

Trauma Therapy and Clinical Practice: Neuroscience, Gestalt, and the Body by Miriam Taylor. Maidenhead, Berkshire, UK & New York: McGraw Hill, Open University Press (2014).

Miriam Taylor's *Trauma Therapy and Clinical Practice: Neuroscience, Gestalt, and the Body* is a major contribution to Gestalt therapy's growing catalogue of clinical literature. There is a lot to like about this book. It is well-researched, presented with clarity, and provides an excellent integration of the state of the art in relational Gestalt therapy theory and the breaking of new ground in Gestalt therapy methodology in working with victims of trauma. (Taylor prefers the term "trauma victim" to the term "trauma survivor," so I adopt that terminology here.)

First, I must disclose that I am not an expert in working with trauma. As a generalist Gestalt therapist working with adults, I of course see my fair share of people who present with severe trauma, and many more who suffer from varying degrees of developmental trauma, much of it stemming from relational mis-attunements from childhood. I was delighted to find that Taylor's book met me where I was as a clinician. It provided both a basic course in the neuroscience of trauma and a sophisticated and well-grounded clinical methodology for trauma treatment that makes sense to me as a Gestalt therapist.

Taylor's book is organized into three sections: (1) "Enlarging the Field of Choice," which includes chapters on the theory and neuroscience of trauma; (2) "At the Limits of Self," in which the phenomenology of trauma is explored; and (3) "A Relational Home for Trauma," where working with trauma in the therapeutic relationship is discussed. All three sections are well worth reading, but I found I learned the most from the first section, in which the author does the heavy lifting in grounding her methodology in the neuroscience of trauma, and in the cutting edge of Gestalt therapy theory.

First, Taylor sets the stage for understanding her modifications to Gestalt therapy methodology by providing a basic course in modern research on the effects of trauma on the nervous system and body. Then she introduces two concepts that she works with throughout the book: (1) The Window of Tolerance Model; and (2) An Integrated Model of Change. These two central ideas in the book interweave and reinforce each other.

The Window of Tolerance Model relates to finding and, over time expanding, the sweet spot in which the client is neither hyper-aroused nor hypo-aroused. Taylor informs us that the experience of trauma narrows that window, such that functioning becomes impaired. The work of the Gestalt therapist in the early treatment involves patient and painstaking phenomenological work grounded in the therapeutic relationship, which seeks to expand the Window

of Tolerance. The Window of Tolerance is both a self-state from which client and therapist can do the work of trauma treatment and a goal of the therapy, insofar as the expansion of the client's Window of Tolerance will help her navigate her life more effectively.

Taylor's Integrated Model of Change, which complements the Window of Tolerance Model, is proposed as a modification to the Paradoxical Theory of Change in the treatment of trauma victims. The Integrated Model of Change can be expressed as follows: "*change happens under the optimal conditions in which one can be fully oneself*" (p. 36). Taylor states that trauma victims need a directive and goal-oriented therapy, particularly in the early stages of the work. The therapist actively and directly attends to the client's Window of Tolerance, working to keep the client from becoming hyper-aroused and flooded on the one hand, and from becoming hypo-aroused and deadened on the other. A primary goal of the *early* treatment is to broaden the client's Window of Tolerance, so that later in the treatment the therapist can step back from the more directive stance of the Integrative Model of Change, and support the client's self-regulating process through the Paradoxical Theory of Change.

The client's telling of the trauma story is carefully monitored by the therapist in the Integrative Model of Change; therapist and client play mindful attention, so that the client will stay within the Window of Tolerance as the story emerges in the here and now of therapeutic relationship. This process requires an active and directive stance on the therapist's part; Taylor does an admirable job of contextualizing this directive stance within Gestalt therapy's metastance of dialogue and level relationship between therapist and client. Taylor suggests that the trauma be worked with in small, digestible bites; and that intense and cathartic work around the trauma may not be helpful, particularly in the early stages of the work when the Window of Tolerance is narrow.

Taylor's work is deeply grounded in the Gestalt therapy tradition. She has thoroughly digested and integrated the work of many of Gestalt's most important modern theorists and influential allied theorists from other schools of therapy. It is a joy to read the solid grounding of her thinking on the foundation of Perls, Hefferline and Goodman, Erving and Miriam Polster, Joseph Zinker, Lynne Jacobs, Gary Yontef, Peter Philipponson, James Kepner, Ruella Frank, Gordon Wheeler, Malcolm Parlett, Robert Stolorow, Daniel Stern, and Dan Siegel. Her discussions of the phenomenological approach, the paradoxical theory of change, shame, relationality, dialogue, rupture and repair, chaos theory, body work, and other important issues in contemporary Gestalt therapy demonstrate a sophistication and clarity with the material that I found illuminating and exciting.

Taylor takes us through the case of "Eve," a woman who had been brutally raped some 20 years prior to entering treatment. Taylor's recounting of Eve's treatment—working with the presenting problem, establishing safety, working with the Window of Tolerance, working through transference issues and rupture and repair—is instructive, in that we get a living study of how the treatment model works. As a veteran reader of clinical case studies in the psychotherapy literature, I am sometimes suspicious of unbridled success stories and often wonder what the author might be leaving out of such presentations, so it pleased me that the case of Eve came to a hopeful, though somewhat uncertain end. Taylor does not give an unambiguously happy ending with Eve. Eve left the treatment early and for good reason: she mobilized herself to leave a hostile work environment, and this choice left her unable to continue to afford the therapy. I was left hoping that Eve would continue on her journey of healing with the author. Perhaps in future years, a second edition of the book will give us an update on Eve's treatment!

Taylor's work is deeply body-oriented, and she tackles the controversial subject of the therapist's use of physical touch. She discusses her careful, boundaried, and well-trained incorporation of bodywork and touch in several case vignettes and, in my view, makes a sound clinical case for its use. I appreciate her transparency in presenting the work; she does not avoid dimensions that could stir controversy or criticism among those who might confuse the deliberate and thoughtful use of touch with touch that violates client boundaries. Taylor makes it clear that, when her work involves touch, she does so ethically and mindfully; in so doing, she furthers our understanding of the integration of bodywork with "talk therapy" in the practice of Gestalt therapy.

In the book's later chapters, Taylor shares of herself personally in ways that I found humanizing as well as helpful in understanding the treatment model. In so doing, she models an integrative, Post-Cartesian approach to theory that humanizes and contextualizes the author's work and ideas within the fabric of her life.

In sum, I recommend this book to *Gestalt Review* readers. In it, they will find a clinically sound, theoretically grounded, and highly practical guide to working with victims of trauma. Her presentations of the Window of Tolerance and The Integrative Model of Change are clinical gems that I will keep in mind with regard to my own clinical work. These and many other discussions make *Trauma Therapy and Clinical Practice: Neuroscience, Gestalt, and the Body* a must for the library of every working Gestalt therapist.

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