self-states' in CAT, 'parts' in CRM) that are born out of these experiences. For similar reasons, both emphasize the importance of the therapeutic relationship and both work with the intrapsychic self-to-self relationship of the client. In CRM though, there is little or no emphasis on the current self-to-other sequelae of RR experiences, the premise being, I think, that people who have experienced a level of early attachment disruption that impairs their capacity to experience affiliation, will be healed when once the 'dandelion root' of this pivotal experience has been reprocessed and reconsolidated, with ensuing alterations in brain chemistry, and in the hormonal valency of the PAG in particular. This perfuses other areas of the brain leading to changes in experience, behaviour, interaction and the 'field' around the person.

I have witnessed shifts like this occurring in my own clinical work with CRM. Nonetheless, the lack of an explicit lens for exploring current procedures manifesting in self-to-other RRs is a weakness of the CRM model in my view. In particular, I notice that I often rely on CAT to build a collaborative hypothesis with a client, especially where the sequelae of early attachment disruption are such that the establishment of trust between therapist and client is the *prima facie* challenge in the work. Here the client's relational 'procedures' need to be identified, accepted and mutually agreed before any kind of 'treatment' can be consented. There is no substitute for the brave, risky work of gauging the ZPD and skilfully finding a way to name what is happening in the room. In these circumstances, a CRM therapist might advise jumping straight in and teaching breathing, offering a somatic or attachment resource, to begin healing the *sequelae* and their source as they present in the room. And sometimes this might be necessary as 'first aid'. But, for the most part, where I have begun CRM work without a reformulation and a map, without this documentation of an agreed understanding, I have found that the work can start to feel very complicated and rudderless, as we excavate different layers of experience and go from one CRM resource to another. Experience has taught me that shared documented reformulation is a better basis for the work than a therapist's inductive hypothesis, even when this is agreed verbally with the client. While this cognitive element to the work – especially one which documents insights achieved in and about relationship procedures – may not reach the mid-brain/PAG, it seems to anchor the vessel of the therapy while the working couple dive from it into the underwater world. It also maintains a focus on the here and now matrix of the client's other important relationships.

To stay with mapping for a moment, it is also the case, conversely, that CRM can enhance the focus and significance of what is mapped and the depth at which it is possible to work within a CAT framework. I am often mindful of and use Steve Potter's tripartite division of the map into:

1. the central area of procedural traps, self-state switches, snags and dilemmas which is 'chronically endured' but keep us safely out of
2. the lower depths of feeling that are 'desperately avoided' (what CRM, after Colin Ross, would call 'the truth of the life', the limbic experience of survival terror – perhaps, what CAT used to call the Core Pain) as well as preventing us from ever attaining
3. what is most 'desired'.

This description is mirrored almost exactly in the opening paragraph of the CRM book which articulates thus the profound 'trap' that is the legacy of early attachment trauma:

> 'The harsh reality is that the experience of a chronic, visceral state of fear blocks the capacity for love, which is the very thing needed to heal. . . What can be done to resolve the dilemma that only love conquers fear but fear prevents access to love?' (p.2*)*

CRM offers a series of protocols which can enable a client to 'access all areas' they have been precisely 'desperately avoiding'. By providing sufficient resourcing in neural loops running parallel to those storing traumatic material in the mid-brain, they enable the client to bring attention to, step into and articulate painful affective and somatic experiences and in doing so facilitate re-processing and repair. And there is emerging evidence of the efficacy of the precise and brain-relevant protocols of CRM in research by Ruth Lanius, recording fMR Imaging of brains before and after CRM sessions. To what extent other factors are at work in these neurological changes, and what these shifts in turn might facilitate, only carefully designed further research could determine.

While it is my experience that the model can indeed enable profound shifts, to claim that clients get 'cleared' in some final way also seems to me to over-egg the cookie. 'Neuro-therapy' alone cannot address the complexity of the human condition. As Porges, writing on social engagement theory, points out, we are all constantly exposed to difficult and shaming experiences in the hurly-burly of socialized living among other human animals. Rather than trumpeting an idealised 'ever-after' in which difficulties are excised, it feels more realistic to hope – with CAT and with Porges – for ever more profound 'exits'. A resource-full therapy, building new synaptic pathways, might bring what was hitherto 'desperately avoided' into the mindful purview of the Observing Eye, giving new perspective on familiar emotional responses, building resilience and enabling different choices. People might still face difficult here-and-now challenges about problematic relationships, illness, aging; but the resolution of early attachment trauma might release them from the life-limiting trauma responses of submission, fight, flight or fear-driven attachments to bad objects and enable them to access other hard-wired neural networks, such as curiosity, playfulness and the positive seeking of affiliation.

This book might have its imperfections, its focus sometimes seeming laboured and narrow, but it is important to remember that pioneers who break new ground necessarily have a specific focus. It is perhaps for those who come after to see how what is discovered fits into a wider context. Indeed, in their conclusion, and in a change of tone, the authors acknowledge this and issue an invitation to their readers to develop the work further. I would urge practitioners of relational therapies (including CAT) to accept that invitation, integrating insights from this model of attachment trauma work into both their theory and practice. Experienced clinicians will already have many of the skills and tools that CRM synthesizes and orchestrates in the service of resourcing, reprocessing and reconsolidation. And I hope I have illustrated here how the tools we use in an approach such as CAT already lend themselves to deepening our sensitivity to the out-workings of this kind of early trauma: perhaps they could be fine-tuned further in this direction.

In short, this book is a valuable contribution to the debate around the treatment of trauma and the recognition of its importance, and a strong argument for the importance of its taking place within a relational psychotherapeutic model.

Catherine Shea

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Lost Connections: Uncovering the Real Causes of Depression – and the Unexpected Solutions

Johann Hari

Bloomsbury Publishing, Kindle Edition (2018)

This is an engaging and persuasive book written in a journalistic, detective story style with each chapter telling a good and bad science story within the larger story of medicalising grief, lack of meaning, connection and loneliness in life. Forty-three pages in, its author, Johann Hari puts his key question. 'What if depression is, in fact, a form of grief – for our own lives not being as they should? What if it is a form of grief for the connections we have lost, yet still need?' Having cast doubt on the scientific foundations of the bio-medical, big pharma driven link between a blameworthy depression gene, a hypothesised serotonin deficit and the effectiveness of anti-depressants the author tracks down expert evidence for eight areas where recovering relational connection (with worthwhile work, meaning, other people, inner self) might be a part of help with depression and anxiety. He cites one of his expert witnesses 'How different would it be, she said, if when you went to your doctor, she 'diagnosed' us with 'disconnection'?' (p160)

Johann Hari makes the story personal without losing sight of the science. He starts with his own misinformed, long term use of anti-depressants from his late teens. The first part of the book looks at what we might now call the fake news of a bio-based view of depression concluding with the loss of connection with life as the driver of the symptoms. In CAT terminology Hari gets off the symptom hook and looks at the wider psycho-social context. Along the way he picks up compelling allies of research here and there. 'The medicalising of depression and anxiety as an explanation for feeling low and tearful with drugs and blaming your brain is an attractive and tidy story,' Johann Hari says.

'I liked this story. It made sense to me. It guided me through life.' (p 8)

What is missing from the book's promotion of reconnection as the cure is the deeper relational understanding, familiar to psychotherapy, that we can lock ourselves into narrow and damaging connections that become an ego-syntonic part of our personality or identity solutions.

Lost Connections covers the same territory as the more formally scholarly writing in this issue of this journal. It is a manifesto for a relational approach to mental health. It demands that we also step out of individual psychology and psychotherapy silos and think afresh about what it is that links changes in the brain with changes in society (and vice versa). It explores how we can influence an innovative and open-minded approach to social policy that may help us address the epidemic of disconnection. The relational thinking needed to take this further is potentially already in the hands of therapies such as CAT. Perhaps this book can serve as a wake-up call to see relational therapy as offering tools and understanding beyond the therapy room. A vivid encounter with his way of seeing things can be obtained from his TED talk www.ted.com/talks johann_hari_everything_you_think_you_know_about_addiction_is_wrong#t-870191

Steve Potter

The Poet's Voice in the Making of Mind

Russell Meares

Published Routledge (2016)

Meares has written a book that is broad-reaching and ambitious in scope. He writes in a tradition of relational forms of therapy that pays equal attention to the scientific underpinnings of what we do, but also strives to understand the self and relationships in poetic form.

He developed a Conversational Model of psychotherapy, also referred to as Psychodynamic Interpersonal Therapy in the UK (Barkham et al 2017) with Robert Hobson in the 1970s. The Conversational Model (Hobson, 1985) focuses on the 'minute particulars' of therapy out of which a coherent narrative is gradually built as a co-construction between therapist and client. This makes it a sister therapy to Cognitive Analytic Therapy, which also focuses on a personal, co-constructed narrative growing within the therapy.

In this volume, Meares develops a recurring theme in his work over the last forty years – bringing together developmental psychology, language development, neuropsychology and anthropology with his other main passion of poetics. The word 'poetics' may irritate some readers who see the word representing imprecise meaning, 'flowery' language, or a 'romantic' world-view. But, as we shall see later, it is part of a bigger journey to integrate Enlightenment and Romantic thinking that Meares takes us on (see Ellenberger, 1970).

Can we be rational and think through options with a client but also simultaneously be moved in a conversation that is bigger than either of us? It is to questions of this nature that Meares brings his formidable knowledge and personal experience.

Jaspers, in his great work on General Psychopathology brings into opposition the Erklären (Explaining) and the Verstehen (Understanding) Modes (Jaspers, 1963, pp 27-29). He asks what gives us the tools to understand another person from within, whilst also providing connections to help to explain a shared narrative? Meares is ambitious in this book in trying to synthesise these very different world views.

These are big questions to be covered in a short volume and I hope readers will give a little slack when faced with such condensed writing. As Alice said after hearing 'The jabberwocky':

> 'Somehow it seems to fill my head with ideas – only I don't exactly know what they are!' (Carroll, 1872)

This makes it a demanding but invigorating read!

But, without seeing this bigger historical context the book may seem to be just a collection of essays. Even at that level, though, we can choose items of interest from a wide conceptual landscape and enjoy them – or sometimes feel mystified, or irritated, by them. However, this volume has a wider purpose – it is the integration of some profound ideas about what makes us human and what can free us to become reflective, image-making, creative persons, and it is worth the effort to try to follow Meares' complex chain of connections.

A unifying theme through the book is the development of the proto-conversation and how this extends into play and the development of a reflexive self. This is true of child development, but, by analogy, it also resonates with how therapy brings about deep change. Meares does a remarkable job of drawing together these disparate themes. At times there were so many plates spinning that I could not see how he could successfully bring them together into a coherent whole. That he does so is a remarkable achievement. It makes for a book to savour and return to, following the complex connections made.

It is not an easy book to summarise, but it can be seen as pulling together Meares' long-standing fascination with the development of the self within a relationship and here he will share ground with most readers of this journal.

Unlike his earlier works, there is relatively little direct clinical material, but what is there illuminates his ideas well. The main case study comes in the final chapter. Through a series of parallel connections a trainee therapist makes sense of some puzzling somatic symptoms in a middle-aged woman called 'Julia'. She refers in passing to modern architectural design and talks of 'being cramped into little boxes'. The therapist responds by saying simply, 'Not to have that freedom to sort of soar up and out'. She draws attention to the opposite state by analogy, and is using Vygotsky's inner speech in which a child 'tends to leave out the subject and all words connected with it, condensing his speech more and more until only predicates are left. . . promoting what Piaget called 'an atmosphere of communion', a feeling of connection. (page 188).

Meares draws an analogy with speech 'face to face' like a form of questioning contrasted with speech where both are approaching something side by side gazing together at a third space he has likened to 'an empathic screen'. Julia becomes more energised as there is a sense of 'fit' between the personal inner element of what she said and the jointly constructed analogue. She shifts the metaphor to 'a more spacious place' – in her imagination drawing together her imagined room, the actual room they are in, and a metaphorical room where there is space to breathe. The space opens up between the two

protagonists, giving freedom to explore Julia's distressing symptoms. The symptom of itching around her midriff arose in the context of problematic relationships culminating in an assault where an older, obese man had bumped into her deliberately 'thrusting his abdomen into hers in an intimidating way' in a stairwell.

Meares explores the new connections that therapist and client make – he does not reduce the symptom to what the parallel experiences 'mean'. He draws the connection with Hobson's key paper on 'Imagination an Amplification in Psychotherapy' (Hobson, 197). The example is extended through a series of metaphors as Julia and her therapist explore smaller and smaller spaces 'like Russian dolls', and through this the client with the support of the therapist sees the emergence of her personal myth. It is a pity that the book has relatively little space for such examples.

There is much in this book to interest CAT enthusiasts – from Meares' perspective I suspect that CAT is another way of understanding at a deep level the personal conversation that we call psychotherapy. Specifically, Meares draws on familiar material from Vygotsky and his idea of the ZPD and the therapist providing 'scaffolding' around which an emergent relational self is built (See Ryle & Kerr, 2002). He points out that as therapy develops the linguistic complexity of the conversation deepens, as common meaning develops.

Where Meares is particularly strong is in capturing the idea of 'little emotions' – subtle feelings for which there may not be words (citing Wood Jones, F. 1931). If these fleeting ideas are not recognised and picked up as the 'minute particulars' of human experience they will 'wither and shrink to the bottom of consciousness'. He captures the spirit of this with reference to dialectal speech:

> 'Children are especially good at capturing these words like 'creamy' in Berkshire dialect to evoke the feeling of squeezing a baby or fat cat.'

My reaction to reading that is to feel that purring fat cat or the softness of a baby, and grasp in a visceral way what the children mean by a 'creamy' experience. Little emotions are not trivial or faint echoes of coarser categories [like anger] but a different, multi-faceted type of experience (p70). From these multiple micro-experiences and shared language grow a sense of self.

Meares turns to the nature of Myth (see Ch 9, pps 101-118) in an extended diversion into the nature of transmission of ideas in wider culture, but links back to Jung's idea of finding one's own myth:

> 'After the parting of the ways with Freud, a period of uncertainty began for me. . . I had not yet found my own footing. so in the most natural way I took it on myself to get to know 'my' myth and I regarded this as the task of tasks' (Jung, 1967)

In therapy settings, especially where the primary problem is a disruption of the sense of self. Meares states,

> 'The personal myth is a story which has never been told before, created in a certain kind of conversation (see p 187). . . a dynamically evolving personal myth is created that in most cases is unconscious. In the therapeutic situation it typically appears out of an initial state of low complexity and the conversational style of a chronicle, which is a mere catalogue of events, a state of stimulus entrapment. (Meares, p185).'

This fragile, emerging personal myth can then be the seed for a growing sense of self, but it can also trap therapists into premature interpretation which can be experienced as persecutory as the therapist rushes to complete the dots and 'finish' the story (See Hobson 1971, Meares & Hobson, 1977).

The book begins by extending his earlier work on conversation and the development of the self. This is a theme that Meares has developed in different ways over many years (see Meares, 2000, 2005), and he extends his description of the development of the duplex self, drawing extensively on the work of William James. 'I' have awareness of 'myself' in a flickering, shifting, but continuous set of experiences. Meares draws particular attention to the key stage in development when a child can 'keep a secret' and in so doing shows awareness of an inner world that can be revealed or hidden from others. This is of great relevance to therapists because great damage can be done by failing to see when someone has to hold on to a secret part of the self or else risk feeling retraumatised. Meares does not have time to develop this important clinical theme, unfortunately, but it has been described extensively in 'Intimacy and Alienation' (2000) and 'The Metaphor of Play' (2005).

Intrinsic to the idea of a shared conversation is an understanding of the musicality of human speech, to the minute particulars of rhythm, contour and intonation (page 69, citing Communicative Musicality, Malloch & Trevarthen, 2009). This parallels the rhythmic dance between mother and infant: It has a musical quality – the shape and quality of the musical contours is not coded as precise trajectories and vectors but as a whole shape which is internalised and can be generalised. The key theme in this part of the book is learning afresh how to listen in a developing conversation and not assume that we know what is emerging into the shared space.

There is then an extended detour into the brain-science basis of self, and into the connection between proto-conversation and the development of myth, never losing sight of the central theme of the 'poet's voice' as the expression of meaning. This is a rich exposition, but highly condensed.

Meares draws on the work of established poets to illuminate how

we can recognise the poetic in everyday language as it passes us by. He gives an example of William Hazlitt, the English writer, painter, social commentator, and philosopher, who remembers himself as being a 'dumb, inarticulate and helpless' youth.

Why does Meares choose the example of Hazlitt? I suspect it is because Keats's writing, particularly his key idea of 'negative capability' – a key concept in modern psychotherapy – was influenced by the concept of 'disinterested sympathy' he discovered in Hazlitt. Meares expertly disentangles these subtle concepts from the example of Hazlitt and ventures beyond literary criticism into the fundamentals of psychotherapy:

> 'Personal transformation of a kind akin to that described by Hazlitt comes about by means of a language having the combined structures of familiar conversation and the poetic. It can make analogical representations of inner states that create a feeling 'fit', for the listener, such as Hazlitt seems to have felt [when] it left him exultant.' (page 59)

Hazlitt describes this change point when he heard a sermon being read and began to listen to the cadences of the last words – how they rose and fell and the 'shape' of the sounds, and in discovering his own latent language he was able to feel free, '. . . that my understanding did not remain dumb and brutish, or at length found a language to express itself I owe to Coleridge. . .' who extended Hazlitt's emerging sense of the poetic in speech (p57).

Meares describes the rhythm and music in conversation,

> 'The transformative conversation is one of feeling. It is not *about* feeling but feeling is in the words. To the degree that this form of conversation expresses and evokes emotion, it is poetic. This is not to say that weeping, raging or laughing are poetic expressions. These are unidimensional affects [rather than feelings].The particular kind of conversation that brings about an enlargement of a personal state of existing is one in which a latent complexity of feeling is realized. . . it is as if mankind has devised a special way of representing and so bringing into being the complex feeling states that are at the core of higher order consciousness.' (page 61)

Meares draws an analogy with the world of psychotherapy saying that for some forms of poetry the poet only discovers what the poem is 'about' through writing as a form of discovery,

> 'The effort to find the right words and how they should be said, is towards a representation of the half-known or barely known state in order that it becomes more fully known (page 63).'

This reminds me of Stiles' work on assimilation:

> 'The assimilation model conceptualizes psychotherapy outcome as change in relation to particular problematic experiences—memories, wishes, feelings, attitudes, or behaviours that are threatening or painful, destructive relationships, or traumatic incidents – rather than as change in the person as a whole. It suggests that, in successful psychotherapy, clients follow a regular developmental sequence of recognizing, reformulating, understanding, and eventually resolving the problematic experiences that brought them into treatment.' (Stiles, 2002)

Problematic ideas shift through stages of being warded off through painful experiences, gradual apprehension, ultimately to mastery. Meares speaks to this process from a different perspective drawing heavily on his work with trauma, and focuses on the (re-)integration of the self as a central component. His Conversational Model is perhaps at its strongest in coaxing into being a warded-off idea and bringing it into a shared space where it can not only be tolerated but built upon.

The building process relies heavily on use of metaphor – literally the carrying across of meaning – to form a key aspect of Meares' conversational approach to therapy. Elliott and colleagues (1994), used a fine-grained method called Comprehensive Process Analysis to explore how change occurred in different modalities of therapy – the exploratory therapy examined was the Conversational Model where change often focuses around a simple organising phrase or word which carries a huge amount of shared meaning. As Meares points out, such a metaphor is not a simple analogy; it is a formative symbol which can be amplified to become part of the therapeutic scaffolding to hold a conversation together across time.

Meares lives comfortably in these two atmospheres of reasoned scientific enterprise, and human conversation having the strange emergent property of the poetic. The conversation in the book begins with the creative tension between the Romantic and the Enlightenment at the start of the 19th century. Hazlitt's absorption with the precise way language is used comes back as a key theme that Meares develops in a 21st century context. The ideas run through the development of the Conversational Model in this book. They embody the difference between a formulaic therapy and one that pays attention to the particulars of the relationship – not just as the vehicle through which information is transmitted, but as the fundamental basis for therapeutic change. This book will appeal to any therapist interested in the minutiae of how people change.

Frank Margison

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The Clinician's Guide to Forensic Music Therapy

Stella Compton-Dickinson and Laurien Hakvoort

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This Guide presents manuals for two music therapy interventions, Group Cognitive Analytic Music Therapy (G-CAMT) and Music Therapy Anger Management (MTAM), set within a Cognitive Behavioural Therapy (CBT) frame. Music therapy practitioners will benefit from a book that contains the practical resources for two contrasting models, and draws upon forensic experience in both the UK and the Netherlands. The models are presented in one volume to promote an appropriate choice for specialist care teams; G-CAMT aiming to create positive change in relating to others, and MTAM aiming to change dysfunctional and impulsive anger behaviours.

The passion and commitment of both authors to develop these interventions is present in the first chapter, laying out the rationale for music therapy in the challenging context of forensic settings, and in the latter chapters, the Guidance for Clinicians and the Epilogue. Elsewhere the book strikes a practical note as a manual for practice, creating in places a flat tone, missing the richly textured orchestration that has no doubt informed the models and perhaps could have been conveyed through more detailed vignettes and case studies. I also would have liked to hear the voices of these models in dialogue, actively engaging with and critiquing the two models' aims, methodologies and the demands upon the clinicians. It would also have been interesting to hear how patient experiences, in voices and in music, influenced the development of both models. The attention to the patient is reflected in the production of guidance handouts for patients for the different stages of each model and these have stimulated my thinking around how we communicate the therapy process.

I appreciate Compton-Dickinson's work to develop and articulate an extension of the CAT model in this domain. Music therapy, individual or group, offers participants the opportunity of shared, purposeful activity, and the integrating translation of non-verbal interactions into verbal insight and therapeutic gain. Trevarthen has written extensively on communicative musicality, and parallels the exchanges with music therapy with mother-infant communication and jazz improvisation (Schogler & Trevarthen 2007). I enjoyed Compton-Dickinson's description in this volume of the versatile skills needed by the music therapist, '*so that jointly-created musical*

improvisations can be aesthetically pleasing, yet subtly felt to be the creation of the patient within the therapeutic relationship' (p20). As a non-music therapist I recognise and share this challenge. How can we employ our skills to 'improvise' in both senses of the word, to allow and to reap from our spontaneous responsiveness in the moment and to creatively adapt the materials available to the task in hand? We are at our most potent when we join with them in the shaping of their material, building the self-agency of our patient.

Self-agency here refers to the idea that we can influence our physical and relational environment, that our actions and intentions have an effect on and produce a response from those around us, psychological and physical (Knox 2011). It is a key concept for forensic work. Both authors are clear that the aim of music therapy in this context is the reduction of risk and impulsive behaviour and hence reduced recidivism. They do not shy from the challenges posed by the need to create safe structures for this to take place with a forensic patient group.

Herein lies a difficulty of the book. Whilst one might imagine that the CAT model provides a good theoretical and methodological basis for a music therapy, with shared activity and collaboration at its heart, it is the manual for the MTAM CBT model in Chapter Three that conveys the greater sense of a structured intervention and a scaffolded and safe expansion of the emotional repertoire and regulation of the patient. In this model I enjoyed the structure of developing an awareness of the affective impact of music through the mapping of musical polarities in Appendix 3c, and the way that building competence in tension regulation through music is explicitly linked to outside events using the Anger Management Questionnaire (3b) and Stress Gauge Sheets (3d). This resonated with the conclusions of the very readable and CAT-friendly, although not explicitly referenced, 'How Emotions are Made' (Feldman Barrett 2017). Developing our embodied sense of and our repertoire of words for describing emotions is crucial for the development of affect regulation and relational flexibility. The MTAM model is highly structured and scripted, which will provoke a mixed response, but as a non-music therapist I had a strong sense of the aims, methodology and intended outcomes.

In reading the corresponding chapter on the G-CAMT model, the CAT-inspired music therapy model, I could see more clearly a challenge I recognise from my own efforts to describe embodied methodologies in a CAT frame. In that field, models of trauma therapy have delineated protocols with stages of therapy that can too easily be critiqued as mechanistic and monologic, but nevertheless hold appeal for clinicians seeking containment, clarity and transparency, for themselves and their patients.

Compton-Dickinson outlines a four-stage model (Mindfulness, Emotional Regulation, Distress Tolerance and Interpersonal Effectiveness, titles shared by modules in Dialectical Behavior Therapy). I share Compton-Dickinson's understanding of how engagement in a shared activity and reflection upon the mutuality and subjectivity of these experiences promotes deep self- and relational understanding and contributes to interpersonal effectiveness. Where I feel we part company is in the articulation of this into a staged model. I experience these as iterative processes beginning in the very first encounter. I would value a description of our methodology that describes the particular tasks of the beginning and end of therapeutic processes, and a middle process that more accurately reflects in the lived process of therapy.

In a culture of manualisation, crucial to research, we are challenged to provide clear and transparent descriptions of our methodology to clinicians outside our modality, without losing the essence of our model; our willingness to enter into and reflect upon the improvisations of the relational encounter. As a profession we may be nudged towards manualisation and staged therapies through pressure to provide informed choice for the consumer-client and the consumer-commissioner. Is this a defence against the anxiety of not knowing what might happen next? The linguistic root of improvisation is the unforeseen. In relational therapies we create safe space for the unforeseen, and our shared attention is the '*catalyst for dialogue, training, thinking and reflecting*' (p18). Compton-Dickinson is ploughing a fertile furrow here. I welcome the challenge for us as a community to find new ways to express the richness and potentiality of a relational approach, which might unfurl and digress from a formal staged approach.

Compton-Dickinson has also chosen to present here a group modality of relational music therapy, without perhaps fully articulating the advantages and challenges of a group approach within a forensic music therapy setting. She advocates a period of individual therapy prior to assess readiness for and to prepare for G-CAMT. She also outlines principles of group therapy as they apply to G-CAMT and the particular contribution a group modality can make to the awareness of self-in-relationship and a heightened respect and tolerance for other-ness. I missed the link between these; how is a patient in individual relational therapy assessed as ready for a group intervention, and how can we assess the relative gains and losses of a transition to group intervention? Examples that demonstrate the potency of group therapeutic moments might have brought this to life.

Overall the book has stimulated my thinking and awareness of improvisation, and the challenges of manualising a therapeutic approach in which the unforeseen and

spontaneous offers rich gain. I was reminded of an exchange with a partner many years ago, that covered neither of us in glory. I was berating him for not being spontaneous enough.

'That's unfair,' he retorted, 'I am planning on being spontaneous at the weekend.'

I believe that relational therapies will be enriched by attending more to the non-verbal, the spontaneous, the moment-to-moment dances. Non-music therapists will not find an advance of our core relational CAT model in this volume but we will learn well from the therapies that have a rich tradition of focusing our attention on our togetherness and harmonies, our ruptures and discords.

Caroline Dower
Durham University Counselling Service

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