Cognitive Control Therapy with Children and Adolescents

Restructuring Pathological Cognitive Orientations and Metaphors

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e-Book 2015 International Psychotherapy Institute

from *Cognitive Control Therapy with Children and Adolescents* Sebastiano Santostefano

Created in the United States of America

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RESTRUCTURING PATHOLOGICAL ORIENTATIONS

Four types of pathological cognitive orientations have been identified in Chapter 3. Techniques used to structure outer and inner orientations were illustrated in Chapters 5-9 and therefore will be treated only briefly here. In this chapter, techniques used to deal with the other two types of pathological orientations are examined—cognitive pathology in aggressive disorders and excessive shifts in cognitive orientation. The material presented assumes the reader is familiar with the treatment programs described in previous chapters and with rationale and concepts presented in Chapters 2 and 3, especially the concept of cognitive autonomy. The numbers of treatment steps noted refer to numbers assigned as listed in the tables of preceding chapters.

Outer Orientation

Outer-oriented children maintain a pervasive, rigid, outer cognitive orientation, which limits the accessibility of symbolic functioning and pretending as a way to discover new information. Frequently they do not

experience stress while learning unless pressed to complete new assignments that contain more complex demands than daily, usual work. They tend to be sticklers for detail and routine (e.g., recopying a theme several times because, "the words didn't come out just right on the page") and often reveal rituals (e.g., becoming very uneasy if circumstances do not permit them to line up window shades).*Course of Treatment.* Because this child's cognitive orientation is incompetent with, or defended against, symbolizing information and pretending, treatment begins with neutral tasks from Step 1 to Step 3 becoming increasingly more complex, ambiguous, random, and requiring different points of view. In the middle phase, treatment continues with tasks from Steps 4 to 6, which require the child to respond cognitively in the face of task-irrelevant stimulation that arouses fantasies/emotions and while engaged in symbolic functioning, first using conventional (secondary process) and later personal (primary process) symbols. In the final phase, freed from defensive, rigid uses of external information and capable of permitting fantasies/emotions to participate in cognitive functioning, the child deals with cognitive tasks embedded within fantasies directed initially by the therapist and gradually by the child. Here the child is helped to connect symbols/fantasies to present and past experiences, to learn how these personal definitions, which were previously segregated from awareness, influence maladaptations, and to develop alternative actions.

Clinical Example. John was described as a loner and "mopey." While

managing marginally in the first grades, he seemed almost unable to learn in the third grade, which he was now repeating. At school he frequently rearranged his desk; at home he spent much time lining up, counting, and pasting stickers in a scrapbook. He was referred for CCT by his therapist because during a year of non-directed therapy, John steadfastly maintained control over himself and the treatment process by repeatedly initiating tic-tac-toe games. Without results, the therapist had introduced interpretations and activities in the belief that trust would be established, resistance dissolved, and conflicts managed by John's obsessional activity would emerge.

John's program began with displays of geometric cutouts to be remembered (leveling-sharpening program) arranged in orderly rows and columns, and gradually increasing in number, colors, shapes, sizes, and eventually consisting of more ambiguous items arranged randomly. During interpolated delays, John and the therapist initially engaged in games of tic-tac-toe. John was enthused by the challenge of remembering displays of highly structured material and seemed relieved that he had "something to do in the meetings" and that the therapist did not "bug" him with questions.

Next, following Steps 4 and 5, John pushed cutouts from the edge of the table after drawing patterns he anticipated the cutouts would form. Because John associated that his cat leaped suddenly from various perches, "like the shapes," the therapist suggested the tasks be called "the cat game." Then John

was engaged in remembering displays of cutouts surrounded by pictures (e.g., wounded soldier; car wreck), or while listening to recordings (e.g., machine guns; exploding bombs), which John had identified stirred up fantasies and emotions he found both exciting and stressful. After showing ability to remember displays while balancing fantasies/effects, he dealt with displays of emotionally arousing material. Various knives were among the items used because, on several occasions, John had quietly carved his initials and other designs in school furniture, resulting in reprimands by the principal and punishment by parents (his sticker collection was taken away for two weeks).

Then when engaging tasks that required him to symbolize geometric cutouts and wooden cubes arrayed in patterns to be remembered, at first, John construed the items with conventional, neutral symbols (e.g., cars, animals), then with more personal symbols (e.g., leaves blown by heavy wind; pieces of a vase that had crashed to the floor), and finally with highly personal primary process symbols that reflected aspects of the pathological metaphors against which his cognition had been defended (e.g., pieces of bodies blown apart by a bomb). Throughout, John evaluated the degree to which a symbol communicated and fitted its referent (e.g., a large diamond was someone's leg; a small square an ear, following an explosion).

When introducing the first directed fantasy in the final phase, the therapist relied upon these earlier observations and transference phenomena

(e.g., John experienced the therapist as furious with him when he had accidently knocked over a vase in the waiting room). The therapist asked John to pretend a bomb scare had been reported in a building in John's hometown and he was a member of a special team trained to locate and diffuse bombs. The therapist located cutouts on the floor, which John imagined as specific pieces of furniture in the lobby of the building. John memorized the display, left, and returned. If the location of a cutout changed from its original position, the bomb was located under it. Subsequent fantasies gradually depicted more explicit violence, borrowing John's earlier fantasies. Displays of cutouts were imaged as persons with specific identities who were in a building just before a bomb exploded. When John reexamined the display, he determined who had been killed (missing cutouts) or "blown to the other side of the room" (cutouts changed location).

In the course of this work John gradually shared that when he had experienced the therapist as angry with him he imagined the therapist would "tear him apart," that he rearranged his desk instead of working because he feared the teacher would tear him apart once she observed the paper. He recalled with anguish beatings he had received from his father (acknowledged by father) and father's temper outbursts, and he evaluated expectations of being beaten by others in terms of the context at hand.

Inner Orientation

Inner-oriented children maintain a pervasive, rigid inner orientation, limiting the extent to which pretending participates in perceptions of reality and guides experimental actions in the environment. Frequently these children invest most of their mental activity in a fantasy world and become stressed especially when others block the ease with which they can slip into fantasy (e.g., parents remove the stereo set or super hero comic books; a teacher increasingly reminds the child he is staring out the window, tuned out). In extreme cases these children make use of hallucinated persons (as imaginary friends) and events as part of their fantasy world (e.g., a 14-year-old girl attending a public school revealed she was visited in her bedroom every night by a man who sometimes “smiled” and sometimes “stared in a mean way"). The fantasy to which the child retreats is viewed as both a defense and solution; that is, the fantasy is used as an escape from the demands of reality and pathological metaphors (e.g., the girl who hallucinated a man also entertained a continuous romantic fantasy world which provided protection from both school requirements and ongoing battles between her parents, as well as from her own aggressive-sexual conflicts).

Course of Treatment. Treatment begins by elaborating and organizing the child's preferred fantasy and representing aspects of this fantasy (e.g., persons, mythical figures, objects) with concrete items to be used in later tasks (Steps 7 and 6). Once the fantasy has solid referents in physical objects and attributes, these items are presented in cognitive control tasks (Steps 5

and 4) with which the child construes task-relevant information, first with highly personal and later with more conventional symbols, and develops an appreciation for those qualities of symbolic functioning that communicate to others. Then the child performs the cognitive control response with information perceived as it is but surrounded by task-irrelevant distractions that arouse fantasies/emotions. Once the child is efficient in perceiving and responding to the requirements of external stimuli, while simultaneously balancing fantasies/emotions, the child performs cognitive control responses with neutral, increasingly complex external information, without the participation of symbolizing and pretending (Steps 3-1). In the final phase, freed from the defensive, rigid uses of fantasy and capable of flexibly integrating external stimuli and fantasy in cognitive functioning, the child deals with cognitive tasks embedded within fantasies directed initially by the therapist and gradually by the child. Throughout this process, the child is helped to connect symbols and fantasies to present and past experiences, to learn how symbols fit the requirements of both reality and fantasy, how rehearsals in fantasy serve acting in reality, how the requirements of reality, previously segregated from awareness, influence maladaptations, and what alternative behaviors are possible.

Clinical Example. Jane was described as frequently lost in fantasy, and having no friends. After sitting for 30 minutes before a math exam, she had written only a 4-letter expletive in the margin. Although managing the first

school grades, she steadily became more withdrawn and “peculiar.”

Jane arrived for the first sessions with a tape recorder. Removing its cover, she interacted with the examiner through the recorder, fingering wires and gears. On occasion she spoke to her dog, Cuddles, who was not present. The therapist slowly joined Jane, peering into the recorder, talking with Cuddles, touching and inquiring about certain parts of the recorder, and engaging the recorder in conversation. Jane began to specify parts of the recorder (gears, wires of different colors) as various animate and inanimate objects. Gradually, the therapist specified concrete items as referents for the persons and things Jane noted in her fantasy (e.g., a particular red wire became the road from Jane's house to her school).

The therapist invited Jane to replicate, on the floor of the playroom, the world that had been created within the tape recorder so, "We can play it better and see it better." Pictures of buildings were cut out of magazines and geometric cutouts were used to designate various buildings, rods, telephone poles, and streets were defined with tape. Jane and the therapist walked on the streets at different tempos (tempo regulation program), visiting stores where items were purchased with no particular restriction as to how the material purchased was construed (e.g., paper strips as candy bars). Focal attention tasks were introduced next to engage Jane formerly in the process of symbolic functioning. For example, she scanned two rods to determine

which was bigger, at first construing them with personal symbols (as big and little bowls of porridge) and later with more conventional ones (as pencils), evaluating the fit between a symbol and the attributes construed. When field articulation tasks were phased in, she surveyed rows of a few geometric cutouts and gradually of a larger number strung across the length of the room, fantasying that she was inspecting items on a store counter to select the ones designated. Again the items were construed initially in personal terms (e.g., cakes and cookies) and later in more conventional terms (e.g., as fruits and vegetables each matching the colors and contours of the cutouts to some degree). Still later Jane handled more complex field articulation tasks, with cutouts now perceived as they are and while the displays were surrounded by pictures that for Jane aroused particularly stressful fantasies/emotions (e.g., an infant nursing). When Jane showed efficiency performing while balancing fantasies/ emotions, she handled a long series of more complex field articulation tasks consisting of neutral stimuli (e.g., cutouts, paper clips, buttons) without engaging in fantasy.

When ushering in the final phase of directed fantasy, the therapist relied upon earlier observations. Jane had often centered on the issue of relative size (e.g., small and large switches; short and long wires), and when symbolizing information, typically offered constructions illustrated by a small, blue circle construed as “a stomach monster that eats forever." In the transference she sometimes perceived the "stomach monster" in the therapist's belly, playfully

patting it and saying, "The little thing is eating forever." In the first fantasy directed, the therapist asked Jane to pretend that an array of single cutouts, and stacks of two or three, were mountains of ice cream of certain combinations of flavors and to feed dishes of ice cream, designated by the therapist, either to a baby doll or to herself (a field articulation task). Jane elaborated and directed that the baby regularly ate big mountains of ice cream (stacks of cutouts) while Jane ate "only a little bit" (single cutouts). With the benefit of cognitive gains achieved, she gradually cultivated awareness of her global view that her baby sister "gets everything," while Jane gets "nothing," examined events involving her sister and parents in more specific and realistic terms, and attempted to modify behaviors she brought to these relationships, as well as to teachers who Jane regularly complained always favored the work of other children.

Cognitive Control Dysfunctions in Aggressive Disorders

From the view of CCT, one main reason for the child's habitual lack of control over physical aggression is the fact that the autonomy cognition should maintain between reality stimuli (especially those suggesting aggression) and fantasies (especially those concerned with aggression) collapses abruptly. With this collapse a specific detail in reality is centered (e.g., someone's eyes; position of the hands) and fused with the requirements of aggressive fantasies, resulting in "exaggerated apperceptions" of imminent

danger to one's integrity and/or safety (e.g., "The glare in his eyes—like he was ready to kill," "The way he held his hands; He was going to swing"). Sometimes cognitive autonomy collapses in response to an inanimate object, which is suddenly used in an aggressive way (e.g., "I saw the brick on the ground and the next thing I knew it was flying." "His shirt was hanging out; I just pulled and tore it.").

Goals. Develop an appreciation of standards of objects and persons and whether one's actions meet them, the capacity to recognize and maintain cognitive autonomy from external stimuli that are likely to be construed in aggressive terms, and the capacity to pretend, expressing aggression in play acting rather than in concrete terms.

Course of Treatment. Having selected the appropriate program, begin with the neutral tasks of Steps 1 through 3, giving special attention to developing the child's capacity, while responding with the cognitive control, to manage more ambiguous information, and to shift points of view. The aggressive child needs a particularly solid base in flexibly shifting points of view in preparation for the next steps, which involve fantasies/emotions and symbolizing.

When the child is ready to process neutral tasks surrounded by task-irrelevant, emotionally arousing distractions, extra care is taken to guide the

child in selecting a wide range of stimuli which provoke degrees of aggressive fantasies/tensions from none to moderate to very intense. The more fitted the material to the child's unique make-up the more effective this phase of treatment. For example, because a child indicated that particular boxers and boxing matches were especially potent triggers of aggressive tensions, tasks were eventually surrounded by boxing pictures from sports magazines (Step 4). Along the same lines, when construing neutral material (Step 5), the child is guided in using the same aggressively potent categories and in evaluating the fit between a symbol and the attributes of its referent. For example, the child noted above imaged various forks to be remembered as specific professional fighters, fitting the attributes of each (e.g., a thin, small fork was a particular very fast, light weight; a big, thick fork was a slow, heavy weight; etc.). The fantasies directed by the therapist in the last phase rely upon these same ingredients.

Special Techniques. One technique regularly employed with aggressive children blends methods used to manage resistance with those used in directed fantasy (see Chapter 3). Each time the child aggresses against material or the therapist, the aggressive response is made part of the response required by the cognitive task with which the child is working. By repeating this technique over many tasks, aggression is modified and transformed into more indirect, attenuated, delayed, and symbolic behaviors.

Another technique, *Fantasy/Reality Chairs,* is used especially with aggressive disorders at that step in a program when the child construes information. With this technique, intended to cultivate flexibility in cognitive autonomy, the child produces aggressive imagery in response to a stimulus, abruptly suspends the imaging process, engages the same information as it is, and then shifts again into the mode of imaging, and so on. The therapist places two chairs side by side and attaches a sign, “fantasy chair," to the back of one and “reality chair" to the back of other (or with younger children "make believe chair" and “real chair") and says, "With this game you shift back and forth between making believe with something and thinking about the same thing without making believe. When you sit in this chair (pointing) you make believe; when you sit in this chair you don't make believe.” The therapist explains further that the child begins in one chair, engages the task as defined by that chair, and then *without* notice, upon the therapist's request, shifts to the other chair continuing to engage the same material as defined by that chair.

A focal attention task can serve as an illustration. Assume the child first sits in the reality chair. The therapist presents keys placed 6 feet apart and asks the child to describe each one in detail and then to point to the one that contains a particular set of multiple attributes (e.g., the one with more teeth, a thinner stem, and fewer designs engraved on the head). As the child describes each key, the therapist taps the fantasy chair. The child immediately gets up

from the reality chair, sits in the fantasy chair, and *at the same time* changes the response process, now imaging the keys as something else as designated by the therapist (e.g., pistols to determine which one can shoot farther). Then again, while the child is imaging the keys, the therapist taps the other chair without warning; the child shifts, suspends making believe, and engages the keys as they are.

An illustration of the technique with aggressive stimuli: the child is presented two pictures, each depicting crowds in a riot, one in a street with buildings burning, and the other in a large lobby with furniture toppled and scattered about. When in the reality chair, the child counts the people (or police) to determine which picture has the larger number. When in the fantasy chair, the child images what's going on and makes up a story about each—what led up to it, what's happening now, how it ends. With practice, children learn to shift quickly and eventually continue with a fantasy whenever sitting in the fantasy chair. This technique is also used with directed fantasies to cultivate flexibility in the child's cognitive autonomy and to help the child learn the difficulties he/she experiences when attempting to subordinate and suspend an aggressive fantasy in order to perceive details in reality accurately.

Clinical Example. At home Harry frequently exploded in anger "over little things," was easily frustrated and bored while doing school work, and

rarely completed chores. At school, he showed a very short attention span, restlessness, angry outbursts, and poor academic performance. Parents were finally pushed to seek assistance for him when he hurled a book at a student.

Emphasis of Initial Phase. In presenting tasks that gradually increase in complexity, point out aggressive fantasies and behaviors that are reactions to specific increases in task complexity in order to help the child observe and become aware of habitual cognitive strategies used to manage emerging aggression tensions; integrate aggressive behaviors within the task as relatively brief, segmented aspects of the response required.

Illustration: While engaged in tempo regulation tasks, Harry frequently bolted out of the room. The therapist asked Harry to leave the room and walk down the corridor at various tempos (fast, regular, and slow), timing him and asking him to image an animal associated with the tempo, following the guidelines of that program. When dealing with focal attention tasks, Harry abruptly broke a wooden rod used in a scanning task. The therapist placed wire coat hangers next to each rod and asked Harry to twist the coat hanger next to the rod that he selected in response to the task requirement (e.g., biggest, thinnest). The therapist also pointed out, "As soon as we moved the rods 10 feet apart, so the game is harder, you broke the rod to get out of doing it." At another time, with a field articulation task, Harry suddenly screamed "This is f___ boring!" (a common complaint) and with an open hand "karate

chopped" the cutouts off the table. In seconds the behavior escalated, as he karate chopped various toys. The therapist restrained Harry and pointed out that a familiar pattern was happening. He becomes bored and then fights everything when the work becomes complicated. With subsequent tasks Harry was invited to karate chop particular series of cutouts from the display.

Emphasis of Middle Phase. Integrate repetitive aggressive behaviors within a cognitive task, but now sustain the behavior and task for longer periods within the child's metaphor. The first metaphors emphasize macro-actions as well as some fantasy, and gradually emphasize differentiated fantasies with actions subordinated. The task and metaphors require increasing degrees of delay and displacement of aggressive actions.

Illustration: As Harry showed gains with field articulation, the next time he regressed, the therapist sustained the metaphor of a karate fighter within the task. He asked Harry to pretend he was "Congo the karate fighter" and "chop" each cutout, which now were construed as persons or as bars of metal or wood of different thicknesses. Harry followed the suggestion with exuberance, pounding each item and yelling, "Yuh!"

Each time Harry regressed while dealing with tasks, other action metaphors were introduced followed by fantasy metaphors with actions subordinated. The therapist suggested competition be staged between two

fighters to see who remembered the most complicated sequence of cutouts. As Harry enacted the part of each fighter, the therapist suggested that someone important needed to set the standards for these matches. Harry introduced the "King of Karate" to keep records and determine the conditions and winner of each match. Instead of enacting this character with his whole body, Harry designated a puppet as king. With each trial, the number of cutouts to be chopped increased and the order became more complex. Further, the king (directed by the therapist) required the fighters to perform specific, increasingly elaborate body movements, before striking a cutout, and designated edges of the cutouts which, if struck, demolished the victim and brought extra points. Gradually arenas were staged and tickets sold to imaginary fans who witnessed the battles.

In addition to illustrating the technique of embedding aggressive behavior into cognitive tasks and metaphor, this theme illustrates how cognitive control of aggression is achieved by transforming action metaphors into fantasy metaphors that attenuate and delay activity. Harry's karate chops gradually diminished in vigor without comment by the therapist. Eventually a melodramatic "Yuh" was accompanied by a moderate physical tap against the edge of the cutout.

Emphasis of Final Phase. As the child effectively integrates and regulates cognitive activity, aggressive actions, and fantasies, introduce interpretations

that rely upon previous metaphors used with the cognitive-aggressive games. Interpretations should address both the complexity of information being processed and the aggressive components.

Illustration: When Harry reached the final step engaging in directed fantasies, the therapist relied upon the same metaphor and encouraged Harry, for example, to assign identities to other fighters and label particular karate moves. Harry named one fighter, “Chink the Chopper." Chink broke rules, could not wait his turn, used foul language, and set fires. Chink was replaced by Tony, who, in turn, became an actual peer in Harry's class whose behavior qualified for the part. In this way the metaphor was transformed from the world of private symbols to the world of social convention, real persons, and events. Initially, Harry talked about his difficulties with aggression through discussions of Tony's escapades which served as a displacement. Gradually Harry examined his own thoughts and behaviors directly. Moreover, he eventually recognized that Chink the karate fighter, Tony the karate fighter, and Tony, the classmate, were different lenses, each one bringing some issue about himself into view.

Excessive Shifts in Orientation

These children habitually shift abruptly between outer and inner orientations, maintaining a segregation between the two sources of

knowledge. In retreating to fantasies to escape the demands and stress of outer information, or in retreating to external information to escape the demands of fantasies, these children block the influence of metaphors on action and prevent the assimilation of actions that could restructure metaphors. Since these shifts represent exaggerations of cognitive autonomy, the details to which cognition shifts are usually irrelevant to the context at hand and hold no obvious connection with the information immediately preceding it.

Goals. Rehabilitate the tendency to employ exaggerated degrees of cognitive autonomy as a defense and develop the child's ability to *sustain* the two-fold process of dealing with information as it is and when construing it in terms of fantasies/metaphors that arouse stress/anxiety.

Course of Treatment. Begin with Steps 1-3 of the program selected which present neutral tasks that do not require the process of imaging/fantasy. While administering these tasks, whenever the child shifts from an outer to an inner orientation, elaborate and categorize the issue *to which* cognition retreated, then the issue *from which* cognition retreated, and then, with a series of expanding symbols or metaphors, join the two issues to bring new information into view and to guide new actions in the environment. The same principle is followed when tasks are introduced later that require construing information. Now the child is more likely to shift from

the inner orientation required by the task to an outer detail. Again the issues to which and from which cognition retreats are noted, elaborated, and joined with symbols.

Criteria guide which shifts in orientation are selected for formal intervention. When working with tasks, the child usually reveals issues in reality, as well as metaphors, that are major sources of stress and unsuccessful adaptation. These issues are usually accompanied by brief but significant bursts of intense anxiety and agitation. An abrupt shift from such an issue to the opposite orientation, and to a detail that is *unrelated* to the ante- ceding issue, qualify for formal intervention. Also, when engaged in extreme shifts, the child frequently turns attention to the same detail. This perseverative quality indicates the issue is cast in a category that has “hardened" and signals the need for intervention. Since the therapist is relatively unfamiliar with details in the patient's current situation and private metaphors, cognitive shifts are allowed to sustain, during the first phase of treatment, as an understanding is gained of issues being segregated. Later the therapist intervenes more quickly.

Clinical Example. Tom, a 14-year-old, fluctuated between spending hours wearing stereo earphones or “keeping busy" (e.g., constantly categorizing his collection of rock records). In school he was sometimes “spaced out" and sometimes frantically working on assignments, which were

usually poorly organized and rarely completed.

Emphasis of Initial Phase. As neutral tasks increase in complexity, make a mental note of the issue *from which* the child retreats and aid the child in elaborating and "loosening" the issue *to which* he/she retreats. With each elaboration, impose a new symbol on the issue, providing a different view and facilitating future elaborations. Fit the degree of emotionality introduced by symbols with the patient's psychology. As the internal issue is elaborated and reformulated with new symbols, return the child to the issue *from which* cognition retreated and loosen and elaborate that issue.

Illustration: Beginning with a program of equivalence range tasks, Tom examined starter objects, listing and categorizing their attributes. Initially starter objects were neutral (e.g., a marble cube) and later invited fantasies (e.g., a jackknife; a picture of teenagers walking hand in hand).

While categorizing the attributes of a jackknife, Tom abruptly stopped, became agitated, and complained he could not concentrate. Thoughts about biology class were racing through his mind, a topic to which Tom had retreated on other occasions and which had been loosened and elaborated. For example, when Tom detailed that he could not get started with experiments and papers due, the therapist symbolized, "Biology class is like being stuck in mud." When Tom listed he would be "damned" if he completes

an extra assignment, and that he always arrives late for class, the therapist symbolized, "Biology class is holding yourself back from doing something." When Tom listed his lab partner "p___ me off" and the teacher's style irritates him, the therapist symbolized, "Biology class is getting furious at people."

When Tom retreated to the biology class, this time while listing the physical attributes of a knife, he was asked again to list details of the class. In addition to repeating details, he added that he frequently looks at frogs immersed in a large jar of formaldehyde, sometimes poking them to see if they are alive or dead. Yesterday the teacher reprimanded him for standing there again, "dreaming" instead of working.

Because Tom had elaborated the issue of biology class to a fair degree, the therapist returned Tom to the starter object (knife), and to the card on which he had listed the last attribute (sharp) from which he retreated, and asked him to recall what was on his mind when he wrote "sharp" and just before his thoughts jumped to the biology class. Tom exclaimed, "Kill! I was going to write kill." Then he added, "I had a dream about killing." To elaborate this issue Tom was asked to list and group details of the dream, following the technique of equivalence range therapy. Over several such analyses it emerged that Tom experienced a recurring dream in which he repeatedly stabbed some animal or person, lifting the eyelid with each stab to see if the "thing" was dead or alive. While listing details of the dream, Tom initially was

in a near panic state, vigorously scratching his thighs, and gradually displayed more efficient cognitive-affective balance while detailing and grouping the biology class and the dream.

Emphasis of Middle Phase. Relying on the child's ability to elaborate issues to and from which cognition retreats, without regressing or resisting, the therapist introduces symbols/metaphors which *integrate elements from inner and outer issues.* Initially the symbols are concrete, global, and neutral, and later more abstract, differentiated, and emotional. Imposing a series of expanding metaphors increases the extent to which inner and outer details are integrated and teaches the child how each new integration, with its metaphor, brings the issues into view in a different way, resulting in new information.

Illustration: As the biology lab and dream were detailed and categorized, the therapist integrated one concrete detail from each pointing out that Tom's attention jumped from the knife (and dream of killing) to biology (dead frogs), that the dream occurs repeatedly and he repeatedly looks at the frogs, and thus the dream and frogs are the same because his mind returns to each "over and over again," a relatively neutral, concrete metaphor joining the two domains. As therapy continued successive metaphors embraced new details especially ones concerning sadism Tom witnessed and sadist metaphors Tom entertained while listening to rock music (e.g., watching a Boy Scout use his

knife to taunt a cat he had tied; fantasies in which Tom imagined himself as a Gestapo torturer).

Emphasis of Final Phase. As the child shows some ability to associate from one issue to a *related* issue in the other domain, gradually relinquish giving directions and follow the child's lead, examining and integrating current topics with metaphors. In this phase the process resembles issue-oriented psychotherapy where child and therapist remain focused on a topic each has agreed to examine.

Illustration: While engaged in a directed fantasy, which included equivalence range tasks and the motif of prisoners of war, Tom anxiously noted that his father fell and had gone to the emergency room where a cast was placed on his ankle. His thoughts went to a history assignment concerning World War II. With no guidance from the therapist, Tom began to relate aspects of the assignment (describing the invasion of Normandy) to his rage towards father and fantasies Tom had indulged in which he tortures father. Here Tom showed a cognitive orientation that related, rather than segregated, external details with metaphor, and was able to explore again how, whether, and when his rage was appropriate, on the one hand, and on the other, that his fantasy did not break his father's ankle.

RESTRUCTURING PATHOLOGICAL METAPHORS

This section describes observations from a non-directed phase of treatment conducted after a directed CCT program. (For other clinical examples of restructuring metaphors in non-directed treatment see Santostefano, 1984; in press a; in press b.) The case is intended to illustrate how children repeat and restructure pathological metaphors with the benefit of stage- adequate cognitive functioning. The discussion assumes the reader's familiarity with the concept of metaphor and related issues discussed in Chapters 2-4.

Narrative descriptions of treatment sessions were recorded and subsequently examined to determine what pathological metaphors were repeated, whether with each repetition the metaphor was restructured following the developmental progression from action to language, whether with each restructuring the child internalized standards (superego) represented by imagined ideals, whether the metaphor spiraled to a higher developmental level as new coding capacities emerged, and whether the child's reformed concepts of self and others resulted in less pathological behavior.

The metaphor was viewed as having been restructured whenever major changes occurred in the theme, the roles assigned to child and therapist (e.g., a shift from mythical to human figures), and the behavioral mode dominating the play (e.g., action to fantasy). The child initiated and authored the

configurations of play; the therapist initiated behaviors within the child's metaphor, in the service of providing the child with interventions to assimilate that could restructure the metaphor.

Clinical Illustration

Mary was referred at the age of 5 years because during preschool she regularly pushed children, took away their toys, and on occasion angrily bit or struck them. She stubbornly refused to engage in classroom activities, and moved about in a frantic pace, showing a very short attention span and a marked inability to sustain work for even a few minutes. At home she was impossible to manage, frequently taking toys from her siblings, exclaiming that no one liked her, defacing property (she painted the hallway wallpaper) and sometimes withdrawing to her room. Mary was adopted at the age of three years and removed from a foster home because of physical abuse. Her course of directed treatment consisted of programs in body ego-tempo regulation, focal attention, and aspects of field articulation. When she showed stage-adequate cognitive control functioning and the capacity to participate efficiently in directed fantasy, a phase of non-directed therapy was conducted for a year, two sessions per week.

Metaphor: I am Vulnerable and Need Protection. When the treatment took on a non-directed format, Mary spent a few sessions in diffuse

aggressive activity, toppling dolls and other material off the shelves and shooting darts at the ceiling, walls, windows, and sometimes at the therapist, shouting repeatedly, "I shoot you in the eye—you're dead—you can't see.'' Each time the therapist fell to the floor melodramatically and held his hands over his eyes pleading (e.g., "I can't see! You have to help me see so I can help you.'').

Gradually Mary stopped her diffuse aggressive activity and busied herself collecting a wide variety of objects, (e.g., pieces of paper, wooden blocks, paper clips, sticks) which she called “money/' eventually filling a box. The therapist offered papers from his desk and credit cards from his wallet. Mary accepted these, and the two spent several sessions spreading the “money" on the floor carefully arranging and counting it. Mary elaborated the meaning of this activity. She stuffed the material in her shirt, behind her belt, or in her pockets pretending that with “all the money in the world I get anything—no one can hurt me." The therapist helped Mary "pad herself" with money (e.g., in her shoes, socks, taped to her shirt), enacting that the more money she has the safer she would be.

Metaphor: Balla the Good Force Battles Bocco the Evil Force. Mary shifted the activity when she handed the therapist a mask announcing, “You're Bocco the bad guy" and she “Balla the good guy." She prescribed that the two engage in fighting using bottacas (long pillow-like clubs with handle grips). During

numerous battles, Mary elaborated that Bocco's sword was better (it had a "special green point") and he was very mean and wanted to “hurt her." On occasion Mary wore the mask and played the role of Bocco. When Mary sometimes bordered on regressing, flailing wildly and screaming, “Die Bocco!" the therapist introduced tempo regulation tasks used during the structured CCT program and directed, for example, that Bocco and Balla fight on a sidewalk (tape was placed on the floor to form a path) and that sometimes they fought in slow motion “sunk in water," and sometimes fast.

Metaphor: Balla Obtains Special Protection to Battle Bocco. As the battles ensued, with Mary emphasizing Bocco's strength and the power of his magic "point," the therapist, when assigned the role of Balla began to arm himself with “special things to make me extra strong against the magic point." Mary assimilated this intervention and for several weeks, collected various objects and located them on her person (e.g., she placed several dart guns, plastic darts, and an assortment of Tinker Toys® in a belt she borrowed from the therapist; she wore a necklace of large wooden beads around her neck, and she stuffed rods and cutouts, used previously in structured tasks, in her pockets). At times, when loaded down with this material, Mary spontaneously climbed on the table, raised her arms and exclaimed, "I'm Balla the Strongest. Wow, no one can hurt me now." The therapist echoed the exclamation and enacted awe over Balla's strength. During this phase Bocco did not appear nor were battles fought.

Metaphor: Bocco Is Crazy and Tortures Balla. Handing the mask to the therapist, Mary reintroduced Bocco, prescribing a series of activities over a number of weeks in which Bocco enacted increasingly more sadism. For example, "crazy" Bocco tied Balla and put him in a dark corner or under the table. While Balla was tied Bocco poked at him and yelled at him. When Mary assumed Bocco's role, she tied up the therapist as Balla, had him lie on the floor, and whipped him with a belt or rope. Sometimes Mary crossed the boundary between play acting and acting on impulse, showing little or no evidence of pretending. The therapist yelled, "You're hurting me," and demonstrated how someone can "play" whipping another person. When the therapist played Bocco, he emphasized pretending to whip, vigorously waving his arms, but insuring that the belt only touched Mary.

Metaphor: An Ego Ideal, Mr. T. Comes to Balla's Aid, Overpowers, and Reforms Bocco. When playing the role of Balla being tortured, the therapist enacted, "Somebody help! I need somebody who can really get Bocco!" When playing the role of Bocco torturing, the therapist enacted, "Is somebody coming to save you? I hope not!"

Mary introduced "Mr. T" (a favorite television character of hers) and assumed the role. Mr. T, armed with toy pistols, sticks, rods, cutouts, and paper "badges" taped to his shirt, repeatedly broke into the room as the therapist "whipped" an imaginary figure, overpowered the therapist, and

marched him off to jail (under the table). Mr. T sometimes arrived with his "gang," a group of highly disciplined fighters, armed with special weapons, and TV cameras so that "they know what's going on that's bad and they can go everywhere to stop bad people." After Bocco is repeatedly defeated and jailed, Mr. T decides to kill him "once and for all since you won't stop whipping." Bocco, who had already expressed awe of Mr. T and his squad, pleaded for a chance to join the squad and prove his worth. Mr. T agrees, civilizes and trains Bocco, and assigns him a place in the squad, now with the name "Sala" (a new identity).

Metaphor: Mimi, a Doll, Is Punished and Rescued. Mary shifted the motif to a girl doll, “Mimi,” (a significant change since until now all characters were males) who is spanked by human dolls, then beaten, whipped, and sometimes placed in a shoe box, which Mary carefully and elaborately tied with a long string. Sometimes while lying tied in bed Mimi startled upon hearing footsteps, "The witch is coming!" Mary elaborated an imaginary "green witch" who was meanest of all and kept Mimi captive. Another doll (a hand puppet of an elderly male figure) repeatedly came to Mimi's rescue and took her away by car, boat, or airplane.

Metaphor: I Enjoy Competitive Games and Academics and Recall Traumatic Experiences. Mary phased out Mimi and initiated form board games (e.g., "Candyland," "Chutes and Ladders,") engaging the therapist with an

intense competitive spirit. She also "played office," arranging a table with paper, pencils, and talking to fictitious persons who telephoned. During this play she frequently referred to her adopted mother who was an executive in a business firm. She brought school books to the sessions, proudly showing the therapist her newly acquired reading skill. Gradually she initiated comments about her current situations and past experiences (e.g., "Do you know my parents aren't my real parents?" "When I was a baby I used to live in a small place, not like the big house I live in now." "The lady before was a witch." "The small place had green wallpaper everywhere." "All these guys kept coming to the house." "My mother is tall; my first mother was fat."). She also discussed events occurring at home and school. At these times details were examined and discussed and she gained some awareness that her chronic view of "no one likes me" was not always supported, that the view is correct in terms of her foster mother and friends, and that Mary sometimes behaved in ways that should result in parents, siblings, teachers, and peers not liking her.

Critique. Aided by cognitive tools developed previously, Mary was able, during a phase of non-directed therapy, to sustain effort in pretending and symbolic functioning so as to define, express, and eventually resolve particular pathological issues which had been interfering with her functioning and development. These issues were organized in a series of metaphors, which represented the past and prescribed behaviors initially coded in the action mode. Mythical symbolic characters and events were enacted by her

total body and that of the therapist's and by using all available space in the room. The same issues were then organized in a metaphor that represented and prescribed behaviors coded in the fantasy mode as humanlike symbolic characters were enacted by dolls and materials within the micro-space of a tabletop. As interventions by the therapist were assimilated into these action and fantasy metaphors, pathological issues were restructured and resolved in the unconscious, resulting in prescriptions of more sublimated behavior. At the same time, the issues also surfaced into consciousness as memories, attitudes, and beliefs, coded and expressed in the language mode and became available for reflection and discussion.

The first metaphor Mary constructed defined her body/self as vulnerable and in need of protection. The therapist communicated his understanding and availability in the action mode by providing credit cards and papers from his desk. Having guaranteed the therapist's availability, Mary then expressed her conflicts in terms of a good force (her wish for competence and growth) battling a bad force attempting to hurt it (representations of early caretakers and negotiations).

When the good force acquired special protection and strength to continue the battle, Mary organized her key pathological metaphor: A bad force, Bocco, is a sadistic monster with a special green pointed sword who tortures the good force (Balla). Mary usually enacted this issue symbolically

though sometimes in terms that were concrete and nearly autobiographical. This metaphor clearly represented abuse she had experienced during her first three years. According to the adoption agency, Mary, on occasion, had been shut up in a closet, tied, and beaten, sometimes by her foster mother (who incidentally made heavy use of the color green, e.g., her apartment was wallpapered in green) and sometimes by one of her boyfriends.

Mary's key pathological metaphor represented the earliest developmental issues defining her body/self as vulnerable and despised and others as untrustworthy and attackers, or as indiscriminant targets of her aggression, which was coded in oral (biting) and anal (opposition) terms. This metaphor construed present stimulation, even the classroom, as potentially dangerous and prescribed that Mary constantly flee or aggress, resulting in behaviors characteristic of her at home and school.

To help Mary restructure this metaphor, the therapist intervened always in the child's metaphoric mode of action. He assisted the good force in obtaining special resources (guns, darts, sticks), elaborating the qualities and intentions of the good and evil forces, and then directed that an ally, feared by the bad force because of its power to invoke standards, could rescue the good force from its plight. Mary assimilated these interventions and introduced ego ideals in the metaphor of Mr. T and his squad who overpowered and eventually reformed the bad force. As Sala, the new identity of the bad force,

the pathological representations and prescriptions were now civilized and responded to rules (superego).

Having assimilated these interventions, restructuring the action metaphor, Mary repeated the same issues now in the fantasy mode, assisted by micro-actions. Using only the surface of the table, she manipulated dolls, strings, and boxes. While the metaphor again represented and prescribed, for example, imminent danger and abuse by others, it now emphasized escape to freedom. Rather than mythical creatures, the characters were identified as humans. Even the green witch, who was Bocco reincarnated, was more human-like. This transformation indicated that the issues were being cast in more conventional symbols and steadily surfacing to consciousness.

Freed from the pathological metaphor, Mary's representations of self *I* other spiraled to the phallic stage defining her body/self as less vulnerable and more adequate and others as competitors. Her aggression was now coded in terms of competitiveness and pride in academic achievement, transformed from biting and pushing to intensity in winning and succeeding. Further, the foundation for her sexual identity was put into place. In play, she identified and imitated her adopted mother as a successful executive. Significantly, at the same time she began using self-reflection and self-report, spontaneously discussing present and past reality events that related to her difficulties.

How did the restructuring of metaphors in the treatment situation relate to Mary's behavior at school and home? Teachers reported that Mary's punching and biting dropped out, she cultivated a few friends, and engaged her school work with intense competitiveness, so much so that teachers hoped the intensity would eventually attenuate. Parents reported she stopped defacing property, was less oppositional with them and siblings, and no longer withdrew in angry silence. Most importantly for mother, on occasion Mary spontaneously hopped on her lap, hugged her, and playfully commented, "It's my turn,"—referring to her infant step- sibling who was born about the time Mary entered a non-directed phase of treatment.

These observations suggest the value of the proposed concept of metaphor as a guide in non-directed treatment. Ideally, self-statements, beliefs, opinions, forming metaphors about oneself, others, and experiences, should have deep and widespread roots within the fantasy mode where the same issues are cast in images, and also within the developmentally earlier mode of actions and gestures. Without these roots, integrating the three modes, self-statements and beliefs, float detached as intellectualizations having little power to steer behavior, fantasies are deprived of the benefits of rehearsal and fulfillment in reality experiences, and actions are robot-like lacking the breadth, psychological economy, and comprehension provided by language and fantasy.

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