

Thought Stopping: A Useful Treatment in Phobias of 'Internal Stimuli'

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Since Wolpe (1958) developed the idea of psychotherapy by reciprocal inhibition, systematic desensitization has emerged as an effective method of treatment in phobic states. There exists, however, a group of phobias which cannot be effectively treated with these techniques. These include fears of death, illness, harming other people, etc., and have been recognized by other authors as a separate group by themselves (Marks *et al.*, 1969; Marks, 1969, 1970): phobias of internal stimuli. The search for a suitable method to treat these cases led us to use the thought stopping procedures described by Wolpe and Lazarus (1966, p. 132). There has been a notable lack of literature concerning this method, although Wolpe refers to J. A. Bain who used this technique in 1928.

This paper is an account of the first four cases treated by us with 'thought stopping' and followed up for just over a year.

CASES

All patients suffered from fears of internal stimuli (Table I). Only Case I also suffered from agoraphobic syndrome for which he had earlier been treated by us with systematic desensitization. Details of the features of all four cases are given in Table I.

METHODS

All patients on the first visit were given 'Fear Survey Schedule', the short Clark-Thurstone inventory, which has come to be known as 'Willoughby's Neuroticism Schedule' (Willoughby, 1934) and Eysenck Personality Inventory (1964). The patients were then taught relaxation techniques (Jacobson, 1938) for the next three or four weekly sessions, according to their need. In between these

sessions they practised the relaxation exercises at home. During this period the patients were weaned off their drugs and were asked to keep a weekly frequency count of the thoughts occurring. In case 1 (J.T.) only, the relaxation techniques had been taught before the systematic desensitization programme. The patients were also asked every week about the intensity and duration of the thoughts. Table I shows the details of the cases, including scores on different questionnaires. The thought stopping programme started as follows:

The patient was asked to inform the therapist about a specific pleasure-evoking thought. To obtain this information a few ideas were discussed, and in all patients the memory of a certain beautiful natural scene along with good weather was determined as a pleasant thought. A tape recording of bird songs and the sound of a waterfall was played to the patient to help in evoking these pleasant thoughts. Having established this, the patient was then asked to close his eyes and to verbalize a typical unpleasant thought sequence from his past experience. During the verbalization the therapist suddenly shouted 'stop' and pointed out that the thoughts had actually stopped. The procedure was repeated and on the next occasion immediately after shouting 'stop' the therapist switched on the tape recording and asked the patient to think about his chosen beautiful scenery. This was repeated several times in a session of about 15 to 20 minutes. The patient was then advised to practise the procedure by himself saying 'stop' sub-vocally as soon as the unpleasant thoughts began to appear and thereafter switch his mind to the pre-determined pleasant thought. He was also asked to continue keeping a record of the frequency of the thoughts.

TABLE I

	Case I, J.T.		Case II, J.R.		Case III, C.S.		Case IV, L.F.T.	
Age	44		25		25		22	
Sex and state	Male—married		Female—married		Female—married		Female—married	
Occupation	Bank clerk		Housewife		Machinist		Housewife	
Presenting symptoms	Fear of heart attacks, public places and nocturnal enuresis		Fear of cancer and other diseases		Fear of cancer and other strange illnesses		Fear of death	
Duration of condition	10 years		2 years		2 years		6 years	
Previous treatment	Drugs, L.S.D., and psychotherapy		Psychiatric O.P. physical examination and investigations with a view to reassurance, and drugs		Drugs and support		Drugs and psychotherapy	
	Before	After	Before	After	Before	After	Before	After
F.S.S. high scores	(i) Being in a strange place (ii) Falling	Reduced	(i) Speaking in public (ii) Parting from friends	Reduced	(i) Surgical operation	Reduced	(i) Thunder (ii) Crowds (iii) Surgical operation	Reduced
Willoughby scale	36	28	46	32	36	24	56	32
E.P.I. 'N' score	11	9	17	15	17	4	24	11
'E' score	3	3	7	9	15	15	4	6
'L' score	4	4	3	3	3	3	1	1
Treatment given at behaviour therapy unit and number of sessions	Relaxation 3/4 sessions (Systematic desensitization) Thought stopping 5 sessions		Relaxation 3/4 sessions Thought stopping 5 sessions		Relaxation 3/4 sessions Thought stopping 5 sessions		Relaxation 5 sessions Thought stopping 5 sessions	
Each session =	20-30 minutes							

All patients received weekly sessions of practice with the therapist.

RESULTS AND DISCUSSION

The frequency of phobic thoughts was reduced considerably during the four week treatment period. At the end of this period thoughts did occasionally occur but they had lost their pathological quality and intensity. The question of duration of each unpleasant thought did not arise, as the main aim of treatment was to stifle each unwanted thought at its inception. During a further 12 weeks follow-up period all patients remained anxiety-free, although the thoughts occasionally crossed their minds.

At twelve months all patients were clinically interviewed and an assessment of their symptoms was made with a questionnaire, on the basis of which all were found to be improved. None worried about their problems any longer. All of them considered the intensity, duration and frequency of thoughts were infinitesimal, and none had any new phobic symptoms of a similar nature or needed any further medical help or drug. The patients also scored again on the F.S.S., Willoughby Scale and E.P.I. (Table I). Although one does not expect a marked change in personality score after treatment, both the E.P.I. 'N' and the Willoughby scale show a reduction of score in all cases

unequivocally. There is, however, no consistent agreement in the degree of reduction between the scales, the significance of which is not fully understood. Even the high scores in many areas on the F.S.S., for which no direct treatment was given, were reduced. An important point to note is that all of these cases had failed to respond to other methods of treatment. When, however, the nature of the fear was carefully considered, difficulty arose in tackling this with systematic desensitization, which is effective in removing other kinds of fears, e.g. objects or situations. Marks (1969, 1970) classified these fears of illness which are centred round a specific disturbance like cancer, heart disease, venereal disease and death, etc., under the heading of 'Fears of Internal Stimuli'. He mentions the lack of literature and stresses the ineffectiveness of systematic desensitization. Hierarchy construction for the purposes of systematic desensitization is impractical in these cases. Even if such hierarchies could theoretically be produced, the principle of avoiding a stronger anxiety-evoking situation until the weaker one is desensitized could not be maintained. The unpleasant thoughts, unlike avoidable fearful objects or situations, arise from within the patient without prior warning. The simple method of 'thought stopping' thus provides an answer. The principle of the technique is gradually to build up the conditioned inhibition of an unpleasant thought through directly instigated inhibitory behaviour. The reinforcement is provided by the peace and calmness

experienced by switching the mind to the predetermined pleasant thoughts. The motivation factor is an important prerequisite. In these cases relaxation exercises lessened the general tension considerably and perhaps helped in motivation arousal.

However, a further answer to many of the little understood aspects with this method of treatment could only be provided with research on a larger number of similar cases.

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