THE USE OF "EMOTIVE IMAGERY" IN THE TREATMENT OF CHILDREN'S PHOBIAS

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SOME of the earliest objective approaches to the removal of specific anxieties and fears in children were based on the fact that neurotic (learned, unadaptive) responses can be eliminated by the repeated and simultaneous evocation of stronger incompatible responses. An early and well-known example of this approach was the experiment of Jones (1) in which a child's fear of rabbits was gradually eliminated by introducing a "pleasant stimulus" i.e., *food* (thus evoking the anxiety-inhibiting response of eating) in the presence of the rabbit. The general method of "gradual habituation" was advocated by Jersild and Holmes (2) as being superior to all others in the elimination of children's fears. This rationale was crystallized in Wolpe's (3) formulation of the Reciprocal Inhibition Principle, which deserves the closest possible study:

> "If a response antagonistic to anxiety can be made to occur in the presence of anxiety-evoking stimuli so that it is accompanied by a complete or partial suppression of the anxiety responses, the bond between these stimuli and the anxiety responses will be weakened."

A crucial issue in the application of this principle is the choice of a clinically suitable anxiety-inhibiting response. The most widely-used method has been that of "systematic desensitization" (Wolpe, 4) which may be described as gradual habituation to the imagined stimulus through the anxiety-inhibiting response of *relaxation*. Lazarus (5) reported several successful paediatric applications of this procedure, using both feeding and relaxation. It was subsequently found, however, that neither feeding nor relaxation was feasible in certain cases. Feeding has obvious disadvantages in routine therapy, while training in relaxation is often both time-consuming and difficult or impossible to achieve with certain children. The possibility of inducing anxiety-inhibiting *emotive* images, without specific training in relaxation, was then explored, and the results of our preliminary investigation form the subject of this paper.

Our use of the term "emotive imagery" requires clarification. In the present clinical context, it refers to those classes of imagery which are assumed to arouse feelings of self-assertion, pride, affection, mirth, and similar anxiety-inhibiting responses.

The technique which was finally evolved can be described in the following steps:

(*a*) As in the usual method of systematic desensitization, the range, intensity, and circumstances of the patient's fears are ascertained, and a graduated hierarchy is drawn up, from the most feared to the least feared situation.

(*b*) By sympathetic conversation and enquiry, the clinician establishes the nature of the child's hero-images—usually derived from radio, cinema, fiction,

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or his own imagination—and the wish-fulfilments and identifications which accompany them.

(*c*) The child is then asked to close his eyes and told to imagine a sequence of events which is close enough to his everyday life to be credible, but within which is woven a story concerning his favourite hero or *alter ego*.

(*d*) If this is done with reasonable skill and empathy, it is possible to arouse to the necessary pitch the child's affective reactions. (In some cases this may be recognized by small changes in facial expression, breathing, muscle tension, etc.).

(*e*) When the clinician judges that these emotions have been maximally aroused, he introduces, as a natural part of the narrative, the lowest item in the hierarchy. Immediately afterwards he says: "if you feel afraid (or unhappy, or uncomfortable) just raise your finger." If anxiety is indicated, the phobic stimulus is "withdrawn" from the narrative and the child's anxiety-inhibiting emotions are again aroused. The procedure is then repeated as in ordinary systematic desensitization, until the highest item in the hierarchy is tolerated without distress.

The use of this procedure is illustrated in the following cases:

Case 1

Stanley M., aged 14, suffered from an intense fear of dogs, of 2½–3 years duration. He would take two buses on a roundabout route to school rather than risk exposure to dogs on a direct 300-yard walk. He was a rather dull (I.Q. 93), sluggish person, very large for his age, trying to be co-operative, but sadly unresponsive—especially to attempts at training in relaxation. In his desire to please, he would state that he had been perfectly relaxed even though he had betrayed himself by his intense fidgetiness. Training in relaxation was eventually abandoned, and an attempt was made to establish the nature of his aspirations and goals. By dint of much questioning and after following many false trails because of his inarticulateness, a topic was eventually tracked down that was absorbing enough to form the subject of his fantasies, namely racing motor-cars. He had a burning ambition to own a certain Alfa Romeo sports car and race it at the Indianapolis "500" event. Emotive imagery was induced as follows: "Close your eyes. I want you to imagine, clearly and vividly, that your wish has come true. The Alfa Romeo is now in your possession. It is your car. It is standing in the street outside your block. You are looking at it now. Notice the beautiful, sleek lines. You decide to go for a drive with some friends of yours. You sit down at the wheel, and you feel a thrill of pride as you realize that you own this magnificent machine. You start up and listen to the wonderful roar of the exhaust. You let the clutch in and the car streaks off. . . . You are out in a clear open road now; the car is performing like a pedigree; the speedometer is climbing into the nineties; you have a wonderful feeling of being in perfect control; you look at the trees whizzing by and you see a little dog standing next to one of them—if you feel any anxiety, just raise your finger. Etc., etc." An item fairly high up on the hierarchy: " You stop at a café in a little town and dozens of people crowd around to look enviously at this magnificent car and its lucky owner; you swell with pride; and at this moment a large boxer comes up and sniffs at your heels—If you feel any anxiety, etc., etc."

After three sessions using this method he reported a marked improvement in his reaction to dogs. He was given a few field assignments during the next two sessions, after which therapy was terminated. Twelve months later, reports both from the patient and his relatives indicated that there was no longer any trace of his former phobia.

Case 2

A 10-year-old boy was referred for treatment because his excessive fear of the dark exposed him to ridicule from his 12-year-old brother and imposed severe restrictions on his parents' social activities. The lad became acutely anxious whenever his parents went visiting at night and even when they remained at home he refused to enter any darkened room unaccompanied. He insisted on sharing a room with his brother and made constant use of a night light next to his bed. He was especially afraid of remaining alone in the bathroom and only used it if a member of the household stayed there with him. On questioning, the child stated that he was not anxious during the day but that he invariably became tense and afraid towards sunset.

His fears seemed to have originated a year or so previously when he saw a frightening film, and shortly thereafter was warned by his maternal grandmother (who lived with the family) to keep away from all doors and windows at night as burglars and kidnappers were on the prowl.

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A previous therapist had embarked on a programme of counselling with the parents and play-therapy with the child. While some important areas of interpersonal friction were apparently ameliorated, the child's phobic responses remained unchanged. Training in "emotive imagery" eliminated his repertoire of fears in three sessions.

The initial interview (90 minutes) was devoted to psychometric testing and the development of rapport. The test revealed a superior level of intelligence (I.Q. 135) with definite evidence of anxiety and insecurity. He responded well to praise and encouragement throughout the test situation. Approximately 30 minutes were devoted to a general discussion of the child's interests and activities, which was also calculated to win his confidence. Towards the end of this interview, the child's passion for two radio serials, "Superman" and "Captain Silver" had emerged.

A week later, the child was seen again. In addition to his usual fears he had been troubled by nightmares. Also, a quarterly school report had commented on a deterioration in his schoolwork. Emotive imagery was then introduced. The child was asked to imagine that Superman and Captain Silver had joined forces and had appointed him their agent. After a brief discussion concerning the topography of his house he was given his first assignment. The therapist said, "Now I want you to close your eyes and imagine that you are sitting in the dining-room with your mother and father. It is night time. Suddenly, you receive a signal on the wrist radio that Superman has given you. You quickly run into the lounge because your mission must be kept a secret. There is only a little light coming into the lounge from the passage. Now pretend that you are all alone in the lounge waiting for Superman and Captain Silver to visit you. Think about this very clearly. If the idea makes you feel afraid, lift up your right hand."

An ongoing scene was terminated as soon as any anxiety was indicated. When an image aroused anxiety, it would either be represented in a more challengingly assertive manner, or it would be altered slightly so as to prove less objectively threatening.

At the end of the third session, the child was able to picture himself alone in his bathroom with all the lights turned off, awaiting a communication from Superman.

Apart from ridding the child of his specific phobia, the effect of this treatment appeared to have diverse and positive implications on many facets of his personality. His school-work improved immeasurably and many former manifestations of insecurity were no longer apparent. A follow-up after eleven months revealed that he had maintained his gains and was, to quote his mother, "a completely different child."

Case 3

An eight-year-old girl was referred for treatment because of persistent nocturnal enuresis and a fear of going to school. Her fear of the school situation was apparently engendered by a series of emotional upsets in class. In order to avoid going to school, the child resorted to a variety of devices including temper tantrums, alleged pains and illnesses, and on one occasion she was caught playing truant and intemperately upbraided by her father. Professional assistance was finally sought when it was found that her younger sister was evincing the same behaviour.

When the routine psychological investigations had been completed, emotive imagery was introduced with the aid of an Enid Blyton character, Noddy, who provided a hierarchy of assertive challenges centred around the school situation. The essence of this procedure was to create imagined situations where Noddy played the role of a truant and responded fearfully to the school setting. The patient would then protect him, either by active reassurance or by "setting a good example."

Only four sessions were required to eliminate her school-going phobia. Her enuresis, which had received no specific therapeutic attention, was far less frequent and disappeared entirely within two months. The child has continued to improve despite some additional upsets at the hands of an unsympathetic teacher.

Discussion

The technique of "emotive imagery" has been applied to nine phobic children whose ages ranged from 7 to 14 years. Seven children recovered in a mean of only 3·3 sessions. The method failed with one child who refused to co-operate and later revealed widespread areas of disturbance, which required broader therapeutic handling. The other failure was a phobic child with a history of encephalitis. He was unable to concentrate on the emotive images and could not enter into the spirit of the "game."

Of the seven patients who recovered, two had previously undergone treatment at the hands of different therapists. Two others had been treated by the same therapist (A.A.L.) using reassurance, relaxation and "environmental manipulation." In none of these four cases was there any appreciable remission

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of the phobic symptoms until the present methods were applied. In every instance where the method was used, improvement occurred contemporaneously with treatment.

Follow-up enquiries were usually conducted by means of home-visits, interviews and telephone conversations both with the child and his immediate associates. These revealed that in no case was there symptom substitution of any obvious kind and that in fact, favourable response generalization had occurred in some instances.

It has been suggested that these results may be due to the therapist's enthusiasm for the method. (Does this imply that other therapists are unenthusiastic about *their* methods?) Certainly, the nature of the procedure is such that it cannot be coldly and dispassionately applied. A warm rapport with the child and a close understanding of his wish-fulfilments and identifications are essential. But our claim is that although warmth and acceptance are necessary in any psychotherapeutic undertaking, they are usually not *sufficient*. Over and above such non-specific anxiety-inhibiting factors, this technique, in common with other reciprocal inhibition methods, provides a clearly defined therapeutic tool which is claimed to have *specific* effects.

Encouraging as these preliminary experiences have been, it is not claimed that they are, as yet, anything more than suggestive evidence of the efficacy of the method. Until properly controlled studies are performed, no general inference can be drawn. It is evident, too, that our loose *ad hoc* term "emotive imagery", reflects a basic lack of theoretical systematization in the field of the emotions. In her review of experimental data on autonomic functions, Martin (6) deplores the paucity of replicated studies, the unreliability of the measures used, and the lack of operational definitions of qualitatively labelled emotions. The varieties of emotion we have included under the blanket term "emotive imagery" and our simple conjecture of anxiety-inhibiting properties for all of them is an example of the *a priori* assumptions one is forced to make in view of the absence of firm empirical data and adequately formulated theory. It is hoped that our demonstration of the clinical value of these techniques will help to focus attention on an unaccountably neglected area of study, but one which lies at the core of experimental clinical psychology.

Summary

A Reciprocal Inhibition (3) technique for the treatment of children's phobias is presented which consists essentially of an adaptation of Wolpe's method of "systematic desensitization" (4). Instead of inducing muscular relaxation as the anxiety-inhibiting response, certain emotion-arousing situations are presented to the child's imagination. The emotions induced are assumed, like relaxation, to have autonomic effects which are incompatible with anxiety. This technique, which the authors have provisionally labelled "emotive imagery" was applied to nine phobic children whose ages ranged from 7 to 14 years. Seven children recovered in a mean of 3·3 sessions and follow-up enquiries up to 12 months later revealed no relapses or symptom substitution. An outstanding feature of this paediatric technique is the extraordinary rapidity with which remission occurs.

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