

## Book Reviews

### **Anxiety Management in 10 Group-Work Sessions**

Robin Dynes

Bicester, Oxon: Speechmark Publishing Ltd, 2001. pp. 248. £29.95 (pb, spiral bound). ISBN: 0-8638-8222-6.

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Split into two distinct sections, the first section deals with preparing to run a group, whilst the next section begins with a preamble of the theory of anxiety from a biological and cognitive behavioural perspective and moves on to a detailed overview of 10 sessions for running an anxiety management group.

Section 1 begins from the position of the preparation required before group-work can commence. For those who are well versed in running groups, this component of group work can be more time consuming than running the group itself, which is where this book comes into its own. Experienced practitioners will not find anything particularly new here, but the book does achieve a clear format that is systematic and easy to follow. From my own perspective as a clinical psychologist, this book would be invaluable for introducing anxiety management to assistant psychologists, trainee psychologists and other paramedical professionals working in the mental health field who wish to engage in this type of work, but do not have much experience.

Included in section 1 are a range of suggestions, including issues to bear in mind when selecting group members and how to conduct an interview incorporating these factors. It also details the advantages and disadvantages of co-working and how to avoid pitfalls. On a practical level, consideration is given to the environment that the group will be held in, how many people it is advisable to include and why, how long a group should run for, and other very practical and useful topics. Section 1 also discusses the important issue of common problems that can arise in groups, how to plan to try and minimize these happening, and how to respond if problems do arise. The book sets out from the onset to facilitate an environment for conducting group-work that will be as effective as possible. What is particularly useful about section 1 is that many of the issues can be generalized to other group contexts.

The second section details the therapeutic aspects of anxiety management work, and opens with a brief theoretical introduction to anxiety. There are descriptions of what anxiety is, the behavioural and cognitive components of anxiety, flight and fight mechanism, identifying triggers, normalization of the anxiety response, consideration of the benefits of anxiety management and the decision process for making these changes.

Having included a clear and sequential introduction, the book then details the 10 group-work sessions at the heart of the publication. These take the form of step-by-step session plans that combine didactic information giving, client participation, exercises and homework assignments. All the associated materials for the exercises and assignments are either included in the book as handouts, or for peripheral materials such as pens etc, these are all diligently listed at the top of each session plan. Each session outline begins with the content of the session,

complete with timings of each component and concludes with an appendix of handouts and assignments. The sessions move logically from specific anxiety focused work to more general topics such as problem solving, effective communication, assertiveness, life changes, support networks and relationship issues, with the final session culminating in a consideration of what participants have gained from the course, identifying early warning signs and thinking about relapse prevention.

There is a sense when reading the session outlines that some of them may be a little well packed and a feeling that perhaps in some cases the planned sessions may well drift from 10 to 12. This will require some flexibility on the part of the facilitators, especially when taking into account the specifics of the individuals in the group. However, the book remains a very useful resource, especially for the trainee who is not well versed in either anxiety management or setting up groups. It will reduce the beginners' sense of "where do I start?" or "what do I do next?" and will in turn reduce the anxiety of the budding therapist.

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### **Cognitive Behaviour Therapy with Older People**

Ken Laidlaw, Larry W. Thompson, Leah Dick-Siskin and Dolores Gallagher-Thompson  
Chichester: John Wiley and Sons Ltd, 2003. pp. 215. £50.00 (hb), £23.99 (pb), ISBN 0-4714-8710-4 (hb.); 0-471-48711-2 (pb).  
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It has taken a long time for psychotherapy for older people to overcome the pervasive hopelessness that, for far too long, infected all therapeutic approaches for older people. CBT has not been immune to this attitude. As a counter, this book aims to provide a comprehensive guide to applying cognitive behaviour therapy to older people, to show both how it can be done, and that it works. The authors are some of the most experienced academic and clinical cognitive therapists who work with older people. They have refined their years of practice into a compact, readable, and authoritative book that closely integrates theory and practice into a wide-ranging practical handbook

The three chapters of the first section of the book introduce core information needed for effective work with older people. A chapter on myths and realities in psychotherapeutic approaches to the problems of old age follows an initial chapter on basic gerontology. This leads to assessment and formulation using Beck's standard cognitive behavioural model adapted to the specifics of old age. Thus, the potential importance of cohort experiences and beliefs, health, cultural beliefs about aging, and intergenerational relationships are highlighted as frequently important features of formulation with older people.

This section is followed by a series of chapters on treatment of late life depression that also serves to cover the core techniques of behavioural change and working with cognitions at both surface and core levels. The third group of chapters deals with applying CBT to people with anxiety disorders, sleep disorders, poor physical health, and post stroke depression, as well as the experience of dementia and the effects of caring. The final two chapters address solutions for common therapeutic impasses and future areas of development for CBT and older people.

Three appendices provide example record sheets, references for treatment manuals and a list of useful websites.

Throughout the book, clinical examples illustrate treatment. As is usual in textbooks, these have a uniformly good outcome. I for one would have liked some examples of less than perfect outcomes, and how other approaches might be used to supplement the CBT. This brings me to one of my few reservations about the book, that it primarily describes CBT as a stand alone treatment of choice in most circumstances. A section on assessing suitability for CBT and combining elements of CBT with other interventions (particularly for those people with multiple co-morbidities) would be something to look forward to in the next edition. Other than this, I struggled to find any topics that were not addressed at least in passing, while some 400 references provide plenty of information to follow-up.

Despite this minor criticism, the book is the best available guide to applying CBT to the problems of later life. I would think that it would be most accessible to experienced cognitive therapists who are starting to work with older people or experienced workers with older people who wish to learn CBT. Learners lacking both CBT and older adult experience might find the breadth and depth of coverage rather daunting. Even for the relatively small number of experienced older people cognitive therapists, it still has much to offer. It is an excellent review of the field, and contains many thought provoking ideas. I recommend it.

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### **Compassion: Conceptualisations, Research and Use in Psychotherapy**

Paul Gilbert (Ed.)

Hove: Routledge, (2005). pp. 408. £60.00 (hb), £19.99 (pb). ISBN: 1-58391-983-X.  
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To be honest, my first reaction on receiving this book was disappointment that it was edited by Paul Gilbert rather than fully written by him. Those who have attended talks or workshops by Paul would welcome his theoretical understanding and treatment approaches in a readily accessible form for immediate clinical use. This is not that book. However, this is still an important and valuable addition to the literature.

Compassion is defined as “being open to the suffering of self and others, in a non-defensive and non-judgemental way. Compassion also involves a desire to relieve suffering, cognitions related to understanding the causes of suffering, and behaviours – acting with compassion. Hence, it is from a combination of motives, emotions, thoughts and behaviours that compassion emerges.” (p. 1). Thus it is clear that previous therapy texts have been, at least obliquely, referring to some aspects of compassion when discussing role of empathy, sympathy, unconditional positive regard and working alliance. This book draws on, and then extends and surpasses, such concepts.

The book is presented in two parts: essentially, one theory, the other practise. The theory half contains contributions from a variety of perspectives including evolutionary, attachment and Buddhist. The book explicitly does not compare Eastern and Western conceptions of compassion. These chapters were interesting and rewarding, and somewhat dense. The long

opening chapter on compassion and cruelty was an ambitious and mostly successful melding of evolutionary and biopsychosocial approaches. It provided a discursive overview of the role of compassion within culture and social psychology rather than simply being individually focused. This chapter alone could perhaps have been expanded to a book. The other chapters all make valuable contributions to our understanding of compassion, how it develops, and its importance.

In the practice half of book, there is predominantly a CBT focus. Whilst this is clearly of interest to cognitive therapists, I felt that the book as a whole suffered from this. It seems a glaring omission to have no chapters on the role of compassion in couples therapy, family therapy or interpersonal therapy, especially in a multi-author text. That said, the chapters do provide many clinical examples of how compassion can be used in cognitive therapies. The experienced and skilled authors are all able to teach us new approaches or to more clearly conceptualize techniques already being used. The overall message is the need to help clients to develop a “care-giving mentality” towards themselves, to show themselves some warmth, even if they never previously experienced this from others in earlier life. The approach is thus constructive, and further dispels the (hopefully) inaccurate stereotype of cognitive therapy as cold, calculating and destructive, focusing only on thinking *errors*.

This book is very welcome. As I understand it, one of Paul Gilbert’s aims is to “warm up cognitive therapy” and this book succeeds admirably.

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### **The Method of Levels: How to Do Psychotherapy Without Getting in the Way**

Timothy A. Carey

Hayward, CA: Living Control Systems Publishing, 2006. pp. 159. \$45.00 (pb). ISBN 0-8058-2837-0. [http://www.livingcontrolsystems.com/files/mol\\_contents.html](http://www.livingcontrolsystems.com/files/mol_contents.html)  
doi:10.1017/S1352465806243091

The broad church of cognitive behavioural therapies has spawned many “new wave” approaches: mindfulness, compassionate mind, acceptance and commitment therapy (ACT) and attentional training, to name but a few. Do we really need another? After reading *The Method of Levels*, I would answer with an emphatic “Yes”. This therapy manual describes a technique based on Perceptual Control Theory (PCT; Powers, 1973, 2005). Strictly, it is neither cognitive nor behavioural, but draws its origins from the cybernetics movement of the 1940s to 50s. So much for a new wave approach? Actually PCT still appears fresh and refreshingly challenging today.

The basic tenet of PCT is that the function of all living things is to control their environment via the control of their own perception. It is an “inside-looking-out” approach rather than the “outside-looking-in” approach of conventional behavioural theories. According to PCT, control is achieved in humans through a hierarchy of homeostatic systems whose purpose is to achieve a specific goal (or reference value). At a lower level, these goals represent perceptual features (e.g. degree of muscle tension), at a mid level they represent experiences such as “doing the dishes”, whereas at much higher levels they represent self concepts such as “being

valued by others". Psychological distress is seen to arise from the prolonged, unresolved conflict between different hierarchies (see also Mansell, 2005). For example, an individual may have a goal to be the ideal parent and also the ideal worker, so that they spend time oscillating between the two goals and feel inadequate at both.

The Method of Levels (MoL) is a fundamentally simple technique to allow clients in therapy to shift their current awareness up to higher levels in their control hierarchies. In doing so, they become aware of their internal conflict, which facilitates the conditions for clients' own resolution of the conflict – a process known as "reorganization". Reorganization is not a willed process, but occurs as the client turns their attention to "background thoughts" about the conflict that appear at the edge of their minds. The appearance of background thoughts is often noticeable to the outside world by a sudden change in affect, such as a fleeting smile. The MoL technique involves encouraging awareness of the current conflict and then focusing on any background thoughts and bringing them into awareness, where they can be articulated by the client. The book provides the example of a man who was debating in his mind the pros and cons of whether to remain in his house for a year or to sell it for the financial gain now. During therapy, he was brought round to focus upon the process of balancing these pros and cons, and what it meant to him. His thoughts about this process shifted; he realised that he did not have to weigh one decision up against the other; he could value both sides of the argument by living in the house for some time and then selling later. While this may seem quite a prosaic example, it shows how allowing a client to go a level above the current dilemma provides the insight that can resolve issues in a way that staying at the same level (and generating more pros and cons in either direction) cannot. The Method of Levels does not include any formulations, written techniques, or any advice, psychoeducation or interpretations from the therapist. It merely encourages a higher level of awareness throughout the session.

The book provides a very clear and accessible explanation of PCT and the Method of Levels, in a refreshing personal style that explains by example and analogy rather than trying to persuade or cajole the reader into accepting the approach. The volume is peppered with examples of dialogue and questioning, and includes a computer CD with comprehensive background information and illustrations of PCT in action, and a DVD of a MoL session.

While reading about the MoL technique, I was struck by its relationship with methods such as developing mindful awareness of thoughts, and letting go of thought control strategies (e.g. Wells, 2000). The method also has similarities with Motivational Interviewing in its focus on maintaining the current awareness of an internal conflict. Of course, internal conflict as a marker of psychological distress goes back a long way, before modern psychotherapy, but there is little written on methods to promote the client's own, independent resolution of the conflicting issues. The Method of Levels differs from earlier approaches in its purity of purpose, simplicity of technique, and its requirement for the therapist to let go of all attempts to advise or present interpretations to the client, even as far as having no implicit agenda for what direction the client should take (e.g. to confront fears, tolerate distress or show a reduction in symptoms).

I think that certain readers will struggle with this non-directive approach, and some clinicians may be concerned about its ethical consequences and the difficulties of treatment evaluation. I would suggest that the book serves best as an introduction to this approach, but only experiencing the therapy with these techniques (on both sides) can really provide a deeper understanding necessary to fully evaluate it. The book is certainly strong on theory but unfortunately low on evidence. Moreover, the suggestion that the Method of Levels is the

only technique that follows from a PCT perspective is not fully justified. One could argue that many tools and techniques provided in contemporary CBT can have the capacity to raise the client's awareness of conflicting issues in a similar way. The Method of Levels places the locus of change, and therefore the responsibility for change, firmly in the client's own mind, rather than attributing it to an external technique. This is clearly laudable and would seem more likely to endure. Nevertheless, the book could contain more detail on how the MoL technique literally raises awareness up successive levels, perhaps with the use of accessible diagrams, or ideally, with some sound empirical evidence.

In summary, despite its lack of empirical gravitas, this book is one of a kind. It represents the first real step of a process of resurgence of a highly intuitive model of the mind, in a current climate that is ripe for this innovative approach. In a paradoxically non-MoL style, I strongly urge you to read this book - you can check out the chapters online. But beware, it could lead you to permanently change your theoretical viewpoint and clinical practice. For me, the journey is only just beginning.

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### Working Through Setbacks in Psychotherapy

Rob Leiper and Rosemary Kent

London: Sage Publications, 2001. pp. 230. £17.50 (pb). ISBN: 0-7619-5315-9.

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This book will be of interest to anyone who has ever carried out therapy. Sooner or later all therapists will encounter setbacks, ranging from attempted suicide by a client, to pre-mature termination by a cross and disappointed client, to minor ruptures in session that leave the therapist feeling bewildered and stuck. Leiper and Kent's book is an intelligent discussion of the types of problems that may be faced, and a sensible set of suggestions for recognizing and resolving them. Most importantly, the book suggests that therapists should not be surprised or tempted to opt out when facing setbacks, but should instead try to think through what is going on. Many difficulties in therapy may reproduce the client's difficulties in other areas of life, and recognizing this gives greater insight into the client's situation, as well as being a prompt to review the therapeutic alliance. Therapists are also encouraged to look at their own contribution to the problem, which is notoriously hard to do. All of this means that we should neither blame the client, nor blame ourselves, but instead use reflection to understand

why an impasse has developed. From this it may be necessary to re-formulate, modify the communication with the client, or change the goal of treatment.

Maybe it is a sign of the growing maturity of psychotherapy that there is now more open discussion of such issues, as well as a willingness to learn from clients' experiences. Although most of the book is authored by Rob Leiper, two chapters are also contributed by Rosemary Kent, who points to the importance of recognizing the likelihood of relapse, and the need to manage it effectively. Much of what is discussed fits well within a CBT framework, although insights from other traditions are also used, which potentially enriches the conceptual understanding and therapists' repertoires. This book is recommended reading for both qualified therapists and therapists in training, for all of whom it may be both reassuring and helpful.

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