

Therapeutic Imagery with Substance Misusers: A Practitioner's Guide By Valerie Thomas (2006) published on www.lulu.com pp333 (£14.02 paperback, £7.85 download)

*[This review arrived, unfortunately, too late to be included in the issue on addictions, which contained an informative article by Valerie to which I would refer readers who are interested in this subject. It is also the first time we've reviewed a self-published book, which is also available as a download. If anyone **does** download it, I'd be interested to hear how they found the experience of reading a book in a non-tangible form. Geoff Lamb – Reviews Editor]*

This book is based on a deep understanding of the therapeutic needs of substance misusers, and it clearly conveys how to use this therapeutic approach safely and effectively. The author has many years of practical experience utilising the skills which are discussed in the text and this is reflected in every page. The ability to convey complex ideas in such a straight forward way is a testament to the author's intellectual understanding and prowess. The book and the skills highlighted within it are wide ranging, original and accessible for anyone who works with substance misusers.

The brief explanatory notes at the front of the text are an asset for those unfamiliar with this approach. The attempt in Part One of the book to link this work within existing theoretical frameworks is helpful because it directs the reader to points of reference which may be more familiar to the reader and from there one can view this novel approach from a more comfortable, accessible position. Part Two addresses methods and Thomas discusses, in a pragmatic way, the main tool of therapeutic imagery practice; the language of imagery. The principles of the approach are discussed in some depth and there follows chapters which focus on working with the imagery itself and understanding the language. Having used this approach myself, I appreciate how enormously difficult this must have been to grapple with and explain in a cogent way. I find Thomas' imagery typology particularly invaluable. Chapters 8 to 10 guide the practitioner through the therapeutic procedure. The step by step style adopted by Thomas is very helpful in that it guides the reader and novice through the process. One can see how this written guide could be used as a manual for this technique to assist in the teaching and learning of this therapeutic process.

Part Three addresses short term clinical interventions. Much of the material included in this section relates to Thomas' practice and experience. She describes what could be described as 'visual brief

interventions'; interventions delivered in time limited fashion which are designed to address specific issues or client concerns. Rigorous observation and study of client imagery and themes arising from this imagery work has provided Thomas with these 'off the peg' interventions which she describes clearly and comprehensively. For practitioners working in busy environments where time spent directly with clients is restricted, these interventions may well be worthwhile considering in conjunction with more usual forms of brief intervention. Group interventions are also offered up for consideration in Chapter 12.

Part Four discusses using therapeutic imagery in counselling. Chapter 13 discusses how therapeutic imagery can be integrated into different counselling approaches and highlights its suitability for ongoing, longer term work with clients. Thomas stresses the advantages of this approach in aiding self-directed personal development. Chapter 14 considers symbolic representations that may help repair psychological structure for example and Chapter 15 in turn addresses issues concerning psychological growth and development.

In her conclusion, Thomas states it was her intention to create a book which formulates her clinical experience into a guide to using therapeutic imagery. This practical, accessible and thoughtfully written book has achieved just that.

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***Cognitive Therapy: Transforming the Image* Frank Wills & Diana Sanders** Pub Sage pp 194

It may seem strange to be reviewing a book which was published ten years ago and, as I discovered when researching its price, is now out of print. It may even seem unusual to be reviewing a book on cognitive therapy in the columns of what is still essentially a humanistic journal. But wait, there's method in my madness.

I came across *Cognitive Therapy* in my role as director of Inter-Psyche. We run a Diploma in Integrative Counselling and, since we're based in the NHS, our model includes a cognitive element. I co-tutor the second year of the diploma and our students, having had some cognitive input in year one, had requested some further input on the subject. I know very little about cognitive therapy and, if I'm honest, have probably avoided finding out more. However, I had been wrestling, in my director's role, with the notion of integrating the cognitive model into our relational approach to counselling and it seemed that this was an opportunity to kill two birds with one stone. My first intention, on browsing through the Inter-Psyche library, was to re-read some Beck. 'Might as well go to the source' I thought, but my students had got there first – all the books by him were out. In

fact, the only book with 'Cognitive' in the title was the one I'm now reviewing.

Interesting as this is, from a process perspective, it still doesn't explain the relevance of this book to the readers of S&S. To get at this, we need to take a broader view. Readers will doubtless be familiar with the NICE recommendations and especially of the petition calling for their reconsideration. [Incidentally, I don't know how many of you have received publicity material from a training organisation on the South Coast which purports to offer a 'NICE accredited training course in ***** based cognitive therapy'. Suffice it to say that, when I phoned them expressing my curiosity about this since, as far as I know, NICE isn't in the business of accrediting training courses, they agreed that, although NICE do recommend cognitive therapy for the treatment of depression, they have had nothing to do with this particular training and to amend the wording in future publicity!] Perhaps the petition and the shameless bandwagon jumping illustrated here could be said to represent the polarised responses to the NICE recommendations. As I started to read *Cognitive Therapy* it dawned on me that there may be the possibility of a 'third way' albeit one which still retains a healthy degree of paradox.

One thing which might make the reader suspicious of *Cognitive Therapy* is its sub-title *Transforming the Image*. Is this just a 'make-over' of Cognitive therapy, a 'wolf in sheep's clothing' designed to make the model palatable to integrative psychotherapists and counsellors who want to work in a medical setting? Although I have to concede that it is never possible to integrate the widely differing philosophical standpoints of different models of therapy, I see in this book the beginnings of the kind of rapprochement which is needed if cognitive models are going to be taken seriously as part of integrative or eclectic trainings.

After an introduction, in which the critiques and myths around cognitive therapy are enumerated and briefly addressed, Part I of the book is called 'A Cognitive Model for Counsellors Using the Case Conceptualisation Approach' This territory should be familiar to most therapists and counsellors as it often forms part of the standard format for writing a case study. Chapter 1 outlines the 'Original Model' of cognitive therapy as developed by Beck and his colleagues in the 70's. The descriptions of the basic concepts such as 'The thought-emotion cycle', 'cognitive distortions' 'Negative Automatic Thoughts' and 'schemata', together with an outline of the therapeutic style, give a good summary of the traditional cognitive approach. Although the relationship between therapist and client is said to be important, the authors concede that:

'The emphasis here is on a working relationship: one that perhaps carries with it a little of the Protestant work ethic, offering a contrast to other therapies which stress the importance of "being" rather than "doing" in the relationship with the client.'

They also stress the importance, in the original model, of the fact that cognitive therapy is 'a *scientific* and empirical form of therapy' I was left, at this point, thinking 'This is why I have such a strong response to cognitive therapy and is probably as far as many other therapists and counsellors get'.

However, in the second half of this chapter, the authors concede that this 'standard form' of cognitive therapy doesn't work for every client and, whilst in the past this might have been seen as a technical problem or blamed on the client, more recently, adaptations of the model itself have been developed that are more inclusive and effective.

The second chapter looks at case conceptualisation itself. A common perception of cognitive therapy is that it works at the level of symptoms. There is certainly some truth in this, but more recent developments of the work involve what might be described as an archaeological approach, digging down through the layers of 'assumptions', 'core beliefs' and 'schemata', all of which underlie the existence of the symptoms the client brings.

Chapter three is devoted to the therapeutic relationship. The authors describe the importance given to this in Beck's original writing as 'implicit rather than explicit' and are certainly not convinced that the Rogers' core conditions are 'necessary and sufficient'. However, the way that they write about the therapeutic relationship, referring, for instance, to the fact that:

'...what happens in the therapeutic relationship is very likely to mirror the client's psychological make-up: the core beliefs and assumptions..'

and discussing countertransference in some depth, gives a humanistic feel to the model. It is particularly inspiring to read that the cognitive therapist needs to be: 'aware of her own rules, assumptions and schemata which may interfere with her ability to either identify or work with particular client issues or difficulties..'

Sanders and Wills never overtly make any statements about the necessity of personal therapy, but they come closer to it than I would have imagined.

Part II of *Cognitive Therapy* is called 'Applying the Cognitive Therapy Approach to Counselling'. The first chapter in this section, focussed on beginnings, reminds us of how much more structured the cognitive approach is than humanistic models, although some, TA for example, can involve a similar amount of 'headwork'. Beginning a therapeutic relationship is almost never straightforward. Wills and Sanders acknowledge the role of the therapist in this process, but also give the therapist the possibility of avoiding the awkwardness by relying on structure and technique. However, what is hopeful is that they acknowledge that the technique alone is not always effective and that sensitivity to the relationship is often a factor in this.

The next chapter focuses on the techniques of cognitive therapy, but again with an emphasis on the importance of emotion and relationship.

These tend to be quite standardised at the beginning of the chapter, but in the second half, which discusses working with assumptions and rules, the depth of the work becomes more apparent.

The next chapter continues this theme, focussing on the connection between 'Personality Disorder' as defined, for example by DSM IV and the idea of 'schemata' in the cognitive model. Schemata, especially as developed by recent writers such as Jeffrey Young, provide an answer to Bowlby's criticism of Beck's model of psychopathology. Schemata have now been linked to traditional developmental theories such as those of Erikson and Piaget; acknowledging the importance of events in early childhood as influences on our deep patterns of behaviour as adults. Later in this chapter, Wills and Sanders define this adaptation of 'standard cognitive therapy' as 'schema focussed cognitive therapy' and inspiringly, discuss this as a form of 'homeopathic healing'. In this they move away from the normal allopathic model of cognitive therapy where the idea is to get rid of symptoms as quickly as possible and, drawing on the work of such surprising figures, in a book about cognitive therapy, as Thomas Moore, embrace the idea that depression might:

'contain the seeds of acceptance of the darker side of life, especially death, and can be symbolic of aging and the development of wisdom.'

This chapter concludes with an acknowledgement of the work of Massoud Khan, another figure I was surprised to meet in this context on how to respond to countertransference feelings evoked in response to clients' schemata.

The chapter on difficulties in cognitive therapy continues this theme by focussing mainly on difficulties in the therapeutic relationship. I was particularly encouraged to note the section headed:

Using Difficulties in the Therapeutic Relationship 'in the Service of the Therapy'

Ending the therapeutic relationship is also rarely a straightforward matter. It is pleasing that Sanders and Wills take a broad view on things such as follow up sessions and acknowledge their inability to offer an easy solution to the problem of limited resources for counselling in the public sector – something which cognitive therapists have a reputation, deserved or not, for doing.

The last section: Cognitive Therapy for Counsellors, contains useful information and 'health warnings, particularly about the dangers of trainees using the techniques of any style of therapy superficially.

My overall conclusion is that there's much that's hopeful and inspiring about this book. There are also moments when the 'scientism' of the model grates on my soul, but I would recommend getting hold of a copy – from a library perhaps – especially if you are involved in training or work in a medical context.

Geoff Lamb