

**Forensic music therapy: a treatment for men and women in secure hospital settings**, edited by Stella Compton Dickson, Helen Odell-Miller and John Adlam, Foreward by Estela V. Welldon, London and Philadelphia, Jessica Kingsley Publishers, 2013, 256pp., £24.99 (paperback), ISBN 9781849052528

This book adeptly negotiates the complexities and challenges as well as clinical successes that unfold in secure hospital settings. It comes at a time when the arts therapies are gaining a more established credence in the multi-disciplinary team (MDT) in forensic mental health settings in the UK. As a point of departure, the editors acknowledge an environment which may be seem to hold a set of competing values and functions; in particular attention is drawn to the relationship between care and control. This book deftly highlights that a shift has occurred from the more traditionally held attitude, which saw arts therapies as supplementary, to a more progressive engagement with music therapy and its potential to offer a bridge to psychotherapeutic interventions in previously treatment-resistant patients. The book provides a range of vignettes, clinical examples and reflections from the authors with particular attention paid to the role of transference behaviour. It is presented in three sections: the institutional setting; the clinical setting; and research. In doing so, it provides a multi-disciplinary and considered approach to understanding the impact and efficacy of music therapy in secure settings.

‘Care and Control’ (Phyllis Annesley and Lindsay Jones) grapples with the complex dynamic of balancing care and control in the high secure hospital setting. High secure hospitals in the UK context provide care and treatment for patients who are considered a grave and immediate danger to others and themselves as deemed under the Mental Health Act 1983 (amended 2007). The dyadic nature of the environment, framed by two somewhat competing goals inform the structure of this chapter. Annesley and Jones highlight the range of different elements that contribute to the hospital milieu, such as the levels of security and the unpredictability of the high secure regime. For example, a music group therapy session may be cancelled at very short notice due to a security breach. Music therapy may also be conducted in a panoptical state, such as in a room with large windows which may leave patients feeling exposed and vulnerable. Such environments also operate conversely; the patient is able to observe what is going on in the ward. Annesley and Jones suggest that this ‘observable space’ may promote a sense of security and safety for the patient, although there is the risk of such a physical setting having the opposite effect.

Helen Odell-Miller highlights yet another schism in the delivery of therapy in a forensic setting, that of clinical supervision ‘outside the walls’, in particular the dynamic that occurs between the supervisee who is based inside the wall who is being supervised by a therapist outside of that domain. She writes ‘contrary to the ‘super’ ‘visory’ expert, the experienced music therapy supervisor may be neither a superior musician nor more experienced in the forensic setting than her music therapist supervisees’ (pg.43). In keeping with contemporary service user argot of the service user as expert, Odell-Miller attributes a particular expertise to an offender: ‘Undoubtedly the patient is a more practiced skilled ‘offender’ than the therapist’ (pg.43). This somewhat reductionist assertion can be limiting and at times prevents us from transcending the descriptive and developing a more analytical approach to understanding the actors in the therapeutic relationship. Odell-Miller provides two case vignettes from music therapy supervision that deal expertly with the issue of musical countertransference and the inside/out dynamic of supervising individuals working in a secure setting. In such a therapeutic relationship, the role of supervisor is complex and Odell-Miller accentuates the necessity for the supervisor to encourage creativity in the supervisee who inhabits an environment which may be diametrically at odds with creative development and creative freedom.

Philip Hughes and Irene Cormac, a music therapist and forensic psychiatrist respectively, deal with the challenges facing music therapists that work with long-stay in-patients in forensic settings. The average length of stay in a high secure hospital in the UK is 7.9 years. The phenomenon of

institutionalisation is dealt with in this chapter and Hughes and Cormac, who also refer to the sensory experiences felt by individuals who spend years in such institutions. Although patients usually have access to television, radio, and a range of magazines and books, they do not experience such things as live music or hear the sounds of nature in their environment. This sensory deprivation presents a challenge and Hughes and Cormac cogently highlight that what many of us take for granted evades the long-stay patient: 'Patients may not see, touch or smell a range of flowers, plants or trees [...] Taste is often restricted to the food provided by the institution and sold in the hospital shop' (pg.60). In such an environment, in particular the high secure setting, the sensory palette is one lived under the hospital gaze and such deprivations can often be disempowering for patients, evoking feelings of dependency and loss of control. Hughes and Cormac also refer to the often neglected subjects of physical and mental disability as well as intellectual disability. Issues such as literacy, deafness, learning difficulties, and physical discomfort brought on either acute or chronic physical ill health, providing further challenges.

The final chapter of the section on Institution by Sarah Hill is exemplary in its aim to capture the threats upon the work in a medium secure unit. The current fiscal climate that emphasises cost-effectiveness can result in a burgeoning pressure felt by staff and institutions. The so-called 'primary task' of the medium secure unit is 'to rehabilitate the patients so that they move as quickly as possible to the lowest level of security as possible and are enabled to most fulfilling and meaningful life possible' (pg.74). As highlighted by previous authors, fulfilling such a task can often go against the very environment it emerges from, particularly if there is a discordance and breakdown in staff/patient relationships. Hill highlights the potential for the polarisation of management structures and psychotherapeutic goals, the former action and outcome oriented and the latter rooted in dynamic and emotional content.

Departing from the powerful presence that is presented by the secure institutional setting, Stella Compton-Dickinson offers a clinical case study and describes the development of a music therapy treatment with an 18-year old man named Jacob. The case study deals with early onset psychosis and describes Jacob's varied reactions from prodromal stage to florid psychosis. Framed theoretically by object relations theorists (Klein, Balint, Winnicott and Fairbairn) Compton-Dickinson traces Jacob's progress from the initial meeting with Jacob, where he displayed a level of grandiosity and defiance, to Jacob's gradual acceptance that the therapy was coming to an end. Compton Dickinson reflects comprehensively on her responses to her musical interactions with Jacob and the level of attunement and connectedness felt.

Alex Maguire and Ian Merrick further reflect on the limitations of the recovery approach in the high secure setting, in particular recognising the omnipresent spectres of security and control: 'For example, the role of service users in becoming experts in their own care is compromised when other agencies (in particular the Ministry of Justice, formerly the Home Office) must make decisions about the risks that patients pose to others' (pg.105). The authors remark on what is often untreaded territory in the arts therapy forum; the reality of neglecting individuals who have no desire to express themselves creatively nor skills to assert their needs. This chapter also touches on the subject of 'us vs them', a staple of the prison environment often replicated in secure settings. The efficacy and indeed sheer existence of music therapy on wards often requires the input of staff, for administrative, security and therapeutic purposes. The chapter is also cemented by the provision of a vignette in the case of 'Barry', a patient who proactively sought to engage with the music therapy department, seemingly on his own terms, which initially is met with reticence by the music therapist. As the vignette develops, it is clear that far from producing a grandiose reaction in the patient, it has a transformative power that allows the patient to consider his interactions with others as well as allowing the patient to develop effective leadership.

Compton-Dickinson and Manjit Gahir describe the development of long term treatment with a patient suffering from paranoid schizophrenia and an index offence of manslaughter. Ewan's clinical biography was characterised by disengagement from offence related work and an inability to form relationships with female staff. Ewan self-referred to music therapy and the authors note this was his main psychological treatment. This case study in particular illustrates an Oedipal desire, as well as unresolved narcissistic traits and insecure attachment. The case of 'Ewan' provided by Dickinson and Gahir provides us with insight into the cathartic potential that music therapy holds.

Rebecca Roberts focuses on group dynamics in a forensic music therapy group, in particular the resultant implications of the death and loss of a participant. Roberts reflects on her own struggle and negotiation of this loss and how it effected the development of the group. Loss, Roberts highlights is often de rigeur for forensic patients, their lives punctuated by a series of losses, be it in the form of a death or indeed their loss of liberty or mental health. And within a controlled environment such as the secure setting, loss presents yet another opportunity for a forensic patient to not be in control. It is how this loss is dealt with, Roberts pointedly illustrates, that informs the sanctity of the group and the subsequent development of a new group identity.

In the final chapter of the Clinical section, Compton-Dickinson addresses the efficacy of cognitive analytic music therapy (CAMT) and its application in patients with severe personality disorders. The chapter provides the case study of Colin, a patient whom Compton-Dickinson re-assessed following his subsequent readmission to high secure treatment. The case of Colin offers insight into the breakdown of trust, pervasive in the forensic setting. Cognitive Analytic Therapy (CAT) was developed by Ryle (1991) and integrates the psychoanalytical tradition of the British Object Relations school with cognitive techniques found in activity theory. Ryle conceptualised a specific CAT model for the treatment of personality disorders, the multiple self states model which has been used in the treatment of dissociative identity disorder (DID), a condition in which patient can suffer amnesia between the different alters or self-states, Compton-Dickinson notes. Colin, admitted to a long term high secure hospital treatment, was classified as treatment resistant with a diagnosis of borderline personality disorder. Colin's renegotiation of his different self-states, graduating to a veritable joining up the dots, resulted in an acceptance of his different states and an acknowledgement that they all existed within him. Compton-Dickinson highlights the rehabilitative and anthropomorphic qualities of the sounding bowl, which Colin utilised, providing him with an alternative approach in his interaction with females, which hitherto had been characterised by disassociation.

The final section of *Forensic Music Therapy* provides the reader with both traditional and eclectic approaches to research in forensic music therapy contexts, with particular regard to efficacy and evaluation. Researching such initiatives and interventions can prove challenging, especially in time-limited approaches. Victoria Sleight and Compton-Dickinson return to the topic of disassociation and highlight its pervasion amongst people who have committed violent offences. Looking at G-CAMT, a combination of music therapy and CAT applied to a group setting, the authors emphasise the development of listening skills as well as the fostering of an inner sense of creativity as key to a group's ability for to remain intact. The authors reflect on working with men who have killed and how this requires contemplation of the reality of their own death, which was expressed within the group. This reflection is imperative, in particular the context of time limited groups, where participants may struggle with the conclusion of the group.

Compton-Dickinson and Rebecca Lawday continue to explore the application of G-CAMT in their chapter which focuses on its application to a Women's Enhanced Medium Secure Unit and to gain evidence of clinical efficacy. This pilot study was developed with the hope of offering women a 'new mode of expression through finding their musical 'voice'' (pg.189) and this chapter elucidates some of the challenges faced in the context of working with females in an enhanced medium secure

environment. This particular application fostered a DBT approach, tapping into four key skills of mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness and we are again re-introduced to the sound bowl which was used in sessions, in particular for its dialogical capacities, through turn-taking. The authors acknowledge the limitations of working with such a vulnerable client group, in particular noting the length of time it may take to build up rapport with group members as well as successful management of the closure of the therapeutic intervention.

In the final chapter, we have come full circle and face again the ubiquitous challenge that dominates the whole book: finding a balance between care and control. Petra Hervey and Miller address this challenge in the context of music therapy clinical work in a Dangerous and Severe Personality Disorder unit, a relatively recent development in the secure services' history. Patients in the DSPD unit often have extensive violent offending histories or/and sexual offending histories. This chapter addresses the important issue of staff attitudes' towards music therapy. In this case study, music therapy is offered to patients on the basis of a six week assessment. Emergent themes from the interviews conducted reveal that staff considered the potential of such therapy to provide both staff and patients insight into the internal world of the patient. The phenomenon of splitting is described, where we read of staff insecurities elicited from such therapeutic interventions, in particular feelings that such therapy is exclusive. Staff interviews also reveal whether the enjoyment brought about by participation in such therapy should be provided to patients on DSPD unit and indeed whether it was safe to do so. This raises an important and challenging issue and returns to the earlier question of primary task and whether the task of such institutions is to rehabilitate or simply manage risk or whether institutions can strive for both.

This book is an informative and multidisciplinary approach to the delivery of music therapy in secure settings, offering a breadth of case studies which elucidate the practical problems faced by music therapists working in such unique settings. There is undoubtedly room to explore further issues, such as staff patient relations, how the music therapist interacts with other members of the MDT and indeed how the therapist negotiates their own feelings of dislike towards patients, which can often arise when working with individuals who committed heinous crimes. Most importantly, this book highlights time and time again, that music therapy has the potential to provide individuals with a voice in a multitude of ways as well as acting as a potent tool for creative expression and transformation.

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