



Book Review

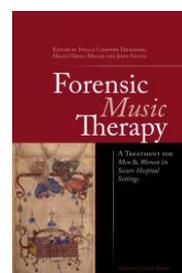
Forensic Music Therapy: A Treatment for Men and Women in Secure Hospital Settings Stella Compton Dickinson, Helen Odell-Miller & John Adlam (Editors)

Reviewed by Carol Chambers

Forensic Music Therapy: A Treatment for Men and Women in Secure Hospital Settings

Stella Compton Dickinson, Helen Odell-Miller & John Adlam (Editors)

London: Jessica Kingsley Publishers (2012)
256 pp., ISBN: 978-1-84905-252-8



Carol Chambers, PhD, qualified as a music therapist in 1982 at Roehampton, UK. She has worked with many client groups and she gained her PhD in forensic psychiatric music therapy from the University of Nottingham. Carol is a member of the research group *Theatre, Dance, Music and Consciousness* at the University of Lincoln and has presented work on both music therapy and consciousness on an international basis. She is also a qualified teacher and is currently the Education Manager at Her Majesty's Prison Lincoln, UK.

Email: carolmch@tiscali.co.uk

In the past few decades there has been a steadily increasing stream of articles, presentations and book chapters concerning music therapy in secure settings (e.g. Boone 1991; Chambers 2013; Compton Dickinson & Souflas 2012; Hoskyns 1995; Loth 1996; Sloboda & Bolton 2002; Thaut 1987). Now, at last, we have a much needed complete book, compiled by editors who are all experienced practitioners. Compton Dickinson and Odell-Miller are both music therapists with specialist backgrounds in forensic or mental health practice as well as research and international presentations, and Adlam is a consultant adult forensic psychotherapist.

There is a certain clarity in the editors' descriptive title and in their introduction, which

states that the book is about "music therapy with mentally disordered patients in secure hospital settings" (p. 14). At first glance, I began to feel a little uneasy, with the use of the term 'patients' instead of 'clients', with the word 'treatment' appearing in the subtitle on the front cover and, on opening the book, the discovery of a large heading, '*Part 1: The Institutional Setting*' (p. 23). However, I soon found that this is far from being a traditional medical textbook with descriptive case studies: it has a clear statement of purpose, setting out to present and examine the contexts and challenges relevant to a range of forensic practices, including high, medium and low secure hospitals. '*Part 2: Clinical*' follows with in-depth casework based on strong theoretical foundations and '*Part 3:*

Research’ aims to demonstrate outcomes and provide guidelines for further service and clinical development. Within these three parts, twelve individual chapters include contributions from a multi-disciplinary field, including not only music therapists (Petra Hervey, Sarah Hill, Philip Hughes, Alex Maguire, Rebecca Roberts, Victoria Sleight) but also psychologists (Phyllis Annesley, Lindsay Jones, Rebecca Lawday), a psychotherapist (Estela V. Welldon), psychiatrists (Irene Cormac, Manjit Gahir) and an occupational therapist (Ian Merrick).

My initial trepidation about an overtly medical approach does, of course, mirror a very real consideration in building therapeutic relationships in secure hospitals, for patients, therapists, other staff and, if I may anthropomorphise, the hospital system itself. In the first chapter, *‘Care and Control’* (p. 25), psychologists Annesley and Jones tackle such issues head-on and unapologetically, giving a clear account of the challenges and dilemmas facing therapists as they try to identify the risks involving high-secure offenders, manage their experiences and ambiguities and engage them through a complex process towards rehabilitation. I was reminded of the difficulties I once faced when working as a sessional therapist in medium-secure units, feeling that perhaps I would have made more progress if I had worked with the unit staff rather than the women referred for therapy. If I had read this chapter at that time I could have been reassured, for it makes a concise yet powerful argument that therapists are indeed in an influential position, having the empathetic skills to stimulate change at an organisational level, and the functional experience to manage it through multi-disciplinary teamwork, supervision and reflective practice. But this refreshingly honest account also serves to debunk any myths about mystical powers of therapists and to point out the potential pitfalls inherent in forensic work. Indirectly, it begs the question of exactly what it is that music therapists have to contribute and how our work should be approached. It is, therefore, placed where it should be, at the start of the book, so that the reader approaches the more detailed accounts of music therapy which follow with greater awareness of the intricate processes inherent in the work, a questioning attitude and a thirst for theoretical and philosophical underpinning.

Chapters two, three and four continue to expand on multi-layered management issues with detailed discussions of the roles of clinical teams, managers and supervision. In chapter two, Odell-Miller provides an interesting insight into the dynamics of “context-based music therapy supervision” (p. 45) when an ‘outsider’ has to work with material from ‘inside’ the secure unit. Although clearly of prime importance in forensic therapy I feel to some extent

that this holds relevance in many other situations too. Freelance or sessional therapists may experience similar challenges when infiltrating potentially closed organisations, be they schools, nursing homes or day centres, so the ability to manage such context could be seen as vital in all music therapy practice.

The relevance of institutional context is amplified in chapter four. Sarah Hill describes the need for managers to take on a “buffering role” (p. 76) when supporting staff in managing their anxieties of perceived or actual threats caused by pressure from NHS cost-effectiveness drives and other system changes. Two aspects of this chapter caught my attention: firstly, the description of the institution as an open system viewed as a “living organism” (p. 78), which reinforced my initial and ongoing feelings of a tendency towards anthropomorphism throughout the book. This is not a negative comment but an interesting analogy which Hill expands on in case vignettes showing arts therapists working more generically outside of their traditional professional roles. She explores the changing boundaries as the institutional organism operates within its forensic environment, boundaries which protect and define the role of the music therapist yet allow it to connect and operate within the demands of the organisation. Secondly, she talks of the need for a “translating role” when “management language [...] outcome and action orientated [...] can conflict with a psychotherapy-based language [...] driven by process and dynamics” (p. 79). I experienced a similar conflict reading through the book thus far: it seems heavily weighted towards a psychodynamic service model and a certain level of understanding of this terminology is prerequisite. Hill at least offers explanation of such terms as “splitting” and “projection” (pp. 75-76), explanations which are absent in other chapters. But I found the singularity of a psychodynamic approach and its unspoken yet implied necessity, both here and, at times, throughout the book, slightly at odds with the need for flexibility which the author so richly propounds. From my own behaviourist perspective, even an early disclaimer that other types of practice also exist would have been welcome.

Of course, one of the points made by this book is that the strength of music therapy is in its multi-layered complexity and this in turn enables interpretation. The reader is free to interpret according to his or her own epistemological beliefs. *‘Part II: Clinical’* affords ample opportunity for this as it includes five detailed chapters of clinical practice. Here, case studies provide descriptive accounts of behaviour and experience liberally laced with therapists’ reflections and a slightly greater variety of theoretical frameworks. Compton

Dickinson refers to British object relations theorists in her account of individual sessions with a young man during early onset psychosis. She shows how musical interaction and integration assisted in his progress from a non-verbal state through pre-verbal to verbal. For me, one small but striking perception was significant: that the meaning of 'secure', usually applied in terms of hospital confinement, can also become 'safe' (p. 101), a place of positive containment and integration. Words, therefore, are not the issue here, instead it is the non-verbal musical communications and processes which take precedence.

In the next few chapters, there is a strong focus on common themes such as power and control, loss and mourning in patients' journeys to rehabilitation. One highlight, in addressing societal and institutional issues of control, was chapter six where Maguire and Merrick describe an intriguing recovery approach with an exchange of roles. Here leadership of a group passes to a patient who assumes responsibility for organising a band to rehearse and record his own songs. Achievement is defined by the user rather than by conformity to any prescribed medical assessment. Such a democratic and empowering approach takes courage on the part of the therapist to relinquish and negotiate new boundaries but it offers exciting possibilities in facilitating more normal social experiences for patients.

Rebecca Roberts, in chapter eight, depicts the process of loss particularly well in presenting a group in which one member died. Her work is informed by a strong theoretical underpinning of cognitive analysis, however, I was left slightly confused at a seeming discrepancy between her clear accounts of the importance of musical improvisation in communication and expression of emotion and the statement that "without some verbal reflection [...] feeling states may remain repressed in the unconscious" (p. 140). Perhaps this depends upon one's own definition of consciousness: throughout the book there seems to be an assumption of mind-body dualism whereas if considered from a more holistic viewpoint of bodily consciousness¹ then verbal expression might

¹ I write from a position which does not support a dualistic split between mind and matter but from a perspective where thoughts are understood as mental phenomena arising from physiological experiences within the brain, or processed through the brain in response to activity elsewhere in the body. This is an enactive view of consciousness where bodily action rather than thought is central. The physical or sensory act of involvement in musical activity is then not simply symbolic but may be a reconstruction of an experience or feeling at a deep physiological level. As therapeutic progress can be made through the repetition,

become less central in defining and expressing a patient's awareness.

My questioning of descriptions of consciousness continued on into the following chapters when introduced to Compton Dickinson's development of cognitive analytical music therapy (CAMT) (p. 154). This chapter gave an informative historical and theoretical background to the approach, with both musical and verbal interaction used to assist one man towards integration of dissociated states. As, for me, this was a first introduction to these techniques I would have welcomed more comprehensive descriptions of the visual diagrammatic mapping of states and patterns which were referred to (p. 164) as it was not clear if this was an essential part of the CAMT approach or an addition. Either way, an analogy with mapping raised interesting possibilities for me to consider "dissociative states" (p. 156) not as disconnected states of being but, from my own viewpoint, as part of a shifting personal narrative in a consciousness where "multiple drafts" are constantly being edited (Dennett 1993: 135).

Perhaps there is an underlying theme around personal narratives and issues of consciousness for these are mentioned again in chapter ten where Sleight and Compton Dickinson (pp. 170-171) put forward the need to stem extended improvisations, explaining that these can become unhealthy narratives which may not take into account the expressions of other people in a group. Instead they promote the creation of musical dialogues and reciprocal relational roles. This chapter is at the start of '*Part III: Research*', which aims to demonstrate the importance of research in service development. Chapters ten and eleven both present further examples of group cognitive analytic music therapy (G-CAMT) from inception of the model to its exploration in practice. In chapter eleven Lawday and Compton Dickinson detail the structured staged interventions of a time-limited controlled pilot study through to the quantitative and qualitative outcomes for service evaluation. If one begins to flinch, as I did, at the mention of "adhering to a treatment manual" (p. 184) then read on, for there follows a well-presented rationale which shows that this follows guidelines from the Medical Research Council. Clearly the development of G-CAMT has huge benefits in terms of structured assessment and demonstrable outcomes, necessary for a clinical evidence base

reinforcement and reintegration of bodily experiences, leading to new modes of behaving and responding, then the necessity for verbal reference is negated: conscious awareness (that is, the conscious experience of events) can be sustained by the body rather than developed through thought.

and the continuing development of service provision. But one can only hope that less experienced therapists will use the intended future publication of a treatment manual as a source of information and knowledge yet have the strength to retain their own individuality and flexibility within such a formalised approach. Departmental requirements should not legitimise the enforced adoption of too set a prescriptive model. As this book stresses, context-specific practice in meeting the needs of patients is paramount and this must remain open to negotiation.

In chapter twelve, Hervey and Odell Miller provide specific recommendations for working within a multi-disciplinary team in the forensic context. They give a detailed account of a qualitative research project which evaluated team members' perceptions about music therapy and its relevance in working with patients with severe personality disorder. This chapter has much to recommend, not only for its contribution to the sociopolitical debate on the provision of mental healthcare in forensic contexts, but also for the description of small scale social research design which could be usefully applied in many other situations. In particular, I commend the authors for being brave enough to put themselves in the firing line and ask for staff opinions about the introduction and use of music therapy. It needs to be done if the profession is to continue to develop and this study provides a constructive starting point on which future research could build.

It is this willingness to debate and determinedness to address issues in practice which I found most useful in this book. Although the book proclaims to be context-specific, I found much of it to be relevant in the wider field of music therapy. Issues around developing a service within institutional and organisational priorities and the need to build a multi-disciplinary approach resonated strongly with my own experience across a range of organisations both in and out of forensic practice. This book does not pretend that everything is easy; it sets out the risks and challenges that have to be faced and then it gives clear practical advice on how to do it. It is both informative and thought-provoking and for this reason I thoroughly recommend it. Like the organisations it depicts, the book is multi-layered in structure and content. It can be dipped into for specific interests or, at a deeper level, read from cover to cover, building up understanding progressively, as it is meaningfully constructed for this purpose. Either way, all of the short and highly readable chapters have a wealth of knowledge and experience built into them and are fully referenced, providing guidance for further reading and research.

To whom would I recommend this book? It is a fantastic resource for all music therapists, as well as students and clinicians from related disciplines. Without doubt the detailed presentation of clinical forensic work will be immensely valuable for anyone working in, or moving into, this field. But most of all I recommend it to managers and commissioners, those who need to decide on and prioritise funding and drive policy forward, for this book tells us not only what music therapy offers to patients but also how and why it is important for the whole hospital. This is also valuable for all therapists, whether or not they work in forensic settings, and so I heartily endorse it for those who are trying to promote and build new avenues of work in any contexts. This book is about the nature of music therapy as much as it is about forensic practice.

References

- Boone, P. (1991). Composition, Improvisation and Poetry in the Psychiatric Treatment of a Forensic Patient. In K. E. Bruscia (Ed.), *Case Studies in Music Therapy* (pp. 433-449). Phoenixville, PA: Barcelona.
- Chambers, C. (2013). Music therapy by proxy: Using humanised images in song. *Approaches: Music Therapy & Special Music Education*, 5(1), 18-24. Retrieved from [http://approaches.primarymusic.gr/approaches/journal/Approaches_5\(1\)_2013/7%20Approache_s_5\(1\)2013_Chambers_Article.pdf](http://approaches.primarymusic.gr/approaches/journal/Approaches_5(1)_2013/7%20Approache_s_5(1)2013_Chambers_Article.pdf)
- Compton Dickinson, S., & Souflas, P. (2012). Rapping Round the System: A Young Black Man's Journey through a High-Security Hospital. In S. Hadley & G. Yancy (Eds.), *Therapeutic Uses of Rap and Hip Hop* (pp. 353-374). New York: Routledge, Taylor & Francis Group.
- Dennett, D. C. (1993). *Consciousness Explained*. London: Penguin Books.
- Hoskyns, S. (1995). Observing Offenders: The Use of Simple Rating Scales to Assess Changes in Activity during Group Music Therapy. In A. Gilroy & C. Lee (Eds.), *Art and Music: Therapy and Research* (pp. 138-151). London: Routledge.
- Loth, H. (1996). Music Therapy. In C. Cordess & M. Cox (Eds.), *Forensic Psychotherapy: Crime, Psychodynamics and the Offender Patient* (pp. 561-566). London: Jessica Kingsley.
- Sloboda, A., & Bolton, R. (2002). Music Therapy in Forensic Psychiatry: A Case Study with Musical Commentary. In L. Bunt & S. Hoskyns

(Eds.), *The Handbook of Music Therapy* (pp. 132-148). Hove: Brunner-Routledge.

Thaut, M. H. (1987). A new challenge for music therapy: The correctional setting. *Music Therapy Perspectives*, 4, 44-50.

Suggested citation:

Chambers, C. (2014). Book review: “Forensic Music Therapy: A Treatment for Men and Women in Secure Hospital Settings” (Stella Compton Dickinson, Helen Odell-Miller & John Adlam, Editors). *Approaches: Music Therapy & Special Music Education*, 6(1), 42-46. Retrieved from <http://approaches.primarymusic.gr>