

# Effectiveness of Corrective Emotional Psychotherapy in drug addicts in the Psychiatric Hospital of Havana

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## Abstract

Psychological traumas are essentially emotional sequelae caused by negative life events that become traits. Corrective Emotional Psychotherapy is considered effective for the treatment of traumas.

**Main objective:** to demonstrate the effectiveness of the Corrective Experiential Psychotherapy program for emotional affectations in drug addicts, implemented to enhance the emotional recovery and psychological well-being of the group.

**Specific objectives:** Psychoemotional characterization of the group, design the psychotherapeutic program appropriated to the characteristics of the group and those of the institutional setting and evaluate the effectiveness of the program implemented to enhance the recovery of the affective area and psychological well-being

**Material and Methods:** It was a technological development research with a mixed approach (qualitative and quantitative), aimed at the design and evaluation of health programs, based on the principle of the psychotherapeutic group as an agent of change promoted by participatory coordination. The group's pre- and post-test assessment as its own control, procedural assessment, and follow-up were used to assess the effectiveness of the treatment. Anxiety, depression, anger and other negative emotions, illness awareness, and assertiveness were assessed before and at the end of treatment.

**Results:** An initial group anxiety and depression, both high in state and trait, presence of other negative emotions that broaden the diagnosis, all went through some psychotraumatic experience that left emotional sequelae. Both anxiety and depression were reduced at the end of treatment. Both awareness of the disease and assertiveness increased, and follow-up showed preservation of abstinence, at least during the first six months after discharge.

**Conclusions:** the implemented program was effective for the emotional recovery of the users and the enhancement of their psychological well-being.

**Key Words:** alcoholism; addictions; psychotherapy; Psychology 2.0; effectiveness

## Introduction

Drug addictions occur concomitantly with emotional disturbances [1,2,3], which enhance the craving for consumption. Emotions such as anxiety, depression and anger are also usually evaluated as a trait, while psychological traumas are negative life events that usually leave emotional sequelae that become traits when left untreated. The Corrective Experience

is considered effective for the treatment of such traumas [4] and the core of a psychotherapy (5.6.7). The frequent relapses in consumption after the patients are discharged from the care services are a problem that increases health expenses. Multimodality characterizes addiction services [8]. Integrating the corrective experience into the treatment would imply enhancing its effectiveness when it warrants it. The effectiveness would be evaluated with the support of generic and specific indicators of therapeutic

change(9,10,11). Both because of the additive principle of emotions [12] and because of the undoing effect that positive emotions have on the sequelae left by negative ones (13), care must include the promotion of positive emotions; principle followed in this service [14].

## Material and Methods

The study was carried out in the Rogelio Paredes ward for drug addicts of the Havana Psychiatric Hospital between November 2018 and May 2019. From a population of 242 patients, 128 (53%) were alcoholics and 114 (47%) addicted to other drugs, four random groups of up to eight individuals were taken for a total sample of 30. Every 50 days a new group was formed to which the Corrective Emotional Psychotherapy (CEP) was applied.

A study of technological development and a design and evaluation of health programs were followed. Ten group psychotherapy sessions were established, two weekly sessions of 1½ hours each for five weeks. Patients continued to benefit from the rest of the service's care program. A battery of tests was applied upon arrival in the room and was repeated on the eve of discharge from a 45-day hospitalization. The tests used were: the Spielberger et al. Trait-State Anxiety Inventory (IDARE) – (Cuban adaptation), the Trait-State Depression Inventory (IDERE) (Cuban adaptation), the University of Rhode Island Assessment of Change Scale (URICA) by McConaughy, Prochaska and Velicer), an assertiveness test [15], the STAXI-2-Cuban adaptation for the evaluation of trait-state aggressiveness and Grau's Experiential Self-Report (1984) [15]. These tests are applied after each patient has undergone the routine psychological study that is carried out in the care service for all patients and the corresponding review of their respective medical records.

### Inclusion criteria:

- Patients admitted to the Service for presenting a drug dependency
- Willingness to participate in the study
- Age between 20 and 65 years

### Exclusion criteria:

- Presenting a dual pathology of a psychotic or defective level detected in the initial psychological study.
- Addicted to the game

**Ethical aspects:** authorization to carry out the study was formally requested from the Scientific Council of the hospital. Informed consent was used with the patients. **Operational aspects of psychotherapeutic interventions:** an initial psychopathological evaluation to define the needs of the group that would support the design of the intervention program. 10 sessions are scheduled and specific objectives are defined for each one, as well as activities through which the intervention objectives would be fulfilled. Basic breakdown of sessions (10) Sessions 1, 2 and 3: intended for individual treatment in a group setting of one or two cases with emphasis on the Corrective Emotional Psychotherapy Sessions 4 and 5: intended for the treatment of a case at the group level and the Communication Analysis of Behavior (ACC) to help patients become aware of the real motives for their dysfunctional behaviors.

Sessions 6, 7 and 8: intended for individual treatment in a group setting of one or two cases with Corrective Emotional Psychotherapy. In sessions seven and eight, training in prevention of emotional relapses is promoted. These refer to the fact that due to the poor control of these patients in emotional self-control, the tendency of some to behave with anger, that of others to become depressed. The therapy focuses on these relapses, which are what lead to relapses in drug use. For the latter, confrontation is used as a method. Sessions 9 and 10: intended solely for the promotion of positive emotions through humor. This is done through the activities "The humor contest" and "Identify the character" The group psychotherapeutic strategy consisted, on the one hand, in reinforcing the principle of the group as an agent of change. The patients were informed and urged to be protagonists of

the group dynamics. They could participate at will and their criteria were respected and praised in the group.

The purpose was to obtain from each patient the confession in the group of some personal psychotraumatic experience at an early age (obtained through the interview). They had to share the emotional experiences that caused them and resume the narrative in the present tense from which the Corrective Experience was applied. It includes instructing patients in the fact that they usually form a negative emotional pattern of behavior that has become a trait as a sequel to those traumatic experiences, that is, its symptomatic validity and its alliance with the craving for consumption. This intervention scheme would include forgiveness to others and to oneself and this algorithm would be fulfilled in the same way for all the participants, guaranteeing the uniqueness of the interventions. Between one or two patients were assisted with Corrective Experience in each session in the group setting. Classic strategies were applied to benefit the rest of the participants with the therapeutic influences exerted on the patients to whom the Corrective Experience was applied. The strategy to carry out the follow-up was to establish three categories to classify them, also take the fixed and mobile telephone numbers of the patients and their immediate relatives to contact them three and six months after graduation.

### Three categories were established to classify the follow-up outcome:

**Favorable evolution:** the patient remains abstinent from drug use

**Slip:** the patient relapses into drug use for a few hours or days, stops consumption and remains abstinent until the time of contact.

**Unfavorable evolution:** the patient relapses into drug use and remains in use

**No follow-up:** due to its infeasibility, because the individual doesn't have a telephone and has stopped attending the weekly Psychotherapy groups.

### Definition of terms

**Corrective Experience:** once the psychotraumatic event has been identified, the patient is asked for a first narrated version. Then they are asked to describe the emotional experiences experienced in it to stimulate the emergence of catharsis. After the exercise of the empty chair is carried out, the patient must express his experiences in the present tense and beliefs and at the end, as a closure, he must forgive another and himself.

**Communicational Behavior Analysis (ACC):** group activity where group reflection is promoted to interpret inconsistencies in discourse regarding behavior. It also promotes the understanding of the negative emotional pattern of behavior, its origin in the traumatic event and its association with the craving for consumption.

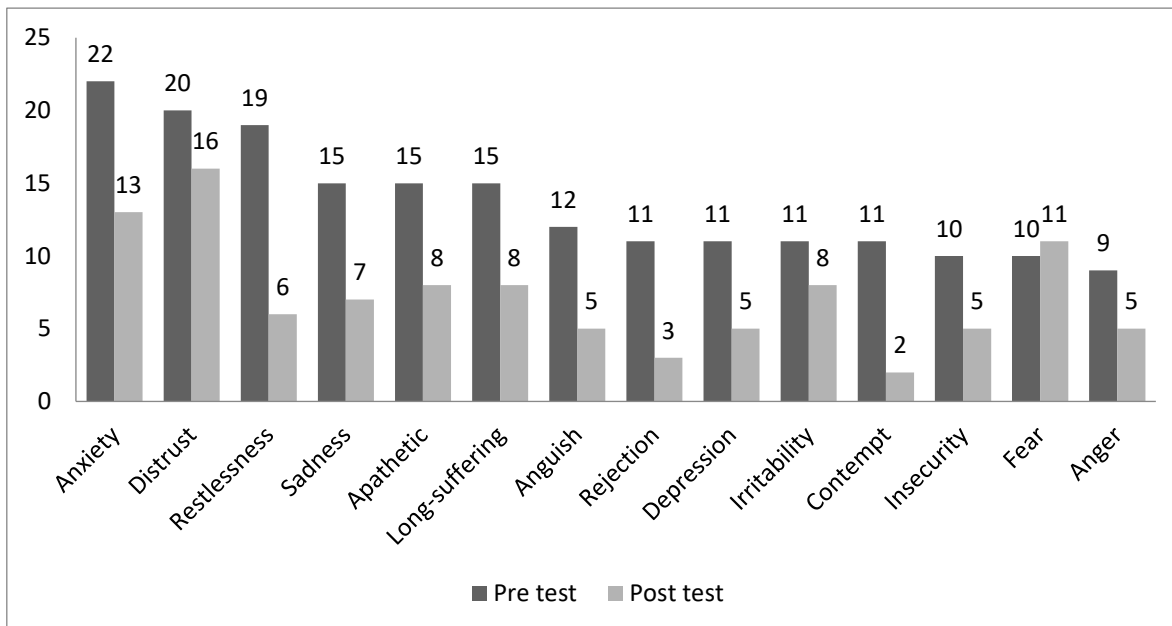
## Results

The initial psycho-emotional diagnosis revealed the following: at the group level, an average state anxiety of (43.43) and a mean trait (44.70), a state (47.97) and trait (44.40) depression high, an Assertiveness of (12) medium, predominance of a low aggressiveness of both state and trait in the STAXI-2. The self-report revealed anxiety, mistrust, restlessness, sadness, apathy and suffering as significant. It was also known that 10 patients presented a triad of anger, hostility and resentment against a parent or stepfather, five of them with pathological mourning associated with the father or mother, while five patients imitated the negative behaviors of the father or stepfather without realizing it fullness of this fact.

Once the study was completed, it was found that anxiety, although it continued to be of a medium level, resulted in a degree (the state one from 43.43 to 31.53) and the trait one from 44.70 to 38.43. Depression ranged from state 47.97 (high) to medium (42.10) and trait depression ranged from high (44.40) to low (36.30).

Assertiveness increased from (12) average to (14.70) ones. While disease awareness increased by concentrating between Action and Maintenance, meanwhile fear was the unique emotion that increased a little at the end of the treatment.

The negative emotions defined through the Experiential Self-Report generally experienced reductions, but the first eight stand out more as shown in figure No.1



**Figure 1:** Evolution of the group's negative emotions collected through the experiential self-report at the end of the study

In relation to the effectiveness of the participatory coordination exercised for the achievement of the group as an agent of change, this could be verified through a group of indicators which were:

- High active participation of patients in psychotherapeutic dynamics
- Establishment of fraternal and supportive relationships among its members (which contrasted with the usual ones among the rest of the patients in the therapeutic community).
- Patients with experience in Alcoholics Anonymous Groups shared their experiences and methods with the group.
- A remarkable outbreak of catharsis and confessions of personal experiences was observed as a regularity.

Indicators of effectiveness of the Corrective Experience focused on psychotraumatic events reflected through a set of relevant episodes of therapeutic change, which were verified through participant observation and discussions of clinical cases at the end of each of the psychotherapy sessions.

**Procedural evaluation strategy:** at the end of the Corrective Experience it was common for each patient to affirm almost the same textual sentence: *"I feel as if a great weight had been lifted from me"* The outbreak of catharsis

became regular in psychotherapy sessions. Achievement of positive reappraisals that patients made regarding psychotraumatic events. Awareness about the relationship of negative emotional patterns with the psychotraumatic event, the craving for consumption and its social dysfunction. Behavior changes indicative of the weakening of the negative emotional pattern; for example, patients began to testify of their achievements in emotional self-control and affective well-being.

A focus group carried out to evaluate the effectiveness of this therapy modality made it possible to clarify core aspects on which it is based. All the patients agree about their preference for the small group, alleging that the environment is more conducive to airing personal experiences. They also stated that participatory coordination allowed them to exercise discretion, feel respected and freer, with the opportunity to participate more, something more difficult in large groups.

**Results of Monitoring**

Table No.1: Results of the follow-up carried out on the patients Source: own authorship

Researched group	Favorable evolution	Slip	Unfavorable evolution	No follow-up
Up to 2 months after discharge	29	1	0	0
Up to 3 months after discharge	26	0	1	3
Up to 6 months after discharge	26	0	1	3

In addition, a systematic evolution of 13 cases who regularly attended psychotherapy groups was carried out, a phenomenon that took place for two months for some and one month for others. It also happened that, as a result of the technological development of communications in Cuba in 2019, a gradual massive entry of people into social networks began and friend requests from discharged patients began to be received in particular in Facebook. This was valued as an opportunity to support follow-up in this

way as well. A total of six patients have been followed by social networks of which they maintain their total abstinence up to three of them for more than a year, another three with eight and 10 months of abstinence. The foregoing is defended by several authors such as the emergence of the so-called Psychology 2.0 or ESalud (in Spanish), which is very useful for carrying out preventive, care and investigative online health procedures(16), seen, also as a strategic priority for the Spanish health system(17).

## Discussion

The emotional affectations found at the beginning coincide with findings from other international and national studies [18,19,20]. Although through the STAXI-2 the aggressiveness was low, this did not coincide with what was obtained through the Experiential Self-report and the interview in which the presence of this negative emotion.

The set of negative emotions such as depression, anxiety, suffering, etc., turned out to be structured in each of the patients in the form of a negative emotional behavior pattern. This pattern used to generate permanent social dysfunction. Every time they experienced the craving, they previously experienced the negative emotions, increasing stress, emotional imbalance and enhancing the craving, in other words, an emotional relapse occur first. This phenomenon is widely described in the classic Alcoholics Anonymous literature and by other authors [1,3].

Each one had their own pattern of negative emotions, which originated in specific psychotraumatic events such as (having been the victim of sexual abuse by a parent, having suffered a childhood panic attack of the separation anxiety type, having suffered mistreatment physical and psychological by the alcoholic father, having witnessed systematic physical and verbal violence against the mother by a stepfather as well as psychological abuse of his person, having been greatly affected by the divorce of his parents, among many other negative life events that left a clear imprint with symptomatic validity not assisted before [21].

The results show the relevance of focusing care on trait emotional affectations by identifying negative life events and using the Corrective Experience in their treatment. Whether the emotional affectations arise before or after contracting an addiction, the truth is that an alliance between both disorders occurs and negative emotions enhance the craving. Hence the practical importance of this work. It will be easier for the patient to maintain abstinence if he experiences emotional well-being.

Another practical implication of this work is that regardless of whether large group psychotherapy continues, smaller group psychotherapy sessions of up to 10 participants should also be planned. This is required to work on the Corrective Experience in cases with emotional affectations such as those described and thus create a therapeutic environment that favors care effectiveness.

These negative emotional patterns show that there are frustrating or attenuated forms of pathological mourning, post-traumatic stress disorders, adjustment disorders, which, by not having received proper psychotherapeutic assistance, have been affecting the discomfort of the individuals and risk factor to contract an addiction or complicate it.

The group studied at the beginning was characterized by presenting medium state and trait anxiety, high state and trait depression, the presence of other negative emotions that became an emotional pattern that affected the social dysfunction they presented. They had a predominantly contemplative illness awareness, as well as having suffered psychotraumatic events that left psychological sequelae.

A psychotherapeutic program adapted to the psychopathological findings and the administrative characteristics of the institution was designed and implemented. The latter refers to the fact that the programming of the sessions of this modality didn't interfere with those programmed by the service.

The implemented program was effective in contributing to overcoming emotional affectations like anxiety, depression and some others negative emotions with clinical significance, as well as enhancing their psychological well-being, fostered by the participatory group coordination strategy. Authors of this work are convinced that by following this strategy the dysfunctional emotional patterns were stopped breaking the fateful addictive cycle [1,2].

The final evaluation reflected that both anxiety and depression decreased, but trait depression was the one that decreased the most and with statistical significance. Illness awareness and assertiveness increased, and other negative emotions (distrust, sadness, apathy, suffering) decreased.

The procedural evaluation made it possible to define a series of effects of this psychotherapeutic modality, among which are an increase in motivation for psychotherapy sessions, active participation, fraternal relationships were established among its members, solidarity, increased self-knowledge about the addiction they suffer.

## Thanks

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We the authors declare we don't have any conflict of interests with any other author or institution

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