

CRISIS MOBILIZATION THERAPY -- A NEW APPROACH FOR EFFECTING CHARACTER CHANGE

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I am grateful to have been invited to participate in this symposium, for it affords me an opportunity to publicly begin a dialogue about the nature of psychotherapy and the nature of group psychotherapy in which I have been involved privately for some time. The problem is so vast and its nature so complex that naturally, we will not possibly be able to exhaust its full scope today. I have recently been working on a manuscript of a book dealing with the same subject, and even this expanded medium allows only for a less than complete consideration of all the relevant issues.

THE CONFUSION

The program description of this Symposium states that "a wide diversity of group therapies which vary sometimes radically in their underlying conceptual and technical approaches is an extraordinary development in our field". The very existence of this extraordinary development requires an explanation. Whenever many solutions are offered for one and the same problem, it is safe to assume that the truth still eludes us. Before the elucidation of the bacterial and the viral bases of contagious illnesses, Man believed naively that supernatural forces were the causes of many calamities, and offered tribute to non-existent deities which were supposedly responsible for such tragedies. Dunlison's Dictionary of Medical Science published in Philadelphia only one hundred years ago states under the term Contagion:

"Contagious diseases are produced either by a virus called contagium...as in small-pox, cow-pox, hydrophobia, syphilis, etc., or by miasmata proceeding from a sick individual as in plague, typhus, measles and scarlatina... Physicians are, indeed, by no means unanimous in deciding what diseases are contagious, and what not. The contagion of plague and typhus, especially the latter, is denied by many."

Tuberculosis was non-existent then as a known medical entity, but its predecessor, Consumption or Phthisis Pulmonalis, is specifically mentioned as possibly being contagious, "but apparently without foundation".

The condition known as hysteria is also described:

"...it received the name hysteria, because it was reputed to have its seat in the uterus...but it is not confined to the female: well-marked cases are occasionally met with in men... [it consists of] alternate fits of laughing and crying, with a sensation as if a ball--Bolus Hystericus--ascends from the hypogastrium towards the stomach, chest and neck, producing a sense of strangulation. The attack appears to be dependent upon irregularity of nervous distribution in very impressible persons."

The latest of therapeutic innovations for this psychiatric condition are also given:

"...dashing cold water on the face, stimulants applied to the nose, or exhibited internally, and anti-spasmodics form the therapeutic agents. Exercise, tranquillity of mind, amusing and agreeable occupations, constitute the prophylactics."

^{SUCH}
~~Some~~ certainty in the face of what we know now to have been blind ignorance would hopefully imbue us with some humility as we expound our present day knowledge. Although mental illness is as old as other illnesses, the specialty of psychiatry as a scientific branch of medicine is relatively young. The state of the art in this specialty has been compared by many to that of general medicine two hundred years ago. As a result, there is no unanimity of opinion as to whether

mental illness even exists as a real illness, and if it does, whether it is basically psychologic or physiologic in origin. Some psychiatrists and psychologists consider mental illness a myth that exists to support the establishment, others regard it simply as an expression of the Existential travail of Man.

It is understandable, therefore, that in this primitive state of affairs, many psychiatrists do not believe in the value of psychotherapy and do not practice it in any form. The vacuum that was thus created by the professional bankruptcy of an important segment in psychiatry was rapidly filled by non-medical therapists, who have found the field of psychotherapy not only personally satisfying but also economically rewarding. Their very entry and their continued existence in the field is facilitated and made easier by the existence of the non-medical model as it relates to the treatment of mental disorders. Karl Marx observed as early as 1859, long before he became a poster and a banner, that "Men's social existence determines their values". In the light of this observation it is understandable why the non-medical model is being promoted and fostered even if it is confusing, and even if it makes only little sense in reality.

Not surprisingly, non-medical therapists are no less perplexed than their medical bretheren in their understanding of psychotherapy, its logic and its mode of operation. Such lack of clarity about psychotherapy in general, is multiplied many fold as it concerns the much more complex sub-specialty that deals with groups rather than with individuals. Several conscientious, honest and bright individuals have, nonetheless, laboriously constructed new theories from pieces of knowledge and then proclaimed their vision as being the whole truth.

The situation is in many ways reminiscent of the famous story about the

seven blind men who wished to discover the nature of an elephant. Their blindness prevented them from perceiving the totality of the beast, and instead, each was completely convinced, after carefully scrutinizing the part of the animal closest to him, that his description was both factually accurate and realistically correct. Such seven honest men must have been totally at a loss to understand how they could possibly comprehend the same animal in such totally divergent ways. To the extent that they were free of unresolved personal conflicts and hostilities, they might at least hear each other's description. With sufficient maturity and wisdom, such blind men would not dismiss as nonsense descriptions that are different from their own perception. As we know, but they could not, all of their descriptions had some truth in them. They merely represented different aspects of the total picture.

If, on the other hand, the competitive nature of such blind men prevailed, and if each of them had a need to aggrandize himself as a discoverer of the whole truth, surely their entire project would have been doomed to utter failure. While Freud and Lewin, Perls and Berne, Lowen, Janov and a few others might have been able to listen and hear each other, had they had such an opportunity, surely their partisan followers are totally incapable of doing so. Instead, complex theories are generally simplified, popularized, and held up by followers as the only truth, disdaining all others. It is probably safe to assume that each of the original contributors, from Freud on, would probably have disowned many of the practices that are so avidly proclaimed in their name by their followers. The historical moment may finally be at hand for us to try fitting the different parts into a whole picture.

THE PROBLEM

It would be much easier to do what we wish to do if we remember what the problem is all about. This is sometimes lost in the heat of discussion.

Psychotherapy is therapy, the process of healing, of the psyche. The psyche is an abstract term coined to describe the mental functioning of a person. Psychotherapy, therefore, is the process by which the internal structure of the mental functioning of a person is changed, with the goal of making his or her life less painful and more satisfying and enjoyable. A mentally healthy individual is capable of working and enjoying himself without spending unreasonably excessive energy and without experiencing undue pain. The aim of psychotherapy is to help individuals reach such a goal. Those who wish to avail themselves of what psychotherapy has to offer come because they encounter seemingly unbearable difficulties in living their lives in a satisfying manner.

A very important factor contributing to the confusion that clouds our field may be found in the fact that patients present themselves with very vague and ambiguous complaints whose very identification and clarification is part of the psychotherapeutic process. In extreme cases, individuals do not even know that anything is wrong with them, and consequently they do not seek any help at all. In less extreme cases, a person may no more than sense that something is wrong with him, without being able to identify, explain or describe the nature of the difficulties. When the therapist is unable himself to recognize the vague complaints as symptoms of a real illness, he or she will tend to dismiss them as part of Existential anomie or as part of the Crisis of our Time. In such cases,

the despair and desperation of patients is only increased, since they feel again that their call for help, even if clumsy, was again not heard but explained away.

The field of psychotherapy is so clouded with confusion also because the incidence and prevalence of mental illness is so great that it, and not mental health, is the mode of our society. Mainly as a result of the urbanization of our society and the resultant breakdown of the family, ego development of the majority of individuals is impaired to a lesser or to a greater degree, and vague insecurity and anxiety is a most common occurrence. The drug culture and the widespread use of alcohol could not have existed otherwise. Masked depression is by far the most prevalent, if generally unrecognized, illness of our society. Since therapists of all persuasions are also a part and a product of this culture, many of them are not personally exempt. It has repeatedly been demonstrated that therapists who feel threatened by the symptomatology of their patients tend to gloss over and minimize such symptoms, or not see them altogether.

A few more basic concepts need re-defining and re-emphasis before we attempt to synthesize the various psychotherapeutic approaches:

All psychotherapy, including group psychotherapy, is psychotherapy of individuals, not of groups. Group therapy is conducted in a group setting, but it is not the group that is sick, but the individual within it. The individual comes for help. It is he or she who suffers pain, or who has other difficulties if the internalized conflict is characterologic. Group psychotherapy is indeed somewhat of a misnomer. Since the group does not have a psyche, it cannot be therapized. Groups have a dynamic existence, and individuals in groups behave and feel quite differently than they do otherwise. But the therapy is still and all that of an agonizing individual,

and all theories of group psychotherapy that make any sense must, therefore, be derived from theories of individual therapy, and must be extensions of such theories. The many failures of group psychotherapy and group treatment in its various forms may well stem basically from a failure to understand this simple but all important truth.

The hunger for closeness and for some form of meaningful human contact is so great in this society that all groups, whatever their underlying theoretical basis, have wide appeal, and individuals feel better for participating in them. But they frequently offer no cure, and the good feeling is short lived. The underlying illness is often not treated at all, the basic pathology remains unaltered and the patient reverts back to his or her pre-morbid self when the effects of the gratification are over. Such group experiences offer false hope and are analogous to benefits obtained from religious conversion. All ego-satisfying experiences are helpful in the short-run. A happy love affair or winning the lottery can both be very helpful to a depressed individual. These, like the quick-cure, instant-intimacy group experiences are therapeutic. But they are not therapy. An aspirin may be therapeutic for brain-tumor pain. It is not therapy for it.

The mushrooming and frequent discovery of new "therapies" in our field appears to be a direct result of the widespread disappointment that both patients and therapists experience. The great promises of yesterday fall short in the light of today. It is as if each of the seven blind men has had a turn at describing his findings in a loud and clear voice before it becomes obvious that such a description cannot possibly coincide with the totality of the whole elephant. Psychoanalysis held not only dominant but almost exclusive sway for many years. While patients became psychologically wise and benefitted intellectually from very interesting insights, they often did not change characterologically enough to justify

their great investments. Sensitivity training and the encounter movement were largely a reaction against the barren and super-intellectualized approach of psychoanalysis. They assumed that the expression of feelings here and now in itself would be curative. Bio-energetic analysis, Gestalt and various off-shoots such as Movement, Poetry and Sex "Therapy" made their claims. The current vogue, T. A., turned patients into "trainees" and eliminated their need to own up to the unpleasant and painful reality of having to seek help for an illness. The human growth movement can attribute much of its popularity to a similar appeal.

Whatever the label or the disguise, the populations in all these groups, including psychotherapy groups, have been found basically to be similar, and consist of individuals in search of relief from emotional difficulties. It is only natural and understandable that people would tend to gravitate towards those approaches that seem to hold the greatest promise for the quickest help at the least cost, both financially and in terms of pain. As disappointment follows disappointment, public cynicism increases and the public image of psychiatrists and other psychotherapists sinks to ever lower levels. Each successive wave of popular psychotherapeutic approach seems to be shorter lived than the previous one. While psychoanalysis was accepted for several decades before its basic bankruptcy had been recognized, the encounter and sensitivity movement were at their crest for only several years. The life span of T. A. is likely to be even shorter than that, for when there is no recognition of the presence of an ailment, there can never be a cure.

This public disenchantment with psychotherapy as a tool for psychologic healing is also shared by many psychotherapists. Some have attempted to show that the results of psychotherapy are no better than those achieved by spontaneous remission.

Others have claimed that the long-lasting results of experienced and competent therapists are no better than those achieved by inexperienced therapists in training. Such studies, while probably true in their findings, have been cited to prove the uselessness of psychotherapy and of psychotherapists as change agents. Some disappointed scholars have thus adopted a philosophy of psychotherapeutic nihilism, and gave birth to the anti-psychiatry movement within psychiatry. Since they were unable to discover the basic defects of psychotherapy as it is now practiced, such therapists were willing to junk the entire system and often became social activists instead.

It is totally inconceivable to think of an anti-surgery movement among surgeons or an anti-baking movement among bakers. That such a strange phenomenon is to be found in psychotherapy reflects the deep disappointment of many of its practitioners, as well as their shame and guilt at earning a living from an activity that to many seems to offer very little or no hope. Some therapists have even naively theorized that groups are therapeutic in themselves, and that the presence of a therapist is basically superfluous.

THE THEORY

And yet, it is possible to postulate a unified theory of group psychotherapy that would find an appropriate niche for most of the new and the old group psychotherapy approaches.

The group in itself might have some limited usefulness in terms of helping isolated and frightened people socialize, and it is useful in releasing super-ego restrictions that might be damaging to an individual. The group can act as a benign and permissive parent, taking the place of a restrictive and less flexible one, thus providing support for a struggling individual who attempts to release himself from a punishing super-ego. But, as Durkin, Spontnitz, this writer and others have observed,

by far the most important function of psychotherapy in groups, is the provision of a forum for working-through the pre-oedipal hunger that is at the root of most depressions and other defects of the ego.

The concept of Cure in psychotherapy, not recognized as existing by most psychotherapists, simply means a successful completion of the process of separation-individuation. A mentally well individual is basically as mature emotionally as he or she is chronologically. Feelings that emanate from unresolved needs of the past are often capable of swaying a person into actions that are no longer justified by the reality of the present, but that are compulsively repeated. The therapeutic alliance with the therapist permits the patient to repeat within the transference the same conflicts that have normally hampered him in his other relationships, and to resolve them more rationally. Traditional psychoanalysis holds that as the unconscious is made conscious, internalized conflicts are brought under the control of the ego, and as repressions are lifted the patient is able to deal more adequately with reality.

These basic concepts of psychoanalysis have proven true up to a point, and provide a useful frame-work for the psychotherapeutic process. But since language, a late development of the infant, is the basic or only means of communications in psychoanalysis, patients are often unable to work-through pre-oedipal hunger that results from disturbances in the mother-child relationship in an earlier period, in the pre-verbal period. Wise and correct interpretations by the analyst may be assimilated by the patient, but often without producing the desirable character changes. As millions of disappointed ex-patients of old and new therapies clearly know, it is much easier to become wise to oneself and to one's self-defeating patterns than to gain the ability to extricate oneself from them.

Sensitivity training and the encounter movement put the emphasis on the experiencing and expression of feelings in the here-and-now, this contrasting with the somewhat sterile and highly intellectualized exercise in self discovery represented by psychoanalysis. It was no more than a short mis-step from such expression of feelings to taking license for action on them and for "doing one's thing". The reasoning that verbal productions alone have basically failed in Psychoanalysis was often used. Gratification of repressed wishes was soon assumed to be curative. Since such gratification is generally enjoyable, the fact that it is rarely, if ever, beneficial was conveniently ignored. So was the fact that such gratification guarantees failure in achieving long-lasting results in psychotherapy.

The yearning for the unreachable mother is frequently not resolved in psychoanalysis and a depressive mood remains as a residue, since the relationship is far from being intense enough to sustain the patient through the pain. The catharsis and gratification of infantile wishes that is found in encounter and sensitivity groups and most other new therapy approaches similarly leaves such yearnings in a permanently unresolved state since the false promise of a reachable mother is proffered.

By grafting the more desirable features of the new "therapies" onto the psychoanalytic model, an intensification of the affective involvement of patients in the process of therapy is made possible. Since deprivation of infantile needs remains a corner-stone of the process of working-through, catharsis is avoided. A therapeutic situation is constructed in which analytic neutrality is maintained, but not without the emergence of the therapist as a deeply involved, concerned and humane being. In an Existential sense, what the therapist is, is no less important than what he does. The details of his personal life remain unknown and obscure, his humanity does not.

Primal and other modalities of scream therapy (e.g. Casriel) that are designed to help patients "remember" early life experiences physiologically may also be incorporated into the basic model. The non-cathartic scream recreates a situation in which affective memory is reproduced, to the understanding of which the patient then brings his or her observing ego, thus helping to lift the repression. As Ellis observed, all such abreactive techniques are also used cognitively, and their abreactive element can be minimized. The bio-energetic approach similarly attempts to unlock affect that has been converted into hidden bodily expression. Such literally incorporated feelings must first be released from their imprisonment before they become available for conscious working-through. Gestalt and even a few T. A. techniques may also be helpful in eliciting and intensifying the emotional experience of the patient in therapy, and similarly may contribute to a successful outcome.

Any of the Old or New approaches, when used alone or as a panacea, is likely to allow patients to revert into becoming believers for a while, and eventually bring forth unnecessary and useless disappointment. Psychoanalysis and T. A. especially are similar in the sense that to those who are involved in them they often become a cult with a system of beliefs and values. The rigidly hierarchial system among the practitioners of either of these two, contributes directly, if unconsciously, to such irrational and child-like adherence. Neither has proven very helpful in extending true conflict-free living.

The best, although not a perfect, model for the psychotherapy situation is the surgical theater. The surgeon must: 1. be totally devoted to the task; 2. be totally competent; 3. be non-involved in a personal way with the patient; and 4. observe strict surgical technique. The patient, on the other hand, having carefully checked the qualifications of the surgeon is deciding, in effect, by submitting to the surgery,

to trust his very life into the hands of this person, although perhaps with much trepidation. The problem of trust in psychotherapy is much more complicated, but the patient has every right to expect both the surgeon and the psychotherapist to spare no effort whatsoever in seeing him through safely, even if this involves a great deal of inconvenience to the therapist. The commitment is a two way affair.

The psychotherapist can remain no more aloof and uninvolved than the surgeon, and he cannot be neutral in terms of his caring for the patient. Psychoanalysts have often confused the need for analytic neutrality with at least apparent non-caring and aloofness. If the patient is a non-believer, he is prevented from getting more intensely involved also. The psychotherapist, like the surgeon, must be more than just a compassionate human being, for it is not love but finely honed skills that the patient needs to get well. In spite of Bettelheim's admonishings, many guilty and incompetent if well-meaning therapists fail to understand this basic concept. Good intentions and sincerity cannot take the place of clinical experience that sees through the defensive structure and knows how to deal with resistances.

Surgeons do not normally operate on individuals with whom they have important personal involvements, lest such emotional involvement interfere with the coolness of their judgement. Since the dangers and difficulties of the psychotherapeutic task are no less than those of real surgery, the psychotherapist, too, must retain enough personal detachment in spite of real involvement with his patient. This may sound most unacceptable and strange to those for whom terms such as "authenticity", "intimacy", "directness" and "closeness" have become rallying cries of a new cult. Yet, in psychotherapy pain is real and no anaesthesia is used except for the comfort that may be derived from reality, and from the reality of the relationship with the therapist. Unlike surgery, the patient is fully conscious and aware during the entire process, and

must endure the pain that is incidental to growing, changing and giving up parts of the self. The patient must not be deprived of the freedom to change or not to change according to his or her readiness for it, rather than out of a wish to please the therapist. The true joy of a therapist in seeing a suffering human being develop self-respect and a capacity and desire for self-fulfillment must not become a burden to the patient. It must remain a bonus that a therapist does not count on but only welcomes when it comes.

Finally, the psychotherapist, like the surgeon, must always remember that during the process of therapy the patient is extremely vulnerable to suggestions and to direct and indirect influence as well as to acting out his newly found freedoms before he can do so reasonably and without endangering himself or others. Antiseptic techniques are used to minimize surgical casualties, and similar meticulous caution must be used with patients in psychotherapy. What seems a minor fear or a small danger to the therapist is often not so regarded by the patient.

In effecting true character change the therapist must, like the surgeon, patiently but thoroughly separate that part of the patient which is his pathology from his healthy being, before it is cut away. In more psychological terms, the patient's psychopathology that is ego syntonic must be made ego alien before a cure is possible. Infants frequently become panicky as they observe their bowel movement being flushed away, for they feel that an important part of themselves is being lost. Patients may feel similarly frightened and become resistant as they experience therapy as endangering parts of themselves that they have always considered important. Psychotherapists, even more so than surgeons, must be both sensitive and compassionate, and yet firm and determined if they are to separate the patient from his emotional cancer.

THE PRACTICE

We have only a few moments left to describe most briefly an approach to psychotherapy that was developed in our practice and that incorporates the principles just discussed. We call our approach Crisis Mobilization Therapy. Although it contains several new therapeutic techniques that were developed by us, it is basically a synthesis of various useful, existing approaches. Its value is not in its newness but in its consistent integration of various elements and techniques developed by others into a workable whole. We believe that the general outline of the elephant is beginning to emerge.

Crisis Mobilization Therapy is based on the observation that patients generally do not come to therapy to get well. They want to feel well. They do not come for a cure, they come to get rid of their suffering. And yet, unless patients get well they usually do not stop feeling bad, except briefly and periodically. Furthermore, just as people are driven crazy, so patients need to be driven sane, for only very few are willing to give their craziness up unless they must. This is so in spite of the general wish for good health because the road is painful, difficult, tortuous and long.

C. M. T. attempts to re-create situations in the therapeutic setting that would give patients an opportunity to re-experience their emotional conflicts at crisis points of maximum tolerance. We do not glorify pain but since life is short and the fear is usually great, patients are helped to work-through their emotional conflicts in the shortest possible time and the greatest possible intensity. C. M. T. is not quicker than other forms of psychotherapy or psychoanalysis, but we believe that the results are more real, more lasting and more clearly demonstrable.

The maximization of pleasure and the avoidance of pain are characteristic of living things and human beings are no exception. As a result, it is understandable

that patients in therapy do consciously and unconsciously attempt to avoid and evade areas where the pain is greatest. It is usually exactly there that their difficulties are most clearly centered, and in C. M. T. we use various provocative and other techniques to overcome such most understandable resistances.

The solidity of the therapeutic alliance is always tested. We try to work at the Point of Tolerance, and it takes much skill, sensitivity and intuition to gauge it correctly. If the threshold is exceeded the patient will emotionally faint, block out all feelings and get confused, leave the room temporarily or leave therapy altogether. Some have a temporary flight into health. We mobilize affect and attempt to bring it to a crisis point again and again, until it no longer assumes the dimensions of a crisis. A point comes when the feelings that are elicited no longer threaten to endanger the homeostatic balance of the individual. Feelings are then at the disposal of the person rather than the person at the disposal of his or her feelings.

Individuals feel less lonely when they become a part of a group. Desperate people are only too willing to give up some of their integrity to get rid of their loneliness and despair, and will change their behavior under the pressure of group mores and group expectations. History shows that group pressure was used in many ways: to raise the morale and productivity of workers, to help withdrawn patients come out of their isolation, but also to inculcate conformity to values and standards that were considered good by an outside force. Group pressure has been used by the Nazis to stamp out resistance to them, as it has been used by all totalitarian regimes in the process of brain-washing their youth. In every case, group pressure decreases the freedom of an individual to make judgements for himself. At no time are such tactics to be confused with psychotherapy.

Psychotherapy is the process of healing and changing the person, not just his behavior. In C. M. T. neither group nor therapist ever pressure a patient, who is always helped to make truly conscious choices, even in regards to his or her own wish to continue working at any point. In this and other respects, Existential philosophy is an important element in our Weltanschauung. A therapeutic atmosphere is created in which patients are able to risk undergoing psychologic experiences of an intensity that affects their very physiology. This, we believe, is an essential ingredient for true character change.

The outline of the elephant is beginning to emerge from the fog or ignorance. The sharp delineation of the details is a task yet before us.

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