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ABSTRACT

This report discusses an ego-oriented therapeutic approach developed for the fragile patient who needs to learn how to deal with the anxiety that feeds into a drug addiction problem. Through controlled thought and perception, he is helped to channel his anxiety into growth by employing the perceptual senses to redirect energy away from the need to defend, and by the interaction of the audiovisual, verbal, and kinesthetic methods which reinforce each other to "let in" environment. This therapeutic approach separates and concretely defines one's feelings from one's perceptions about what is actually occurring. Working on the concrete level aids one in clarifying, verifying, and establishing communication, and ultimately breaks down the neurotic reaction by separating feelings from fact. Once the patient has learned the concrete phase, he is helped to work on the abstract level, or feeling stage. (Author/PC)

COGNITIVE CLEARING GROUP THERAPY FOR THE FRAGILE PATIENT

By

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For this paper the definition of "Fragile Patient" is the severe anxiety neurotic, the organically damaged person, the borderline psychotic and the psychotic.

In working with the fragile patient who is also drug or alcohol dependent, often it is initially difficult to detect strong underlying problems which are masked by acute withdrawal symptoms, or drug effects. Participation in group therapy may aggravate symptoms in patients in whom some regression occurs. Already tenuous impulse controls tend to become further weakened when bombarded by the emotional intense stimuli that are generated in encounter therapy groups.

Eagleville Hospital and Rehabilitation Center, a facility that treats drug and alcohol dependent persons together, evolved a special group therapy approach for the fragile patient, and that method, tentatively called cognitive clearing group therapy, is reported here.

Rather than penetrate defenses as encounter therapy tends to do, this group of people appeared to need a sealing over of impulse material to halt further decompensation.

Some of the symptoms on the basis of which patients were placed into the special group were hallucinations, impaired judgment, excessive agitation and anxiety and psychotic projection. Psychological, psychiatric and behavioral evaluations were also employed in the placement.

Historically, the therapy took form when a young male heroin addict regressed into an autistic thought process and was taken out of his regular group to halt further decompensation. When he was seen on a one-to-one basis by the author, he could retain no information and indicated little ability for relating. It was necessary to break into and interfere with his autistic thought process by forcing him to repeat back whatever information therapist said to him. In desperation, he was handed a pencil and paper and asked to copy down whatever therapist verbalized.[1]

Initially, although he could barely speak or retain information, within a short time his cognitive processes seemed to repair; he was able to retain information and to repeat it back. The therapy developed step by step with his improvements and shortly afterwards this special group was formed to treat the fragile patient.

It is well established there is a cognitive element to all neuroses, an incipient thought disorder to all illness. Two factors play an important role in emotional disturbance:

(a) an inability to perceive correctly without distortion.

(b) an inability to express one's feelings appropriately (which includes appropriately affectively).

Mead, Bateson[2] and Birdwhistle[3] and many others recognized the double bind roles in communication that characterizes the early life of a person who becomes schizophrenic.

Certainly it is impossible to ignore genetic, psychological and neurological factors in mental illness. However, the purpose of this paper is to focus on only one small area of disturbed communication and a technique of cognitive clearing of distortion

of communication that also serves as a therapy modality; and a technique for becoming aware of one's cognitive distortions.

If one is to help a severely disturbed patient recover, appropriate expression and adequate communication is most important. One way to achieve this is to take the patient back to this important developmental task to relearn it properly.

This cognitive clearing therapy, developed initially for the young heroin addict, has proved most effective in reteaching this task at Eagleville Hospital and Rehabilitation Center.

Essentially, the therapy consists of separating out and concretizing one's feelings from another's feelings to build life space or individuation. (Life space or individuation is the process by which individuals become differentiated from one another.)

This occurs by taking the patient at the level of his current thought process back to an earlier thought process, the concrete level. Definition of the concrete level as used in the therapy is the reproduction of verbalized material into written form, copied down verbatim; this is not the same as concrete thought process but is directly given material that tends to keep in the here and now.

The cognitive clearing therapy technique does not allow the usual unverified talking and free association of traditional group therapy. Communication takes place which assumes that agreement of information between two or more people is verified and established.[4]

In the initial phase, thought is verified and passed by repetition at first and translated on a concrete level in writing and speech of directly given material. This aims initially at

clearing cognitive dysfunctioning. In the beginning the person is asked to write down verbatim what he hears the ventilating group members say, for he is later asked to repeat back as much of the information as possible when his turn comes in the group.

In the beginning this is his therapy. He is simply asked to clear his head thereby interfering with fantasy, hallucinations or drifting concentration that interrupts his contact with reality.

After he has learned the first phase properly, with distortions corrected and memory retention improved, by the reinforcement of writing and listening, the person is then helped to move from the concrete level to the abstract level or feeling stage. It is here that one is then acquainted with the "not self and mirror image" which are informal constructs used to understand the unconscious, first in others then in oneself. In this way, the patient is moved from the concrete to the abstract stage where he can begin to move into feelings as in traditional approaches.

For a clear understanding of what is meant by the abstract level in this therapy, it is the overall or global jist of what has been said with analogies to the self included. Also how a group member interprets what he perceived often includes his own projections and has much of his own material included which is worked with.

It is here that the information, which has been passed by a patient who is expressing feeling or talking about himself, is projected by his own interpretation of the information passed, which may or may not include directly given material. He may use his own words, but he must first say what he heard "John say." Once he has shown clarity about what he has heard, he is then free to work out his own feelings about what "John said." When he

projects his own image, he must own responsibility for his own feelings in order to separate out what he has heard from what he feels about what he has heard. Once the patient is able to do this then therapy moves along dynamic lines still including the writing. Hearing whether other patients' interpretations are correct or not is another way for others to reinforce cognitive clearing. This continues the whole process of individuation.

It is in this stage that most of the therapy of an emotional nature is worked through in the group, where each person is free to accept or reject an interpretation of his material, thus moving at his own emotional pace. It is at this level that reality is separated from reality perception, which is not validated.

Learning to listen is imperative to relearning communicative skills, for linked with communication is the real task of relating. There can be no relationship without at least two people, one of whom is "letting in" the other person. Thus, a basic portion dealt with on this level of interaction is the give and take of listening and expressing back.

In extreme anxiety, agitation or emotional disturbance, the process of "letting in" is often interrupted or blocked. This technique attempts to remove that obstruction by rechanneling the energy to focus it and mobilize it to let in information.

Essentially, this occurs via controlled thought and perception where anxiety is put into a therapeutic pattern for taking in rather than defending to keep out.

In order to channel anxiety for growth, the perceptual senses are employed to redirect the energy away from defending, by the

interaction of the audio-visual, verbal and kinesthetic methods (basically writing down what is heard) all reinforcing each other.

This teaches an alternative way to function using energy to open oneself up to relating rather than closing off environment by talking or thinking about what you are going to say, which does not allow for listening.

The mobilization of perceptual senses (listening and writing) results in a positive redirection of energy to let in information which accomplished a reduction in emotional tension while channeling the tension toward growth.

In the beginning phase, working on the concrete level enhances the ego's ability to process and integrate reality, for it prevents one whose boundaries are tenuous from merging into someone else's feelings or boundaries. An extreme example is the psychotic projection which is an inability to separate out one's feelings of aggression and to own them. Ability to own feelings is basic to the integration of self that moves a person toward individuation of self.

As the cognitive function repairs, the ego boundaries strengthen enabling the person to separate himself into his own life space.

No confrontation of defenses can take place with ventilation controlled by the therapist for a non-threatening environment. All confrontation is self-confrontation, using the self to internalize rather then externalize. While this cuts down on spontaneity of the group, it serves to protect the fragile patient from an insensitive group member who might ask the very question that person is unable to deal with. It is highly structured by design to help

the fragile person to learn to be free within limits while cutting down on the anxiety level which this patient tends to feel excessively in the therapy situation.

This procedure attempts to teach control of anxiety, as one cannot interrupt and must jot down one's thoughts until his turn comes to speak. This also further enforces conscious understanding of the concept of not invading someone else's life space and is verbalized as such. (Life space is the separation of self from environment, i.e... a group member emotionally climbing into another group member's feelings.)

This therapeutic approach also enforces involvement, for his turn to express is expected and often automatically goes around the group without therapist calling on group members.

The modality controls the patient who wants to gush out material and catharsize anxiety that will not be put into a therapeutic movement, for this type of person desperately needs to learn to sit on anxiety and use it therapeutically. He is more in need of sealing over process rather than an opening up of defenses. What needs to be freed is his ability to let in environment by removing the block by use of the perceptions.

The therapy technique aids the person to edit and censor his thought process and to translate primary process material into the secondary process modality.

An important goal of the cognitive therapy is learning to intellectualize, to build defenses early to halt decompensation, and to build the cognitive process by clearing distortion so that reality mediating functions of the ego develop.

The therapy process outlined is an ego oriented cognitive approach that satisfies dependent needs by the nature of the external control of the method which gives the message "relax, you're in control." This enables the person to relax in a structured situation, to fit into the cluster, begin to build autonomy and then self individuation.

It stresses alternatives to impulsive acting-out by re-teaching coping mechanisms to handle anxiety that feeds into the addiction problem. Although this therapy technique appears to have promise with any particularly fragile person, it has only been employed by this therapist with an addictive population. While it was initially developed in working with one individual, it is at its best in the group situation. Since it is in the original group (family) that inadequate interaction and communication is learned, it is appropriate that within the therapy group adequate communication and interaction be learned. To take that one step further into the next phase, it is then, from the group, that one can separate or individuate outside of the therapy group.

Writing is encouraged to express anxious feelings as an alternative to acting them out. A standing joke in the group has been "write it down, don't drink it down." While this witticism helps make unacceptable material, i.e... drinking... more acceptable in joke form, this has been helpful for many of the patients to learn another alternative. It is generally a new experience to get the feelings out of the "head" on to paper and learn to hold on to them on paper, to deal with the feelings in group; this reinforces learning to deal with anxiety to effect therapeutic growth.

The above therapy has been presented in its strictest form to be helpful for the fragile patient for whom it was developed. However, with time and comfort it is presently adapting itself in a much looser, less strict form for a less fragile population who present some indications of fragmentation. The following transcript may be helpful to show the process as it is currently employed.

The transcript has been edited for this paper only for time and space with some of the repetitions removed. As the reader will note Joe is not yet able to "let in" information and is being helped to go in that direction.

Taping Session

Dorrice to Joe: Well, Joe, how was your weekend?

Joe: I had a very nice weekend playing cards and enjoying the grounds. My boy came up from Washington on Sunday. We talked about a few problems ... he was very happy to see me.

Dorrice: How old is your boy?

Joe: 31.

Dorrice: Ed, would you like to interpret that?

Ed: It's like this ... he still calls his son "boy" even though he thinks of the son as a man. (Ed smiling) my grandmother thought I was a boy too; she was still whupping me when I was 27.

Dorrice to George: How do you feel about this?

George: The way I look at it he is saying that his son is still a boy to him; it makes him feel superior.

Dorrice to Julian: What did you hear exactly?

Julian: I heard him speak of his son as a boy but not because of age.

Dorrice to Julian: What's Joe doing?

Julian: Joe thinks he is a boy regardless of age and maybe treats him as a boy but I feel that if he is 31 he is a man; treat him like a man.

Dorrice to Monty: Why does a parent treat someone at a certain level ... what does it have to do with?

Monty: Joe sees his son as an extension of himself, instead of being a separate individual.

Dorrice to Monty: What does that say about Joe?

Monty: Sounds like he doesn't see himself as a whole individual without his son being included in the picture.

Dorrice: Who is he talking about at this point when his son is 31?

Monty: He is talking about himself.

While the above exchange is taking place, Joe indicates annoyance, resistance, agitation and tense body behavior such as shaking his head "no" to the interpretations.

Dorrice: (looking at Joe) I see a lot of anger and I'd like to give you my interpretation ... "I refuse to let go of something that tells me who I am. As long as I can see my family as children, I know who I am. When I have to let go and let them grow up I am not sure who I am." To Joe: do you accept that?

Joe: (Shaking his head no) I would have to give it some thought.

Dorrice: Think out loud, we'll help you.

Joe: I'm not a domineering dad ... I don't buy what Monty said.

Dorrice: What did Monty say?

Joe: (ignoring the question) He is a grown boy and man ... I know that.

Dorrice: Do you?

Joe: Believe me, I do.

Dorrice to Bernie: Bernie, what's in a name?

Bernie: Something to know a person by.

John: It expresses a feeling.

Dorrice to John: Suppose I refuse to call you John and called you Sonny.

John: You would be expressing that I am not a man ... that I'm immature.

Dorrice: How would you feel about that ... Sonny?

John: I wouldn't like it.

Dorrice: What would you say if I was your mother?

John: I would tell you to stop it.

Dorrice to Peg: What is going on in the group now? (This is used as a form of structure to avoid loose associations.)

Peg: We are really getting into identity and statements that people make about other people ... the name that we all have ... these are our identities. What a parent calls his children also makes a statement about how the parent perceives his children and what we are seeing in Joe is that he needs to keep his children small and have his role of parent defined at that level.

Dorrice to Joe: What did Peg Say to you Joe, as much as you got.

Joe: I agree with what she said.

Dorrice: What did she Say?

Joe: (begins to mumble something about it just being a habit) I see it getting into something here ... he's just a wonderful kid, my boy.

Jeanette: You did it again Joe, you referred to your son as "my boy."

Dorrice: What is your son's name, (Joe answers Dennis), that's the first time we've referred to him by his identity, can we say that somewhere along the line that Dennis has gotten the message that it's not OK to grow up.

Joe: When he came out of high school he wanted to go into the seminary. He has gotten older now and has come a long way. Someday he'll be a big man.

Dorrice: When, Joe?

Joe: I wish I knew.

For lack of space, several paragraphs are edited out. Dorrice facilitates accurate communication pattern between Joe, Monty, and Curt.

George comments on a name being a person's identity. Joe's identity, which he projects onto his son, is one of a small child.

Dorrice to George: Can you help Joe to understand what it is we're talking about?

George: Joe doesn't want to see that he has something there to resemble him but the group is trying to tell him that he is taking the place of his son.

Joe: I agree with that.

Dorrice: How do you agree with it?

Joe: I don't know right now but I agree with it.

Dorrice: "But I don't know what I agree with."

Joe: Maybe I should have said I agree with as of now.

Dorrice to John: What's going on now?

John: He can't own his identity as related to his son by calling him "boy" and by saying that I agree with that partially he is trying to let in but distance himself at the same time.

Dorrice to Monty: What are we seeing?

Monty: Conflict ... he can't understand his own identity.

Dorrice to Joe: Tell us What you're hearing.

Joe: We are talking about my identity.

Dorrice: Who started it?

Joe: I did.

Dorrice: How did you start it?

Joe: I don't remember.

Dorrice: Let me give you an interpretation ... "I do things on a very unaware level then I don't have to own them ... then I don't have to reject." Who wants to tell us how we got into this, Ed?

Ed: Joe started off by saying that he had a pretty good weekend and he talked about his boy and you asked him how old his boy was and he said 31.

Dorrice: Peg, can you help Joe understand by helping him look at himself by the alter ego.

Peg: It's your material Joe, everything you say is coming out of you. Even though you are talking about your boy you are also talking about yourself. The group is picking up your ambivalence.

You can't own your own feelings. You say "I agree - but I don't agree," and you don't know what you agree with, and in this way you can keep yourself kind of loose and not have to own your own feelings and take the responsibility for accepting or rejecting what you hear.

Dorrice asks to repeat back what Peg has said.

Joe: Well, I feel this way about it ... I'm not projecting anything.

Dorrice: Wait a minute. Tell us What you heard. Have you written anything down that Peg said? What have you written down that the group is saying - that environment is saying?

Joe: We are talking about identity - that's me - and we are talking about controlling people by calling them names and that is hard for me to break.

Dorrice: Is that what she said?

Joe: Yes.

Dorrice: Let's ask Peg to tell you over what she said so that you can write it down. You are working at a pace that is not with us so we can work with you at your pace.

Peg: (repeats back essentially what was said) Joe, you are getting your own feelings all mixed up with what is being said - not separating out so that you hear what is said. When you're sure what you're hearing you must take the responsibility for owning your own feelings and that's important.

The following lines are the essence of the therapy.

Dorrice: Joe, what did Peg say? You must separate out what you hear from what you think you hear.

Joe: Shakes his head - he is having difficulty reaching thought goals. He now does seem to realize that he is not getting what the group is saying.

Dorrice to Monty: Do we want to hear Joe's feelings right now?

Monty: No, we want him to separate his feelings from what he is hearing.

Joe: (very nervous) I misinterpreted the whole thing. I listen to them(group) and bring out my feelings about what they say.

Dorrice: Don't give your feelings, just what you hear them say. You tend to feel and not let in reality and in this group we always test reality. First you say what you hear - what the world is telling you. Later you can talk about what you think about what you hear but you must first know the difference.

As the reader will note in the above transcript, Joe is beginning to learn the first steps in separating out feelings from environment. He desperately needs to relearn this most important task to communicate clearly.

For use in the current group, writing is employed strictly during the first week of therapy or until the patient seems well able to repeat back information without writing it down. (Most patients continue to write and keep their productions to reread and reinforce their own therapy.)

The abstract level is generally the interaction level of choice for everyone except the person indicating excessive fragmentation. The extent of his continuing to function in therapy on the concrete level depends only on his cognitive clearing needs, generally a few sessions, often no more than a week or two of daily sessions. At Eagleville this is approximately four to eight therapy sessions.

The concept of jotting down thoughts to learn to deal with anxiety (and respect one another's life space) is not as strictly enforced for the more autonomous patient as for the extremely fragile patient, but is suggested if a group member is having a problem in interrupting others.

Acceptance and rejection of an interpretation is always respected to allow the person to move at his own emotional pace that needs time to include the unconscious working through of the therapy.

Communication is always clarified, verified and established to insure relating and "letting in." Distortions and projections are strictly worked with to enable the person to resume reality testing via objective feedback of group. While this is much looser, it is an effective technique and insures a group process as each

person is involved in interpretations.

This cognitive approach has been extremely effective with the fragile patient for whom it was originally intended. It was employed in its strict application for over one and a half years at Eagleville Hospital and Rehabilitation Center.

The special group's rate of elopement was 3% in comparison to the overall hospital rate of 18%, which may indicate the degree of comfort these people were able to attain in this group and/or the special attention they received.[5]

Quantitatively speaking, out of a pilot project of 36 patients who were all severely emotionally disturbed upon entrance into the special therapy group, only two were not able to continue the program, (aside from disciplinary discharge for two positive urinalyses for unauthorized use of drugs).

These two patients indicated severe psychotic adjustments that could not be handled in our facility for reasons other than lack of ability to profit from the special group. Within the therapy situation they were not disruptive, were involved and able to give adequate interpretations of the material that indicated contact with the group.

The most important measure of a treatment method's effectiveness is, of course, the patient's status after he or she leaves treatment. Nineteen of these patients were included in a large-scale follow-up study of Eagleville patients; the average length of time between admission to treatment and the last follow-up report was two years. Of these 19, 5 (26%) were both abstinent and either employed or functioning adequately as housewives at last report, 3 (16%) were

not completely abstinent but significantly improved over their pre-treatment status, 9 (47%) were either abusing drugs or alcohol, hospitalized or in prison, and 2 (11%) were dead. Although the sample is too small to permit us to draw firm conclusions, the rate of 26% "successful" outcomes or, including those with significant improvement, 42% improved is extremely encouraging in view of the meager social and psychic resources of this group of patients.

At Eagleville Hospital and Rehabilitation Center, with improved admission evaluations, the precariously defended person has been screened out more effectively. Consequently, the technique is currently being used in a more spontaneous way for the person whose thought processes are somewhat fragmentated, and who needs help in the communication and relating area.

Each participant in the group serves as an alter-ego and helps work the therapy indirectly through himself. This allows the anxious person to distance himself from threat and anx-ety that is often felt in therapy. It also allows the "alter-ego" to work on his own therapy believing he is working on someone else to reduce his own threat and anxiety. This therapy appeals to the portion of the defect which is ego-dystonic ("I am here at Eagleville Hospital, something must be wrong") which is causing discomfort. It allows for time to give up old defenses without stripping or flooding the person with material that is too threatening. It encourages the healthy part to take over and aids in practicing new modes of relating in a supportive environment.

In summary, I have described a technique of cognitive clearing which also functions as a therapy modality.

It is a process that reteaches communication by dissecting it and breaking it down into micro detail to eliminate distortion.

This is accomplished by separating and concretizing one's feeling from what is actually said by employing the perceptions. Basically, writing down verbatim directly given material that is repeated back to clarify distortion. This is called the concrete level and occurs via controlled thought and perception where anxiety is put into a therapeutic pattern for taking in rather than defending to keep out information.

Working on the concrete level aids one to clarify, verify, and establish communication. It hastens reality mediation processes of the ego's ability to process and integrate reality by interfering with fantasy material.

It breaks down the neurotic's reaction to the double bend message by separating feelings from information.

Once the patient has learned the concrete phase, he is helped to work on the abstract level or feeling stage. In transition he is acquainted with the "notself and mirror image" which are informal constructs employed to understand the unconscious first in others, and then in oneself.

The abstract level includes expressing the overall or global jist of what has been said with analogies to the self included.

Most of the therapy is done on this level. How a group member interprets what he perceives often includes his own projections

and has much of his own material which is worked with. The therapy then proceeds along dynamic lines while still including the writing.

This special cognitive group therapy has proved most successful at Eagleville Hospital and Rehabilitation Center. I urge therapists to include this method in their work with the fragile patient who cannot profit from traditional approaches.

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