Beyond Body, Beyond Words: Cognitive analytic music therapy in forensic psychiatry - New approaches in the treatment of Personality Disordered Offenders

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Is it not plain that breath conveys even the words that go out from our lips to the ears of the hearer? The voice is breath. The word is breath. Without breath speech cannot be produced.” Hazrat Inayat Khan. *The music of life*. 1988 Omega Press
Abstract

In this paper the author presents a case study of a man with psychopathic and borderline personality disorders. She demonstrates the application of dynamic music therapy skills and training integrated with those of cognitive analytic psychotherapy (CAT). The aim was to provide a twenty four week time limited psychotherapy intervention that included attuned musical improvisation as a central component. The treatment has been developed with personality disordered patients who have offended and who are in high secure hospital treatment. The author considers the phenomena of dissociation in relation to the etiology of self states (Ryle and Kerr 2002) and with reference to the creative arts. Within the therapeutic context she considers the potential of music as a mediating tool for emotional regulation in the transition between self states. The paper demonstrates some of the therapeutic functions of music in feeling, thinking, acting and behaving and in accessing unspeakable areas of emotion. It explains the interaction between the cognitive analytic tools and concepts and dynamic music therapy.

Background

Over the last five years I have considered whether or not it may be possible to develop an integrated approach in which the skills of a qualified music therapist may be combined with those of a cognitive analytic therapist. The organizational and treatment demands of high secure hospital treatment require robust and acceptable forms of arts therapy. Multi disciplinary treatment requires a Patient to undertake specific offence related group or individual psychology sessions. The Patient may also be referred to music or art therapy to promote emotional relatedness through which offence related issues might also be addressed. Individual therapists and psychologists therefore have to work cohesively within the overall treatment programme. The twenty four week time limited model is not expected to achieve the depth of long term ongoing therapy, but rather to be delivered at an optimum time in the treatment pathway.
**PART 1 Introduction.**

I describe the model that I continue to develop as follows:

Cognitive analytic music psychotherapy is an integrated approach developed towards helping Patients with severe and dangerous personality disorders to access, recognize and work with difficult to access feelings. It incorporates the skills of dynamic music therapy which includes jointly created musical improvisation with the structures and training of cognitive analytic therapy.

The latter involves collaborative work between Patient and Therapist in which symbolic 'tools' are created. These take the form of a reformulation letter which identifies the target problem of the therapy and a sequential diagrammatic reformulation (SDR) which helps the Patient to recognize and understand his particular 'reciprocal roles' (Ryle and Kerr 2002). The aim of this diagrammatic work is to develop the patients ability for scaffolded learning. (Vygotsky 1978) Through this process he learns non didactically from the more experienced other. i.e. the therapist. Together the therapist and patient work diagrammatically to map out and recognize where the patient is in relation to his responses to others, his thoughts, feelings and behaviors, and how he arrives and moves from one state of being to another. (See Figure 1 on page 866)

Reformulation in CAT is developed usually over the first eight sessions of therapy. It is a skill that is learnt throughout training and within weekly group supervision. The aim is two fold: The therapist focuses his thoughts on how the patient's problems developed and where the roots of these began in childhood in reference to object relations attachment theories. He then reframes these cognitively by identifying and clarifying the relating procedures of patient. A written explanation in the form of a let-
A reformulation letter is produced and read in the session. Within the reformulation letter an achievable target problem is identified which will be addressed in the pre agreed time limited model. The reformulation is further illuminated through collaborative diagramatic work in which therapist and patient work collaboratively to build up the SDR. This diagram should also aid the process of recognition within the patient, hence promoting self reflection, self awareness and insight. This provides an aide memoire for the patient to work with between sessions and after therapy in order to help him to think about where he is within his relating procedures.

These reformulation tools should identify the reciprocal roles that operate within the patient: internally (self to self) as well as interpersonally (self to others) and others to self. For example: perceived rejecting behaviors from another may elicit feelings of rejection in the patient and subsequently lead to self isolating behaviors indicative of being rejected. This may be followed by an acting out of being rejecting as a retaliation. Hence the reciprocal role of rejecting to rejected is learnt initially from others but both polarities can operational internally.

Through the therapy process the patient may recognize the roots of his relating procedures as learnt in childhood. The reformulation should then help him to consider and revise learnt procedures that are no longer effective in the current situation which is generally hold very different circumstance to childhood. In this way the patient may revise his relating procedures hence finding new and effective exits to difficult interactions and situations. At the end of the twenty four week treatment the Patient and Therapist create and swap 'ending letters' to summarize and promote resolved closure to the agreed episode of treatment. The overall process involves facilitated self-reflection on significant past events in a supportive therapeutic environment. The development of healthy therapeutic
attachment and separation is central to the process by which mitigation of damaging past experiences can occur.

_Prequel_

This paper considers the application of cognitive analytic music therapy to Patients diagnosed in the International classification of diseases (ICD10) within the F60 descriptions of personality disorder, therefore primarily cluster A diagnoses according to the diagnostic and statistical manual (DSM1V)

My thinking as a C.A.T Therapist is strongly underpinned by my philosophy, and training as a registered music therapist. This integrated approach uses CAT tools and techniques and the concept of collaborative music making through which the music becomes an artifact that represents the culture of the sessions. The collaborative relationship involves explanation of some processes thereby translating them into cognitive terms and aiming to provide less of a gulf of knowledge between what the analyst holds and what the patient does. One of the aims of jointly created improvisation within this model is to ensure that the reciprocal roles of overwhelming and superior to overwhelmed and inferior are not re enacted within the therapeutic relationship. This may occur if the patient's perception of the music therapist is that he/she holds a superior power demonstrated through the use of perceived 'clever' musical skills. For the forensic patients that there is commonly a risk of feeling humiliated due to past abuses experienced in childhood. Should this inadvertently occur, the risk of violent acting out is increased.

The therapist therefore requires comprehensive subtle music therapy skills to ensure that aroused states can be musically contained, affect
regulation maintained and that manipulation does not occur. Through an agreed collaborative process of creative self expression and cognitive understanding the Therapist and Patient can work together towards the patient's zone of proximal development (ZPD) (Vygotsky 1978). This concept refers to the potential for development of inner growth by employing the structures of scaffolded learning i.e. the CAT Tools. The ideal is to discover how to use the skills and techniques learnt in therapy when alone.

In this pre agreed time limited intervention the formulation or realistic goals is central along with acceptance of the patient's inner potential and rate of change. The pace may be intensified in a time limited therapy but the objective is to achieve a realistic and sustainable outcome that is not forgotten after closure.

The development of an integrated model has involved the support of the organization in providing two forms of supervision:

1. Music therapy supervision: To consider the therapeutic relationship and how it is expressed within jointly created musical improvisation. This is objectively explored in relation to the patient's projections the transference and counter transference and within the overall psychotherapeutic process.

2. Cognitive analytic supervision: With a view to developing an integrated model of the two therapies. To include a detailed reformulation and other 'outside of session' written work. Supervision also considers from the CAT perspective the manifest procedures and behaviors as well as the feelings expressed in music, words and actions. These are mapped onto a Sequential Diagrammatic Reformulation. This supervision has intensified the focus of the ongoing nature of psychodynamic music therapy in which themes may emerge towards a time-limited structure which expects a commitment of jointly created work from the patient with the therapist.

One of the challenges in treating the forensic client group is how to provide a Multi disciplinary treatment model that is compatible with concur-
rent treatments and cost effective. I suggest that in music therapy emotional abreaction is central to the process of internal change: the patient remembers or enters a state of reverie and may experience the associated feelings to a past event. Clinical experience to date suggests that this can be incorporated into a robust cognitive analytic treatment model which recognizes but does not encourage regression.

Freud and Breuer (1991) in the case of Anna O discovered that abreaction occurred when powerful emotions relating to a remembered event were expressed with feeling. The significant point being that feeling the emotion internally was considered necessary for the symptoms to disappear. Macdiarmid (1996) enlarges on this case pointing out that the symptoms started when Anna O had a powerful emotion that she couldn't express, thereby suggesting an internal resistance to the feeling which creative expression could possibly access. This difficulty in expression is I suggest particularly central in treating, redeeming and incorporating dissociative states in personality disordered patients because those feelings have frequently been unconsciously cast out as unbearable. As a result these patients are frequently highly articulate but their words may not hold any underlying feeling or meaning.

It is well documented and commonly experienced that music can be the catalyst for feelings (Sloboda 1985). There are however inherent risks with pre-recorded music, because difficult or unmanageable feelings associated to powerful memories may be accessed. By developing improvised music, the music therapist can facilitate an accurate encapsulation of the Patient's here and now affect and through this promote the ability to self reflect on the emotional qualities of the music by listening to what has been created and recorded.
Bliss's approach (1980) to the treatment of multiple personality disorder (MPD) was to explain to the Patient, (perhaps not dissimilarly as in a CAT therapy), that as an adult, he can 'flush out, remember and defeat unwanted personalities.' In the case of MPD the Patient may be unaware of his other personalities; who's function may be to say what the person can't say, or feel what the person finds unbearable to feel.

Not dissimilarly, patients with borderline and psychopathic personality disorders may be unaware of their state shifts (Ryle and Kerr 2002). Sudden and unpredictable mood changes are symptomatic of state shifts and there may be no recognition or awareness of this process.

This occurs when the feelings associated with the experience become intolerable and the unconscious defense mechanism of dissociation comes into operation. This constitutes a risk factor through resulting behaviors which have to be considered for the delivery of safe treatment.

Whilst Bliss worked with hypnosis, I suggest that his explanation has some relevance in the development of music psychotherapy because music used in certain ways can create quasi hypnotic states and altered states of consciousness which could be either helpful or abusive if misused. Bliss also states that tactics that reduce emotional intensity can be helpful in reducing anxiety and panic. This supports the use both of the C.A.T cognitive tools and the central facilitative properties of the role of affect attunement (Stern 1987) to mediate emotional relatedness. In music therapy affect attunement occurs in the process of using the creative medium for empathic emotional recognition through mirroring and containment in spontaneously created musical improvisation. In my earlier paper (Compton Dickinson 2001) in which I compare and contrast dynamic psychotherapy with CAT, I explain in greater depth the link between affect attunement and sign mediation (Ryle and Kerr 2002). To
summarise: musically expressed affect attunement is effected through working with elicited counter transference, i.e. the therapist chooses whether to identify with or reciprocate to the musically expressed reciprocal role of the Patient: hence tuning into the non verbal reciprocal roles that are perceived, seen and heard through musical and physical actions, gestures and behaviors. The therapist aims to meet, match, mirror and make recognizable the unrecognized mood or need of the patient as expressed or enacted through their reciprocal roles or self states.

The Cognitive Analytic Therapy (C.A.T) split egg diagram (Ryle and Kerr 2002) see appendix, is a visual aid to understanding the psychic split that can occur between good and bad part states of varied individualized descriptions. It is a useful tool in CAT by which orientation to the real world is supported, hence promoting recognition of potentially escapist elements. This diagrammatic work may take place at any time during a session; for example prior to improvisation to help locate what state a patient is in at that time; alternatively to aid recognition when a Patient has used music defensively to avoid a difficult feeling through musical flight into an idealized state.

This case study aims to demonstrate appropriate use of therapeutic musical interaction in improvisation to facilitate the reclamation of dissociated states.

**PART 2 Musical developments towards treating personality disordered Patients**

In reformulation issue 21 Steve Potter asks ‘Where do states come from? And where are they when they are gone? He continues:

“States can mediate our experience and come and go like headaches. They can be fleetingly or chronically endured. States once
fleeting embrace are subsequently fragile when achieved or pined for helplessly. States can saturate, or haunt, or empower our sense of self and other. They can be dreadfully avoided as can the people, or persons, or memories of place and time that are associated with them. We can get stuck in them; be triggered by events into or out of them. We can set our freedom of will and consciousness against them and ride over them. We can lose ourselves in them” (Potter2004)

This description triggered a considerable journey of exploration in which I reflected on Potter’s observations and the potential for links to non-verbal creative expression.

I suggest that the Patient must also accept the recognized feeling, rather than simply acknowledge it. The music may otherwise become dissociated, outside of himself or attributed to the therapist alone.

When a jointly created artifact in the form of a musical improvisation is produced, it may be felt as part of the Patient’s own self-expression. It can be experienced as part of him. According to Vygotsky’s (1978) activity theory, the artifact is created with the help of the more experienced other i.e. the therapist. In the musically therapeutic context as the work proceeds the therapist may gradually offer less musical structure i.e. scaffolding. This would occur in response to the Patient’s developing abilities to explore, express himself and relate reciprocally in dialogue.

Within this process, I suggest that the nature and qualitative effect of the vibrations absorbed into the body through the specific sounds produced are crucial towards the development or otherwise of the sense of therapeutic connection. It is in this way that recognition of the affective qualities of the music may occur.

The sensitivity of the therapist’s musical skills should ensure that the Patient feels empowered rather than inferior or without any skill so that he can take ownership of his music. Subtle musical techniques support
the creation of jointly created music so that the Patient can recognize his own musical self expression as well as build up his relating abilities through recognition and value of the support provided by the therapist.

When self-states have been identified diagrammatically, the Patient can be musically and therapeutically supported to feel these through the musical interaction. The therapist may carefully initiate the associated quality of feeling whilst maintaining containment. The patient is in a safe relating situation that has the potential to challenge his old fears and bring forth the need to invest trust. In the primary abusive situation he may have been alone and terrified, in the therapeutic situation he may instead gradually tolerate and internalize the feelings rather than acting them out.

There are situations where I suggest the music therapist can validate starting the musical interaction or even playing alone, rather than waiting. The use of the observing eye, (as if outside oneself looking at oneself,) informs this process. This enables decisions to be made about how to respond to what is perceived. Particularly with regards assessing whether the patient’s anxiety levels are bearable or unbearable, therapeutically containable and useful or otherwise contraindicated in the global sense.

To ascertain and express what is felt implicitly from the patient rather than what is explicitly said is useful because the personality disordered patient’s words may not be felt sincerely as such they may not be congruent to the therapists counter transference experience of the patient. It is in this way that the therapeutic process is informed.

I suggest this technique can be helpful in gently shifting the focus of the therapy. For example where the sense of being stuck may have been thor-
oughly felt by therapist and patient but has become counter productive: The counter transference may inform the therapist of a blank sense of emptiness, as if the Patient is struggling to identify any feeling at all. Initiating the music can sometimes create greater intensity than simply going with what the Patient presents. I have considered that a purely psychodynamic approach in some circumstances leaves the therapist open to manipulation from personality disordered Patients. Without appropriate structures in place the therapist requires is vulnerable to becoming an object through which a patient could sadistically re-enact abuse. Musical improvisation instead be incorporated into the containing and facilitative structures of cognitive analytic psychotherapy.

A psychoanalytic approach in music therapy with offenders is demonstrated by Glyn (2003). He explains how a Patient’s choice to play certain songs and the meaning of their words, through accurate analytical interpretation promoted insight into the offence. The patient shifted from denial to being able to see what he had done to his victim. I understood Glyn’s description as ‘two people dynamically engaged but with the capacity to view what they are doing as if from a third external position’ as not unlike the CAT concept of the observing eye. There are many different therapeutic means to an end and this example is highly relevant to the development of victim empathy.

Glyn strengthens the argument for music psychotherapy with this client group as opposed to a softer form of music therapy in which transference and counter transference are not primary tools. Without recognition and understanding of these processes the meaning of psychotic and erotic transferences may be missed, thereby loosing sight of the symbolic nature of the therapeutic relationship. The complexities and difficulties of addressing the index offence that brought the patient into treatment through the criminal justice system can be accessed through creative use
of metaphor and non verbal expression. Recognition and understanding of deeper meanings may then follow.

I suggest that psychotic defenses can be mitigated through further development of collaborative and cognitive music therapy processes that do not include psychoanalytic interpretation in the CAT time limited model. The patient may discover an acceptable musical medium through which he can find his own musical voice. In this way he may portray repressed or suppressed feelings relating to his offence. The musical interaction may also reveal aspects of how he related to significant others. The improvisation can then be objectively analyzed at deeper levels in supervision. In the following session the Patient and Therapist can reflect collaboratively on its meaning, hence promoting greater recognition and self awareness through self reflection rather than interpretation. The patient can feel directly and equally involved, empowered and can take ownership of his feeling. In this way analytic levels may be recognized but mindfulness of the closer nature of a collaborative therapeutic relationship has to be addressed.

PART 3 Case Study: Beyond Body, Beyond Words

Colin is a British citizen in his forties, born of immigrant parents. He is diagnosed with psychopathic and borderline personality disorders. He was a victim of childhood sexual abuse at the age of eight years old. During early childhood his grandparents brought him up because his mother ‘abandoned’ the family ‘to live with another man’. At age seventeen years Colin found his mother and threatened to kill her. Colin has been detained in prison and then high secure hospital for over 18 years in all. He has undertaken comprehensive psychology treatments including advanced dialectical behavioral therapy and anger management. He has
had some musical education but no formal musical training. His index offence is assault and wounding with intent. He has also been convicted of indecent assault and burglary. He has attempted to poison a woman and has a history of violence towards women.

DESCRIPTION

Colin is slightly built but can be large in presence. He is physically very fit but has several physical ailments that cause him a lot of bodily pain. He has a bright and amenable nature and a good sense of humour. He presents as articulate and intelligent. He is meticulous about his appearance, cleanliness and routine. He has a broad smile and natural bright eye contact. He is creative in song writing, drawing and painting.

REASON FOR REFERRAL

Colin was referred to music therapy to promote his engagement with feelings through music and to relate to a female therapist. I understood that the Team considered that he could talk convincingly but his words were not sufficiently related to his feelings.

THE PSYCHOTHERAPY FILE

This is a standard CAT Tool in the form of a questionnaire that identifies different problematic ways of relating in the forms traps, snags and dilemmas. Colin felt unable to complete this early in the therapy. We therefore worked on it gradually in the sessions. Colin did not identify with the traps, snags and dilemmas but the page of different self states provided rich material: I have written Colin’s comments in italics.

He identified the Zombie state,

Feeling bad but soldiering on,

Rage: ‘Definitely! but not out of control’

In control of self, cheated by life and others. Untrusting,

Fearing abandonment (If asked when a child, Yes,) I noted that this could not be acknowledged in present relationships.
Confused, misunderstood, rejected and abandoned.

Contemptuously dismissive of myself—he described this ‘as the worst place’ this reminded him of his nightmares in which he was unable to scream.

Needy’: to get out of here!’

Hurt by others.

Secure in myself and able to be close to others. I was not convinced about his ability to get close to others, particularly as it opposed his final comment:

Frightened of others ‘how long have you got? Aren’t most people?’

This last comment was particularly significant to the frightening to frightened reciprocal role and how C subsequently created distance between us.

**BEGINNING THERAPY**

Colin firstly played The Tam Tam. This is a very large Chinese gong. He responded "It feels like something is going to happen”. Having used a soft mallet to produce the sound, I showed him how to put his hand close to the gong by which he could physically feel the resonance of the resulting sound vibration without actually touching the gong. In this way Colin made a link between listening and feeling. I suggest that this sense of feeling without being touched was significant for Colin to create safe distance and yet still communicate and develop trust.

Colin initially described ‘deep’ and ‘bright’ tones but nothing between the two polarities. Through some simple diagrammatic work with the split egg design, we linked these contrasting qualities of sound to Colin’s ‘demon’ and ‘normal’ states. These two states were all he could recognise about himself. With some surprise he said: “there’s nothing in the middle! Its blank.... Blankety blank! There was limited emotional expression and my counter transference was of shocked emptiness.
At the end of this session he asked if he could bring his own guitar. The following week I was introduced to ‘Bessie’ the bass guitar. I perceived Colin’s sense of attachment to Bessie as similar to that of a transitional object and we noted that her voice was low and muted in quality, rather like his own voice. He said ‘she does what I want…at least…most of the time”. The latter seemed to have a hesitant quality. I wondered if this remark and his apparent need to be in control also reflected how he felt about the therapeutic relationship. I considered that his final remark may really be expressing his doubts about whether I would do what he wanted.

Even if Colin could not yet articulate this to me directly, it became clear that the development of trust would take time. I had explained the structure and time limit of the therapy but I had insufficient material for a reformulation letter by session four. The first few sessions had been less directive than a purely verbal CAT therapy. This was my first application of CAT with the high secure hospital client group so I was cautious to consider the differences from community patients as well as the index offence. In supervision we reflected that an optimum point for the reformulation letter would probably evolve. This occurred after a significant improvisation in session thirteen. I will now describe how the therapy led up to this point.

**SESSION 7**

Colin announced ruefully that he couldn’t bring Bessie because she was ‘poorly’. As the session progressed Colin described how he himself felt poorly and that he was ‘hurting’ both physically and mentally. He was having recurrent bad dreams. He shared that in the dreams he was the victim of the crime that he had in real life perpetrated. In supervision we recognised that he may have left Bessie behind as indeed he was also in the habit of leaving his dissociated feelings behind, but he had brought these back into the room via Bessie in order to look at the hurt parts of...
himself. Colin seemed to be able to talk about his own body by projecting his feelings into his guitar. By telling me his nightmares I was holding and containing these feelings and so he was trusting me. We were connecting as two human beings as well as non verbally in musical interaction.

Colin left session seven saying that he had come to the session ‘feeling little’. At the end he drew himself up to his full height and said, with what I experienced as a slightly puzzled and surprised sense of satisfaction, that he felt bigger than when he had arrived. Consistent orientation to the present reassured Colin that he would not be treated as a child even when we were exploring childhood issues and he presented as somewhat regressed. This may have given him permission to explore his own inner child within the therapeutic relationship without feeling ‘silly’ and to go back to the ward able to cope with the custodial environment.

I discovered that I could work constructively with potentially regressed aspects of Cs personality. Various different ‘boy’ states surfaced, these were recognised and then contained within the maternal transference. In this way a dialogue began both from myself to each ‘boy’ state and then within Colin to that part of himself: quiet boy, sad boy, bully boy, happy boy etc. he then conveyed this connection to me. Trying to locate all of these states onto a cohesive diagram became a challenge as they were initially so compartmentalised that no links could be found in how he shifted between them.

I view this as the key problem in personality disorder and dissociation.

When Colin next brought Bessie to the session he too was feeling better. He related to the notion that his voice had been heard through the bass guitar and that ‘Bessie’ had helped him to talk about himself. In the next
session he chose to play the six string electric guitar. He did so very quietly in an introverted and isolated manner. I perceived a distant quality. I responded that this sounded like quite a different voice that I hadn’t heard before. I described it to him as tiny and rather weak, continuing that I experienced this small voice as like a little flower struggling to grow. Colin engaged with this idea of a vulnerable flower and a little voice that needed to be nourished in order to survive.

The following week he arrived highly motivated and with a clear plan. He had brought another of his own guitars. He said he had tuned it especially for the session.

I will describe the two significant Improvisations that occurred and led to the reformulation letter.

**Improvisation 1 retrospectively named by C as ‘Energy Child’**

*Duration 6 minutes. (Session 13).*

I chose to play the Piano as I thought it would be less threatening for Colin than if I were to play the oboe on which I am a skilled player. I initiated a simple, modal melody. Colin played his Electro Acoustic Guitar. This was not in tune with the piano, yet he was very definite that he had tuned it as he wished it to be. I had chosen the piano to create harmony but I subsequently felt that I had been cleverly controlled as I could not provide harmony because of the fixed pitch of the piano. I could not adjust its tuning to that of the Guitar in the way that I would have done if I had chosen to play the oboe. Hence harmony in relating also became difficult because of the distance created.

It was only after the therapy finished that Colin explained that he had tuned the guitar in this way on purpose to keep me at a safe distance. There was an abrasive edge to the music which was an agonising experience, yet also deeply moving and connected because he had allowed me
to enter his world. The out of tune aspect added to the emotional content. I reflected that there was a powerful parallel in how Colin succeeded in making me feel something of the agony, frustration, trappedness and unreality of the childhood situation that he subsequently described in the imagery of this piece of music:

“**Energy Child**”

**Description.**

1st section I play introductory notes on the piano to set the scene, aiming for a spacious open and non descript feel which was based on the counter transference experience. Thereby inviting Colin to initiate his theme.

2nd section I initiate a 6/8 dotted rhythm at the Piano. Colin listens then engages with chords, the piano melody is added, each time returning to the same home note. Colin accompanies this and it becomes a genuine dialogue. I then play as if treading water whilst Colin decides what to do next. I use a questioning motif leading to a moment’s silence then:

3rd section is initiated by Colin. This is clearly connected playing. I add to and support Colin’s theme and this is harmonious, together and accepted by Colin. Finally he becomes more adventurous harmonically. Silence follows then Colin adds his own resolved ending. At the end Colin said as if to himself “*speak to me, speak to me!*”

Colin listened to the recording and said it reminded him of when he was a child of eight years old. He began to describe his place of refuge where he would run away and hide after suffering childhood sexual abuse. The imagery was so vivid that I asked him if he would like to draw this place. (See Figure 2 on page 867). I only had a piece of A4 paper and a biro. Colin drew a straight river across the page and described how ‘boy’ would sit on a fallen tree trunk and cast out part of himself into the river’ *like a boy mermaid* to swim about freely. I noted that ‘boy’ was a word
and did not have a body and that mermaids are female. Retrospectively recalling that in myth a mermaid cannot survive away from water and nor could Colin’s innocent state survive it had been taken from him. In his disclosures Colin explained that as a child he had been confused about his gender. In this scene we together recognised that he had cast out the shamed part of himself and all the intolerable feelings that it held. In his desire to be cleansed by the water of the river he had lost this voice because that part of him was no longer in his body. He had released this unacceptable, vulnerable, abused boy state and set him free into the river. Colin then realised how his ‘bully boy’ state has been able to take over and rule supreme within him, unchallenged and able to survive the hardships of youth with a tough protective mask.

I have considered that this collaborative musical interaction took us to the place where Colin’s dissociation began as a coping mechanism and as a result of the unbearable feelings initiated through the traumas of childhood sexual abuse. Unlike his real mother, I had been there for him. He had developed trust sufficient to take me to his secret place. If he had allowed us to be in tune I believe we would have been too close which may have led him to feel a negative loss of control through the reciprocal role of powerful, frightening, dangerous parent to vulnerable, frightened weak child where the degradation had originally occurred. Instead he took control but in a dialogue of equals because it was more the real him to be out of tune. He was assertive in making his dissonant voice heard and therefore he gained recognition on his own terms.

Colin brought a pastel drawing to the next session; it was of a flower with four petals. He asked me to tell him what was wrong with it. I said that I could see that one petal was paler than all the others. He was pleased with this response and explained that this represented his sad, silenced boy state and that he had surrounded it with prickles to keep people away. Of
course on a deeply unconscious level prickles also draw blood and cause pain. The quality of the interaction was not hostile. I considered after the ending of treatment that it was too intolerable for Colin to own his hostility towards me and the world.

The next improvisation was called ‘happy boy’ in which on listening to the recording he recognized that his playing of the bass xylophone sounded ‘like a frightened rabbit beating its feet as a warning.’ I had responded on the descant recorder which gave the piece a childlike quality. However, the piece seemed to grow up and developed from these tentative, frightened childlike interactions into a rhythmically consistent and energetic reciprocal dialogue with sections that developed into a melody with four equal sections. Colin listened to the recording and reflected ‘we are back in the flower’ with its four petals. I responded that this time, the four part music had individual petals that were equal in quality. At the time there was a sense of healing and integration. In retrospect I look at the flower (see Figure 3 on page 868) which has been perceived by some to resemble female genitalia and as I think of how the strength of his music developed I wonder whether Colin was in fact attacking me. It is indeed difficult to keep in mind both the cruelty and the helplessness of these patients. I probably preserved the split at the time because in parallel process to Colin’s experience, the holding of the domineering and threatening aspects can be almost intolerable for the therapist.

The reformulation letter crystallised in words what had happened in the musical interaction. Colin had reclaimed some parts of his life story and personality. It also brought recognition of Colin’s need to be rescued, just as he used to be ‘rescued’ from his place of refuge by ‘a nice policeman who carried me home’. But in reality there was no real rescue because the policeman took him back to the home where the abuse continued to occur.
Self states and their Reciprocal Roles. Colin was able to recognise and locate his reciprocal roles and gradually to work with target problem procedures to link his self states. This began with diagrammatic work in which each ‘boy’ state had a separate and unconnected box of its own. As the links were made collaboratively, Colin discovered through the guitar the different voices that linked to his different states. He developed the ability by the end of therapy to be able to sustain ‘play’. Like a child there was fun and laughter between us. He also realised that healthy musical interaction between a male and a female was acceptable and at times joyful. These experiences were recognised as ‘normal’ rather than his childhood experience of ‘being shaken like a doll’ by his mother. He exclaimed this discovery as coming “after thirty one years of neglect ...by Mum”. I considered that this increased the pressure to effect a resolved ending, so that Colin could be normally sad without feeling abandoned.

The Ending. Colin did not engage consciously with anger or fear about ending. I had been idealised as another person who had rescued him, having helped him to retrieve quiet, sad, abused boy from the river. Colin had drawn a representation of himself as a damaged flower with prickles to defend the damaged part. I had been expected like a good mother, to understand what the picture meant without his prior explanation. Colin had also spoken very explicitly about the sexual abuse from his father, but he has never told his mother, and she still does not know. Colin stated in his ending letter that bully boy demon state can’t rule him any more because abused boy with all his qualities has been recognised, seen, heard and can hold his own’. Abused boy can ‘forgive but not forget.’

Exits: Session 22
Ongoing diagrammatic work led to a major revelation when Colin discovered that feelings lie centrally in the body. He had not realised that feelings were different to thoughts and that they could be felt safely within his body. In this way he discovered that feelings reside in the heart and not in the head. The heart could be conveniently located on the SDR between the two halves of the split narcissistic egg so that he could locate his feelings on his map and work out how to access them. This was helpful in mitigating his ability just to ‘talk the talk’.

Final session

Colin chose to play the electric Guitar, the music was reminiscent of ‘Energy child’ except this time I vocalised without words. There was a lamenting quality but with acceptance and the reciprocal role of controlling to controlled was not present. Bessie the Bass Guitar was reflected on as an object: The low voice of a man, the body shape of a woman. I consider that Bessie represented potentially dissociated aspects of Colin’s relating to himself and to others.

Colin brought a second flower picture (see Figure 4 on page 869). He presented this to me as representing his healed self. He was clearly pleased with his creation which is dynamic and virile, strong and masculine in quality but it left me ill at ease. It was only later that I could acknowledge the barbed anger and potential power to harm that it might represent. Perhaps this was an unspoken, unconscious gesture of anger that we were finishing our weekly contact. I had been the woman who had witnessed his place of abuse and now I may be perceived to be abandoning him after he had opened himself up.

Colin’s ending letter said that he can be soft, gentle boy because angry boy is at peace. He indicated some acceptance and reconciliation that I
consider may have occurred because he abreacted aspects of the trauma in his relationships both to his mother and father. Colin discovered that he had the ability to invest trust enough to show me ‘the real me. He had gained some acceptance and the ability to love his own inner child rather than to hate himself and others.

**SEQUEL**

Colin achieved his aim and moved on from Rampton Hospital. However a year further on this proved unsatisfactory and he returned. Colin had denied that the abuse ever took place. This had lead to mistrust in his team. I reflected on this in supervision. Perhaps Colin could not hold the therapy experiences within him just as he had no control over the appalling bodily experiences resulting from the physical pain and damage of childhood sexual abuse. Nothing could stay inside any more then than now. His containment as an adult had been provided by high walls and outer security. It was behind those high walls that Colin discovered some inner security and good enough symbolic parenting figures through the attentive care of his named nurse, his psychologist and his music psychotherapist. Perhaps it was too much that through the development of trust in the therapies that Colin exposed his inner self, thereby risking vulnerability. However all that he was unable to control as a child, all that made him vulnerable and degraded could be given temporary respite through identification with the aggressor and the re enactment of this abuse in the violent penetration of his offence. Perhaps when Colin was unable to employ the techniques learnt in his therapy in his new ‘home’ he felt intolerably abandoned by us all. He turned the tables on us by indicating through his dissociation from the childhood abuse that whilst we thought we knew him, we didn’t really. This may be viewed as tantalizingly provocative as if we see him but do not reach him. His isolation and terror would therefore be perpetuated. When ‘home’ alone without either internal or external controls he sought unconsciously perhaps to penetrate and

return to the confinement of high security. The powerful rescue fantasy that began with the policeman by the river took him back in his mind so that he may have hoped for rescue from his named nurse and myself. But this may also be viewed as yet more of the same: whilst dissociated and unconscious there are both sadistic and masochistic elements in both his past experience and his response to recent perceived abandonment. The bully boy had reinvented himself because he discovered that there was no safe home. The ongoing work would be about true integration over the longer term, the split between the two boy states is still too useful to relinquish and twenty four sessions of therapy is a drop in the ocean in terms of time in comparison to Colin’s compounded problems over many years.

**Conclusions**

The therapy was evaluated with the PROQ2 Person relating to others questionnaire (Birchnell J. Institute of Psychiatry). At closure and follow up this scored sufficiently low to indicate that there was no evidence of active psychopathology. I suggest that this indicated a dynamic process of change that occurred during the therapy. However this and the sequel to treatment indicate that in personality disordered patients who are not receiving anti psychotic medication, their relating may be influenced by environmental factors and the responses of others. As such the patient’s ability to relate to others may fluctuate and is not necessarily sustainable on a balanced equilibrium. An internalised ability to recognise the state that he is in at any given time, the ability to continue to use the therapy tools to that end after treatment has finished, and a range of useful procedures of self management are all required towards sustaining inner growth and positive change.
Jointly created musical improvisations when recorded can become an artefact which represents the meaning and nature of the therapeutic relationship. The music has a ‘body’ in which the individual, with help from the more experienced other can find lost parts of himself. Bessie the Guitar was recognised as being like a transitional object, representing a part of Colin from which he could both dissociate and connect. The musically created component can take the personality disordered patient beyond words or to where words have not yet been possible.

Colin discovered that all his states resided in his one body. Mildly regressive aspects were present, this could have lead to vulnerability if not carefully contained. Without ongoing support and containment the intense recall of some experiences facilitated through musical interaction could have led to overwhelming emotional pain and therefore further dissociation which would have been counter productive. The aim was to re-integrate split off aspects of Personality. Music making helped to create the links between these self states. Hence this model was manageable and has a place in the context of high secure hospital multi disciplinary treatment.

The ending of time limited therapy in the high secure environment requires careful management particularly because the therapist may be seen in passing after treatment has finished. I have discovered that this can be usefully addressed in a shorter piece of follow up work by gradually increasing the time between planned sessions to fortnightly then monthly then three monthly sessions. Within the Multi Disciplinary Context, attendance at ward rounds can mitigate aspects of abandonment and aid healthy separation after ending.

A creative world of symbolism can sometimes be difficult for patients who think in quite a concrete way. However, the symbolic use of music
created a bridge across the split between Colin’s demon and normal states. This enabled him to struggle with and relate to his demon bully boy state and his lost innocent boy state. More work is required for Colin to accept both his polarised states as inseparable but manageable parts of the real him. Through inner and outer dialogue with another person rather than alone, the whole of his being may be understood further, forgiven and reintegrated.

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Appendices

FIGURE 1. Sequential diagrammatic reformulation

**FIGURE 2. First Drawing of the River and ‘Boy’**
FIGURE 3. Energy Child Flower

**FIGURE 4. Flower child flower.**
What happened to the Demon state?

Colin expressed that by reclaiming and integrating his abused, silenced state and finding his voice that he could now manage his demon bully boy state. I was interested to explore some cultural examples of how our demons are represented as part of ourselves.

Demons, angels, dragons, mermaids, the phoenix and the unicorn all have in common some human and some other world quality; whether divine or monstrous. This is also the case, past and present in how ‘mad’ bad and dangerous people are portrayed in popular culture and the tabloid press. This is witnessed when patients are sent to a locked hospital to be treated in an environment where the public cannot easily access or see them. They may then become portrayed as monsters. Yet in a clinical setting, they are real people with real problems who look like any ‘normal’ person.

Whilst writing this paper it seemed to be synchronistic rather than coincidental that I had the opportunity to see at the Royal National Theatre in London “His Dark Materials”: the dramatisation of Philip Pullman’s book ‘Northern Lights’.

Also, that I was accompanied by an expert on Persian culture and art to ‘The Turks’ exhibition at the Royal Academy of Art.

I will describe the influence of these two events.

Both feature different concepts of ‘demons’ which led me to question how the arts therapies might embrace these notions and promote a wider acceptance and integration of the term ‘demon state’ that in not uncommon in the forensic setting.
In the play ‘His dark materials’ each character has a ‘familiar’ which refers to the ‘daemon’ in Pullman’s writing. This represents a different but inseparable part of that individual’s personality in the form of their ‘Daemon’. The demons were represented in the play as different animals in the form of discreetly operated marionettes. These were manipulated by a puppeteer who was clothed to look like a shadow, thereby enhancing the effect. Within the mythology of the story the demon does not ‘settle’ in its form until the child has reached adolescence. This reminded me of the diagnostic criteria for the onset of personality disorder. ICD 10 F60 diagnostic guideline (d): “the above manifestations always appear in childhood or adolescence and continue into adulthood” The link that I drew was that of personality development, the influence of life experiences during formative years, and how habits may become compounded and ingrained in adult personality.

Pullman’s story states that each individual must remain connected to his daemon. If the connection is severed when under threat then the individual himself is also under threat. This is seen to be the case if we consider that under extreme threat the most profound defence mechanism is dissociation in which the individual does indeed become disconnected.

My understanding was that the demon has to be worked with and listened to in much the same way as in therapy. This in CAT would be described as a self to self dialogue.

The demon represents the shadow state as an integral part of the self.

In the Turks exhibition there are several images of demons with humans, and demons fighting each other. Notable were those of the fourteenth and fifteenth century that were dark in colour and masculine in form. They had teeth, horns, tails and skirts. It is thought that these images may relate
to central Asian ideas of shamanism: people who were believed to be half animal in form and who danced into a trance thereby entering another world. Perhaps these entities initiated fear in so called ‘normal’ people.

However, these pictures acknowledge and even celebrate the presence of the demon state.

They may acknowledge internal conflict rather than invoking a fear of the darkly unknown, half human half animal aspects of human personality.

In the later fourteenth to fifteenth century images, these human like demons are depicted as literally harnessed, industriously pulling the carriage of the newly married king Sulayman and his Queen across the sky. The demons carry his treasures whilst being shackled together, so they cannot run away. They generate energy and they are under the control of the benignly portrayed King. The Islamic view being that he can speak to and control demons and is frequently portrayed presiding over angels, animals and demons.* The demons are enslaved in chains and subservient. I conclude that this may be viewed as an effective and strong relationship for an individual who hopes to be master over his own inner demons and thereby gain untold riches.

It may not be coincidental that within Turkish society, boys were taken to court as slaves, and could rise to the status of being a king. The metaphor and symbolism that this suggests is that through suffering and hard work in that society there was the hope of improvement and freedom.

Cultural sources of creative work such as the examples above demonstrate subjective feeling and thought absorbed through vision and culture and through the movement and integration of people. Many of the images in this exhibition are drawn as taking place along the journey of the silk
route. The inner conflict is depicted with demons and externalised in art. My perception was that the difficult and bad parts of human existence could be interpreted morally through the epic stories that these manuscripts describe. A parallel may be drawn to the inner journey of self discovery which can be equally rich.

The art and drama that I have referred to provided inspiration through which I have considered that the hope is that different and opposing parts of the personality may develop and gradually be integrated. This is a gradual process that occurs through the challenges faced and the individual’s responses that provide the meaning of life’s journey.

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References:


Bliss, E. (1980) Multiple Personalities A report of 14 cases with implications for schizophrenia and hysteria Arch Gen Psychiatry 37, 1388.

Compton Dickinson (2001) Compare and Contrast the practice of C.A.T with dynamic psychotherapy. Ch.1 An overview past and Present. Ch. 4 The musical application of C.A.T principles in attachment and development Kings College Library: Academic Psychiatry, Guys Campus and Institute Of Psychiatry (IOP)


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Mentalization Based Therapy (MBT) and Cognitive Analytic Therapy (CAT) are among a small number of with developments in attachment theory and asso-. Psychotherapy for Borderline Personality Disorder Some - ComHem. This paper review the literature on the treatment of BPD and concludes with a summary of the areas of consensus between the evaluated approaches. In includes literature published before mid 2003 and primarily considers treatment form the perspective of DHB services. Integrative and Other Approaches Cognitive Analytic Therapy. Ryleâ€™s (1990, 1997) Cognitive Analytic Therapy is an integrative blend of Personal Construct Theory (Kelly, 1955) with a cognitive re-conceptualisation of some elements of object relations theory.