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## THE "WHO AM I?" TECHNIQUE IN PSYCHOTHERAPY

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Graham C. Taylor, M.D.:

Introduction: The "Who am I?" technique can be a valuable and worthwhile method in the process of psychosynthesis. Its purpose is to facilitate the discovery of the self. In this talk I will consider - necessarily briefly - the matter under the following headings:

- a. History of the Method and Description of its Variants
- b. Clinical Material and Relation of the Technique to Symbolic Visualization. Dreams, Psychodynamics and the Patient's Life
- c. The Nature of the Self
- d. Conclusions and Possible Developments

a. History of the Method and Description of its Variants

One of the first references in the literature to this technique is to be found in the article "Investigations into the 'Self-Concept' I. The W-A-Y Technique," by James F.T. Bugental and Seymour L. Zelen, Journal of Personality, 1950, pages 483-498. The authors were concerned with the application of the Self-Concept theory of personality organization and felt that the "W-A-Y" or "Who Are You?" technique would rapidly elicit important material. Their method was as follows: "The subject is given a plain piece of paper and is told: 'I am going to ask you a question and I want you to write three answers to the question on this paper. Your answer may be anything you wish: words, phrases, sentences, or anything at all, so long as you feel satisfied that you have answered the question. Remember you are to give three separate answers. After each answer the instructions will be repeated.' This was all done in front of the interviewer.

In "Investigations Into the Self-Concept: II. Stability of Reported Self-Identifications" by James F.T. Bugental and Evelyn C. Gunning in the Journal of Clinical Psychology, Vol. XI, No. 1, 41-40, January 1955, there is a detailed chart of the response categories such as "Name, Family, Social, Occupation, . Age, Sex, Group membership, Unit, Positive Affect, Negative and Ambivalent Affect." The authors are concerned primarily with matters such as reliability, category adequacy, and the sociological dimensions involved; but the article adds little to the clinical understanding of the technique. Dr. Bugental gives a further report of the method in "Investigations Into the Self-Concept: III. Instructions for the W-A-Y Method," Psychological Reports, 1964, 15, 643-650. Here he gives amplified instructions for conducting the inquiry after the three answers have been written. The subject is requested to specify which answer he would most readily and least readily permit to be changed, which one is most and least evident to other people, which one he likes most and least, and which one others would like most and least. At the time of writing his article, Bugental had found no reference in the literature to the use of the method in psychotherapy, but mentions that he has used it himself with encouraging preliminary results both in and outside of the therapeutic hour.

The late Dr. Fabian Rouke worked with this method extensively and there is a report of his work in the Fifth Psychosynthesis Meeting held under the auspices of the Psychosynthesis Research Foundation of New York which took place on March 25th, 1964 at Manhattan College, New York. Dr. Rouke used the method in connection with his own conception of the Self in which, diagrammatically, the self consists of an outer positive but false layer - a facade, as it were - and underneath this a strong negative and also false layer, with a positive core which might be considered to be the true self. The outermost layer is a defense against the second layer which is essentially a negative self-concept the patient cannot live with. The inner core is the "essential worth" of the person.

Dr. Rouke often had his patients write out their reply to "Who Am I?" and mail it to him on a regular basis, say twice a week or even daily. The reason for the mailing procedure was to help the patients feel that they were starting afresh each time. Only one answer was given to the question each time by his patient. Much of Dr. Rouke's clinical material was assembled posthumously by Dr. Anthony Summo.

Reference is made to the "Who Am I?" technique by Dr. Roberto Assagioli in his book, Psychosynthesis: A Manual of Principles and Techniques (page 125). This is related to his methods for self-identification and dis-identification. The theory is that "we are dominated by everything with which our self is identified. We can dominate and control everything from which we dis-identify ourselves." (p.111) The aim is to arrive at an awareness of the self as a centre of pure consciousness and as a centre of will and of power.

At the present, this promising and interesting method is being used by a number of therapists in several different ways. The patient may be asked to write his answer and mail it to the therapist or he may bring it in to the interview session. The test may be done at varying intervals, usually once or twice a week. It may be used by the therapist periodically or its contents may be scanned and utilized as a point of departure during the therapeutic hour. The "Who Am I?" material may be dealt with in discussion with the patient, it may be used to lead into free associations, it may form the basis for symbolic visualizations, it may be related to the patient's dream and other material. As will be seen in the cases to be presented there can be significant interaction between these various processes with resultant acceleration of therapy.

The entire matter of written communications by the patients and their implications has been taken up by L. Pearson who is the editor of a recent book entitled The Use of Written Communications in Psychotherapy, published by Charles Thomas, 1965, 65 pp. This deals with various uses of written communications and considers that they can be a very useful adjunct to psychotherapy. Several advantages pointed out are: that writing is related to the creative process; that writing makes good use of the intervals between the therapy sessions; and that notebooks or diaries can serve as an aid to the patient's memory and permit more pointed sessions with faster results. The increased vulnerability of the patient by virtue of his having committed himself in writing places an added responsibility upon the therapist.

So much for a general introduction to the method of "Who are You?" or "Who Am I?" And now let me give a brief reference to clinical material.

b. Clinical Material and Relation of the Technique to Symbolic Visualization, Dreams, Psychodynamics and the Patient's Life.

It will be best to concentrate upon five selected patients, two of whom will be described in some detail. Two of the patients are in group therapy as well as in individual psychotherapy.

1. C.S. is a single 24-year old English Canadian girl who works as a comptometer clerk. She is engaged to a French Canadian though during therapy she has become aware of many problems in their relationship. She had had rheumatic fever in her youth. She was referred by a cardiologist about a year ago because of episodes of memory losses and feelings of unreality which occurred with distressing frequency during her work. The presenting symptoms were dissociative in nature. She saw herself as an active person keenly interested in horseback riding. However, she felt very tense, could not relax and often wanted to sleep. She is in individual and group therapy and has not been on medication for some time. She has been in therapy - both individual and group - about a year. We will consider some of her recent responses and relate them to her performance in therapy. In one of her earlier responses, a few months ago, she wrote:

"I am energy without a use. I feel, see and do, but, all without a purpose, I am still looking for myself. I feel that I have much within me that is still undiscovered."

A few days later she wrote:

"I am looking for the part of myself that will join me with the rest of the world. This part will help me to find a deeper communication with those I love. The part I am looking for is trust in myself. A trust in my own ability to love."

In relation to her "Who Am I?", shortly after writing it, she had a spontaneous symbolic visualization as follows:

"It is misty, I see mountains in the distance and a light grey shadow - I am a transparent grey shadow. I don't know which way I am facing - the jagged mountains with the sun shining on them are in the distance. My shadow is alone. It is a false part of me - I see a village with people in the shadow - this means the false part of other people. The lighted mountains are the genuine part of myself. I must go through the false part of myself to get through to my genuine self. The shadow is thin - it is a false fear and the light is the genuine me. The shadow is fear and it is false so there is no need to fear."

Shortly afterwards the patient brought into therapy a nightmare in which she was a deformed baby without arms or legs. Then she saw the arms and legs as appearing but they were not her own. In working through this in several sessions she connected the false arms and legs with the false shadows. She then saw the shadow as the core of her fear with little legs around it representing smaller fears related to the central fear. The shadow was interposed between herself and her true feelings and so she was divided up. She then related the shadow - the core of her fear - to a fear of rejection by her father. She stated her father dominated her and that she allowed herself to be dominated to gain his love. In visualization

she was able to see herself running into the shadow and so dissolving it. About a month afterwards she brought in this response to the "Who Am I?":

"I am feeling that perhaps the loose ends I have been disturbed about are finally beginning to come to their ends. I feel as though I am finally getting very close to the shadow that has disturbed me so much. Last night's visualization (occurring in group psychotherapy re herself and her father) seems to be a part of today. I feel that whatever is symbolized by this visualization is very much a part of the present and the past."

So there is an interplay between the therapeutic hour, the "Who Am I?" and symbolic visualization. In summary this girl is working hard at her therapy. She is gaining some insight into her dependency problems and she is beginning to realize that her fear of sexuality and difficulty in making the transition to womanhood is based upon fear of her father's earlier domination. It should be noted that she brings in her "Who Am I?" responses very faithfully and she is particularly gifted in symbolic visualization. She suffers no more from feelings of unreality, her tensions are greatly diminished, and she has maintained steady employment. Her problems are still there on the interpersonal conceptual level but are no longer there on the level of physiology or symptomatology.

This patient took to the "Who Am I?" with enthusiasm; to her it was initially an assignment set by the therapist because of her own dynamic and wish to please. She brought in her "Who Am I?" responses eagerly and with a feeling of achievement.

2.\* K.P., is single, English Canadian, age 43, senior secretary to a group of metallurgists. She has been in therapy since 1963, was referred by an internist because of incapacitating headaches, insomnia, and screaming episodes during the night. She comes from a very strict rural background. Her mother had been hospitalized for a paranoid psychotic state - she has a morbid dread of her mother's power over her and a strong attachment to her father who she idealizes - her various boyfriends having all failed to measure up to her father ideal. She is also in group therapy. She suffers from feelings of unworthiness and sees the world as hostile and rejecting. Her medication consists of antihypertensive drugs, tranquilizers and an anti-depressant. Her therapy, both individual and group, has in recent months provided her with searching and disturbing confrontations. Last month she came into her individual sessions with a feeling of achievement having produced three "Who Am I?" statements enthusiastically labelled Opus I, II, III. A selection from Opus II reads as follows:

"I am a lone. A lone what? Butterfly in a cocoon. Alone because the cocoon precludes the possibility of others contacting me, except through the cracks, and that is a difficult contact for them and me. What purpose do I serve in the cocoon? None, except to gather strength, nerve and wisdom to emerge. Maybe alone, but a wish and a potential to be gregarious, fun-loving and useful. Retarded? Yes, either that or a slow learner. I must be to have taken so long in therapy to get this far, but the person who can learn something eventually, even if years later, is not an idiot, whatever others may think. The light

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\* On account of time, this case was not presented at the seminar, but is included here to give a larger picture. Ed.)

has penetrated the cracks in the cocoon, providing health, enlightenment and some scope to the butterfly. So - I am on my way out - into the world."

In Opus III she writes:

"Adequately endowed with brains and judgment, thanks to my father's side, but I am trying to see the whole and I visualize\* the body standing up with part of it just not there, a vital part cleanly amputated. I can function without that part but I miss it. Was this missing part eroded or was it cut off? My mother cut it off and has left a partial me. And most of the partial me has bruises which are slow to clear. I have tried to cover the rest of me with callouses so nobody will bruise me further. The callouses get me in trouble because I appear calloused or I miss out because worthwhile things cannot penetrate the callouses. Evolution from butterfly to baby, growth (?) to part of an adult. What tack do I take now in "Who Am I?". Right now I feel I have gone as far as I can go in "Who Am I?" The fact of creation is easier for me to accept than evolution, so how do I create the rest of me?"

In these excerpts she has been able to state in condensed and symbolic forms many aspects of herself far better than she has done in many sessions of individual psychotherapy. And these statements have been used in therapy to further her process of self-awareness. It was suggested in individual therapy that she attempt a visualization of her mother but this proved to be too disturbing for her. Next, an attempt during a group session to have her engage in a role-playing experience with one of the members of the group as her mother. She had hoped that the co-leader might act as her mother and was upset and hurt when the role-playing session did not take place because actually the co-leader had inwardly concluded that she was not ready to encounter her mother. She came to the next session in individual therapy with much rage and resentment toward the co-leader. Part of this was worked through and she was advised to try to confront the co-leader at the next group meeting. Following this encounter she, in the next individual session, reported that she had achieved a major break-through in her problem with her mother. She listed in detail the similarities between the co-leader and her mother and was able to see that most of them were based on a parataxic distortion and that her relations with most women were crippled because she saw in them her malignant, evil and destructive mother.

It is probable that the patient's work on the "Who Am I?" had prepared her for insight into the dread of her mother and how this crippled her in her dealings with other people and robbed her of the capacity for creative living. Actually, she identified with what she assumed was her mother's negative evaluation of her and populated her universe with malignant, rejecting human beings.

At the present time the patient has developed a more positive attitude towards her work and her female colleagues at work. For some time she has had no severe

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\* It will be noted that in one of her "Who Am I?" responses she made reference to "A vital part cleanly amputated." She had a visualization which occurred in the group and again in individual sessions in which she saw herself having an egg-shaped body with no arms and with legs either unattached or attached by scotch tape. In this case it was probable that the "Who Am I?" took up, clarified and refined the symbolic visualizations. It should be mentioned that this content when it appeared in the "Who am I?" was profoundly disturbing.

headaches and no nightmare-like screaming episodes. She sees herself as progressing but with still some distance to go. She brings in the "Who Am I?" reports with a feeling of achievement and considers them as significant and important as her dreams. This brings out an important theoretical point concerning the use of the "Who Am I?" technique: that it gives the patient a sense of making an active contribution to his progress in therapy and thereby enhances the sense of self-esteem.

3. M.C. Age 36 - President of his own company. Referred by general practitioner because of marital problems. His formal education is somewhat scanty. In therapy approximately eight months. Mild hypertension, obesity, mild depression, and some psychopathic tendencies. Despite his three times a week sessions he often tends to be evasive and not to take his therapy seriously. Tries to engage in a one-upmanship game with the therapist. Impoverished inter-personal relations, little education, exploitative orientations toward others. Perceives women as ravaging and devouring - this based on symbolic visualizations. Prognosis guarded. His attitude to the "Who Am I?" method - and that is why I am presenting his case - is, as might be expected, a somewhat negative one. Despite urging he has produced only two responses over a period of several months, and these he tossed to me casually.

The first was:

"I am an ordinary human being with a part to live on this earth  
for x number of years;"

and the second:

"I am the father of three children; namely C. R. and K. I am also  
the president and manager of C. Silk Co."

It is probable that this patient has a poor ability to conceptualize and this, coupled with his poor motivation in therapy, is a factor in both the quality and quantity of the "Who Am I?" responses for I feel sure his I.Q. is quite high. The "Who Am I?" test in this case has diagnostic rather than therapeutic value.

And now in the next case we can see how in a relatively short time the "Who Am I?" responses undergo change, presumably primarily due to the intervention of the therapist.

4. H.C. - An engineer in his early 30's illustrates the disturbing initial impact that this technique can have. The patient had not come into therapy for his own sake at first, but gradually became involved through joint sessions with his wife. He has no clinical symptoms, but rather rigid personality, very effective in dealing with inanimate objects as an engineer, but tending to treat people as though they were problems in mechanics. When first asked to do the "Who Am I?" exercise, he became acutely depressed for the whole week until the next appointment. The depression seemed to be related to the fact that he realized, in doing the exercise, that he really didn't know who he was, and this, in his words, was "a shattering thought". We discussed in the following sessions the fact that "tolerance of ambiguity" was a characteristic of maturity and that uncertainty was not necessarily a sign of weakness as he had believed, but a necessary prerequisite in his case to seeking and finding the truth. This relieved the depressive feelings and started a process of gradual humanization. There has been a great development between his first answer to the "Who Am I?" question six weeks ago:

"I am a man with a great deal of mechanical aptitudes. I am an engineer who has worked through the design ranks to the position of engineering manager. The most satisfying elements of my work involve influencing the design of equipment. People have a tendency to become tools or a means to accomplish the task assigned...."

and his most recent answer:

"I seem to feel the emotions and feelings of others I am with and can be affected by them. Basically I like people and am liked by them but can be shy or hesitant in moving into a situation where the human element is unknown. Possibly there are elements of insecurity in my makeup. I enjoy doing things for people just to do it."

The development is from a facade of efficiency and self-assurance to a person who can live with a degree of uncertainty. I imagine now that his self-image is a little clearer.

Case #5 - a woman in her early 30's, referred for panic states - phobic reactions, etc. - which prevented her from going out of the house alone illustrates how progress in the "Who Am I?" exercise can influence progress in the use of other therapeutic methods. The patient had been asked in an earlier session to visualize the meaning of the trance-like states she feared, but had not been able to see anything in the visualization. When she was able to admit to herself in the "Who Am I?" that she had "a very lazy, sloppy streak in my personality", she was able - shortly after - to have a much more fruitful visualization on the same question. She saw a very messy, unkempt, spineless woman walking along whom she was then able to take home with her and help to rehabilitate in active imagination.

To sum up, the "Who Am I?" method is a rich and valuable one in working towards self-realization. It has diagnostic and prognostic value but its great contribution is that it acts as a powerful catalyst to, or accelerator in, psychotherapy. The patients initially require some measure of training or guidance so that they will conscientiously and regularly follow the required technique - of filling out the form and bringing it in. They are usually at first sheepish and apologetic and almost invariably make the wry suggestion that there is no point in doing it more than once since succeeding ones will be merely repetitious. But they soon learn that here as elsewhere, growth and change is possible and they gradually perceive that the material brought forward as helping them come to a deeper and richer understanding of their inner self is a process which might be compared to the peeling away of the skins of an onion.

The main point I want to stress is that the "Who Am I?" method can be related to other processes such as symbolic visualization, interpretive psychotherapy, as well as to overall patterns and events in the patient's life. The method can be fruitfully interwoven with the therapeutic process as a whole, in a mutual enriching way.

Now we come to a more difficult question - the nature of the self, and obviously a comprehensive statement of the nature and theory of the self is beyond



the scope of this paper. It is proposed to briefly present and comment upon the statements of Dr. Assagioli, the founder of Psychosynthesis, and compare them with those of Jung; and also touch on Sullivan and Radhakrishnan. This is a tricky and involved area as you all know, with the various concepts of the "ego"; the "I", the "self" - "lower self" and "higher self"; and so on.

Assagioli distinguishes between the conscious self or "I" and the higher self or Self. The self is the centre of our consciousness - and Jung would agree with this. It is the "point of pure self-awareness". The self then is a centre or core. Assagioli postulates a permanent centre - the higher self or true Self. "This Self is above, and unaffected by, the flow of the mind-stream or by bodily conditions; and the personal conscious self should be considered merely as its reflection, its "projection" in the field of the personality. At the present stage of psychological investigation little is definitely known concerning the Self, but the importance of this synthesizing centre well warrants further research." (Psychosynthesis, p. 19) In general, it is usually at a far advanced stage of treatment along the lines of psychosynthesis that the patient will become involved with questions concerning the Self.

"The real distinguishing factor between the little self and the higher Self is that the little self is acutely aware of itself as a distinct separate individual and a sense of solitude or of separation; the experience of the spiritual Self is a sense of freedom, of expansion, of communication with other Selves and with reality, and there is the sense of Universality. It feels at the same time individual and universal." (Psychosynthesis, p. 87)

During the summer of 1966, the present writer had the opportunity to discuss at length some of these matters with Dr. Assagioli. What he had to say has been transcribed and has been approved by him for quotation. He stated concerning the difference between the self and the higher Self that "there is a great difference: the personal self or I is "self-centred", it is the awareness of one-self without any expansion of consciousness, without the joy, the love and all the other qualities of the spiritual Self. The personal self could be called "neutral". but the awareness of it gives a certain sense of freedom from the ordinary attachments and identifications."

Streitfeld: You say it is "neutral"; then it isn't negative either?

Hilton: I think he means by "neutral" that the "small self" can be completely subordinated by, for instance, the emotional states or it can be the "center" from which integration begins to take place. In other words, it is potentially active; it can be passive, it can be active.

Taylor: Perhaps a few more definitions will clarify this point. Regarding the "superconscious", the "self" and the "Self", he said, "There is an important point that needs clarification because there is great confusion among psychologists about it. A basic difference exists between superconscious activities and functions, even of the highest order, and the Self. In the superconscious, intense activities are going on; it is creative. The Self instead is a pure centre of spiritual awareness, not active in itself; it projects dynamic influences but remains motionless, as we might say. (Aristotle called God the "Unmoved Mover".) Another image is the sun, which projects rays and streams of energies without "descending from its position, without coming nearer the earth. Many have had high spiritual experiences, either by raising the centre of consciousness, the ego,

up to superconscious levels, or by opening the field of personal consciousness to the inflow of superconscious contents (inspiration). But that is not the realization of the Spiritual Self. The former is typical of poets, writers and artists. Some of these have given expression to high contents of the superconscious, but with no Self awareness, like channels, almost like mediums in some cases. This explains the baffling psychology of the artist; how an artist can express at different times the highest and the lowest."

There is a great deal of loose thinking to the effect that there must be a death of the ego in order for the person to be completely developed. On this point Assagioli quoted the following mantram:

"More radiant than the sun, purer than the snow, subtler than the ether, is the Self, the Spirit within me. I am that Self, that Self am I."

He stated that:

"this poetic imagery clearly expresses the relationship between the individual and the universal; the Self is the universal, but I am aware that I am that Self and that the Self is the essence of myself. It is well to emphasise this point, because there are many who assert that the undoing, the destruction, the elimination of the ego is necessary in order to have spiritual realisation. Others state instead that it can be a gradual inner conquest, reaching ever higher and wider expansions of awareness. One might say that both processes occur, but that the term 'destruction' is misleading, because what is destroyed are the limitations and involvements of the Ego, not its central core, which is a reflection of the Spiritual Self."

Turning to Jung's views on the self, they are obviously hard to summarize, but briefly, the Psychosynthesis formulations of the Self are more closely related to Jungian viewpoint than to any other school. Accordingly, we will outline briefly the Jungian position and then complete this with statements made by Assagioli to the writer in the summer of 1966.

In Jung's words, "The self is not only the centre" - we have a lot of geometrical metaphors in this subject! - "but also the circumference that encloses consciousness and the unconscious; it is the centre of this totality as the ego is the centre of consciousness." (C.G. Jung. The Integration of the Personality p. 96)

One writer, in explaining this, said that to Jung, because the self includes the totality of man, it represents the whole man - good and bad, male and female, the four functions of thinking, feeling, sensation and intuition, and also man's relationships with all of life and with the inanimate universe, as well. It brings, on the one hand, an awareness of one's unique nature and on the other hand a feeling of oneness with the cosmos. It will be noted that this aspect of the Jungian view of the self is parallel with that of Assagioli - namely, that it includes both an individual and a transpersonal or universal element.

For Jung, the experience of the self is archetypal and may be portrayed in dreams and visions. It would seem to be essentially psychological in nature. To quote again from Jung:

"The self could be characterized as a kind of compensation for the conflict between inside and outside. This formulation would not be unfitting, since the self has somewhat the character of a result, of a goal attained, something that has come to pass very gradually and is experienced with much travail. So too the self is our life's goal, for it is the completest expression of that fateful combination we call individuality, the full flowering not only of the single individual, but of the group, in which each adds his portion to the whole. Sensing the self as something irrational, as an indefinable existent, to which the ego is neither opposed nor subjected but merely attached, and about which it revolves very much as the earth revolves around the sun - thus we come to the goal of individuation. I use the word 'sensing' in order to indicate the apperceptive character of the relation between ego and self. In this relation nothing is knowable, because we can say nothing about the contents of the self. The ego is the only content of the self that we do know. The individuated ego senses itself as the object of an unknown and superordinate subject." Depth Psychology A Critical History, Dieter Wyss W.W. Norton & Co. Inc., New York, 1966, p. 338

It will be seen, therefore, that there are many similarities between the views of Jung and Assagioli on the self. Concerning the difference, Assagioli has this to say:

"There is a marked difference. I gave three lectures in Italian on Jung and Psychosynthesis, in which I have dealt with this. But I can give you some points. For Jung the Self is a 'psychological function', a 'point between the conscious and the unconscious', and he doesn't attribute to it any transcendent reality. He sticks to the empirical standpoint - the agnostic standpoint - and this shows that he has not had the genuine spiritual experience of the Self. If he had had, he'd speak in a different way. He considers the Self to be the result of a psychological process, of 'individuation'. It is not for him a living Reality which is latent but of which we can become directly, experientially aware. Thus there is a great difference between the two definitions: according to one the Self is a psychological concept; according to the other it is a living reality - even more, a living Entity. The Self is the Subject par excellence. Jung's Self is merely 'psychological'; the spiritual Self is a transcendent, glorious reality, and one can have direct, immediate proof of it; that is, one can experience It."

As is well known, the views as outlined above, are by no means representative of the views currently held concerning the nature of the self. Most theorists would assign a major role in the development of the self to environment and experience. For example, Harry Stack Sullivan, the American psychiatrist stated that "The self may be said to be made up of reflected appraisals. (Conceptions of Modern Psychiatry, p. 10) And Bugental whose work on the "Who Are You?" technique we have discussed, states that the "common element abstracted out of many and diverse perceptions of one's 'Me' may be named the Self." (J.F.T. Bugental, The Search for Authenticity, p. 201)

It is interesting to note that the points of view of Jung and Assagioli, as compared to the environmentalist position of so many other Western writers, would seem to be more closely akin to the thinking of the East. To close, I will quote from Radhakrishnan who writes:

"The true subject or the self is not an object which we can find in knowledge for it is the very condition of knowledge. It is different from all objects, the body, the sense, the empirical self itself. We cannot make the subject the property of any substance or the effect of any cause, for it is the basis of all such relations. It is not the empirical self but the reality without which there could be no such thing as an empirical self." (The Self. Explorations in Personal Growth, edited by Clark E. Moustakas, 1956. p.115)

### Summary and Conclusions

1. A brief history of the "Who Am I?" technique in psychotherapy has been presented along with clinical material and a short summary of certain current theoretical concepts of the self.
2. It is concluded that the "W-A-Y" or "Who Am I?" is a valuable method for use in psychotherapy. It is not time-consuming and patients generally enjoy it. It can be used to initiate the therapeutic sessions and can be involved in a feedback process with symbolic visualization, free association, meditation, dream interpretation, and other psychotherapeutic procedures.
3. The method is powerful and potentially disturbing. It should probably only be used in a therapeutic context.
4. Further experience in the use of this method may lead to more evolved concepts of the self and greater understanding of the patterns of development involved.

And a further point I did not mention earlier: in the clinical situation, obviously at times - if you want to use the Assagioli viewpoint - the patient may be giving you data in the "Who Am I?" technique that may be related to the lower self or, later on, to the higher Self; and often there is a baffling mixture of the two. I do not think that as therapists we know too much about this and that we should be aware of the possibilities. In any event, we should always ask ourselves at what stage in the understanding of the self is the patient at, and how does the "Who Am I?" reflect the increasing growth and awareness of the self; what is the "self" of which the person is aware - the small self or the higher Self?

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## DISCUSSION

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Hilton: As a commentary on this "Who Am I?" technique I would like to read a couple of paragraphs from an article we received from Dr. Edward M. Scott of the Oregon Alcoholism Treatment Clinic, Portland, on "Group Therapy for Schizophrenic Alcoholics in a State-operated out-patient Clinic: with hypnosis as an Integrated Adjunct." In his report he says: "In order to combat the above pathological dynamics, a theoretical orientation with accompanying specific therapeutic modalities has been utilized.

"We have selected from psychosynthesis, founded by Assagioli and expanded by Gerard, two principal elements. First, that the self is an inner citadel, the source of growth and strength. Second, a person is not entirely what he does, or how he behaves, even if his behavior is marked with consistent mistakes and defeats. He is a person facing some defeats, and some mistakes; he is not defeat itself and that only. He can learn to dis-identify himself from his mistakes and defeats. This orientation is most important for the present patient population. They are notorious for identifying themselves with their defeats, foolishness, drunkenness, etc. One patient definitely marked his beginning of recovery to this concept.

"One possible explanation for the effectiveness of this therapeutic modality is that although the schizophrenic (as the term implies) begins his psychosis with a "split-mind" eventually the patient becomes "all bad"! By "re-introducing" through the process of dis-identification the good self, the patient can once again observe and experience himself, all of himself, or at least more than formerly.

"Recall that in the previously quoted group dialogue Jim said, the "good part of yourself" should be sought as a source of strength. This theme of identification with the good self is reiterated constantly in the group and patients are quick to spot one of the members who starts out in a negative manner."

Feder: How do you differentiate, in a patient's response to the "Who Am I?", between a response that could be a genuine reflection of his state of being or a response that has something more to do with what he thought the therapist wanted?

Taylor: I am aware that the patient may be anticipating the point of view of the therapist and may wish to please or displease him, and that it may be one of the factors determining the actual response. At an intellectual level I have never propounded any precise theory of the self to my patients, but I do not think that the patients get many cues in therapy from the therapist as to any expectations on his part.

Feder: Do you interpret the responses back to the patient?

Taylor: I do not interpret a response so much as just read it back, and then use that as a jumping off point for further work on their part.

Feder: I wondered if you indicated what their responses might mean - I was thinking of the two responses from the engineer; and in the second one he indicated he was more of a human being. (Taylor: In that case, yes.) And how do you differentiate between real movement in therapy and something that may not be

conscious but is determined not so much by what the therapist wants as by the patient's own motivation. For instance, if a person has a dream and then sometime later has another dream that shows apparent change; it may be due more to wishful thinking than a real change.

Taylor: I cannot think of any clear-cut way of separating the two.

Cooper: Regarding this differentiation, here I would refer you to Maslow and his "Peak Experiences." Apparently we have these experiences more frequently than we realize, but we do not seem to tie the experience to the ego; but at some stage, with the "Who Am I?" technique, suddenly there comes this realization of the inner self, and the patient begins to show rather dramatic changes in behavior. At the penitentiary we have had a number of men who have had these transcendental experience: spontaneously. These were alcoholics, and they became then a center of help to other people; something happened to their whole personality; but rather than a personality change, as such, the change is rather in what they do with their personality. For instance, they will come out of the penitentiary and give of their time; they seem to experience a true love and a true joy.

Feder: But that is something which spontaneously occurs; I was thinking of the "Who Am I?" technique, which is much more specific - answering questions to the therapist - and does not necessarily have anything to do with spontaneous experiences.

Cooper: But in Fabe Rouke's cases though, somewhere along the line, they did have a sort of peak experience which was related to the "Who Am I?" question. As we have seen, some people may relate the experience in Christian terms as a religious experience, whereas another person having the same type of experience may relate it to a Buddhist belief or to Zen or something of that nature. So whatever their frame of reference when they have the experience, they usually credit that with having caused it, neglecting the fact that they have had these experiences in the past but this is the first time that they have really tied it together.

Aaronson: Is not this question very much like, in Zen, posing a Koan?...

Taylor: I think that is a valid observation for I can think of another patient, a compulsive woman mathematician, who has a capacity for something very close to mystical ways of thinking. She looked at me once in a combination of anger and amusement in response to the "Who Am I?" question and said "I am I, I am myself; and that sums it up!" And in a sense it did, for she had transcended or gone through many of the "layers of the onion" of her personality; and yet on other occasions she gave me a ten-page answer and her last visualization in response to the "Who Am I?" was a picturing of a solar system with a number of planets revolving around a central sun; and she was a planet receiving cold radiation, and responding, and so forth. So in one sense she gave an answer to the question as if it was a Koan. And on another occasion she tackled it almost on a cosmological level. But to go back to the question which Jack Feder touched on, I see now what he was asking. Obviously, unless you expect the population who are responding to this "Who Am I?" to be having these mutations, these self-transformations, this high frequency, the chance of you picking up some transcendental experience is remote. So in five months work you are not likely to get a religious conversion or a sudden transcendental experience. But if it did occur, it would be picked up by this technique.

Streitfeld: It seems to me that a criterion of response to this technique would be some demonstration of the higher self. Now I don't know from what level this would

be; it could be on some experiential level (Taylor: These progress as the person progresses.) So you feel that this is a demonstration of the higher self? That they have gone beyond the smaller self. (Taylor: I would assume that.)

Cooper: But there is a danger here; because the experience itself, the peak experience, is a transcendental one that lasts for maybe two hours or very briefly, and then people respond to it in different ways. For instance, some become depressed - and there is a chapter in Assagioli's book, Psychosynthesis, on psychological disturbances resulting from this kind of thing. The problem then is to integrate the experience into the life situation, and to use it in a valid way. We see a lot of young kids at the penitentiary who have taken LSD and have had a so-called peak experience; but they want to hang on to that experience and so take the drug again/<sup>& again</sup> in the attempt in some sort of way to eliminate the ego entirely from the picture and to live in the joy and serenity or love of this inner world, which is an impossibility. You can't do it; you have to come back down to earth again and use the energy or whatever it might be that is coming from the higher Self.

Feder: Let me get something clear: do you mean that this transcendental experience would not have been gotten without this "Who Am I?" technique? (Cooper: Not at all!) Then the technique itself has nothing to do with bringing about this transcendental experience? I am not clear as to how this happened.

Lazure: This technique can be used in various ways. Sometimes you can use it simply to get an understanding of the psychodynamic material in the patient on the personality level; again you can use it in regard to the onion skin concept to get at the central core of the self, and use it with visualization - you can visualize the outer facade and go through the concentric circles until you come to the spiritual Self. So you can use this in many different ways.

Feder: Can we get at it by analogy? You give a person a TAT and get the patient's response, in the course of which he understands the symbolic meaning behind the manifest contents of the story; and this is discussed. In using the onion skin concept you would get deeper and deeper notions of the significance the particular story has for the patient. Now, six months later, he is given the same TAT picture and you get another response, this time on a much higher level of integration. Can you credit the second response to the discussion of the interpretation and the resolution of the first response, or has a truly higher integrating process been going on; or is there a more simple explanation - that the person now has, in a sense, been conditioned or been brought to give a better response? And to go back to the "Who Am I?" technique, does the first response to the question and the discussion of this therapeutically really resolve itself into a reaching of the so-called higher self or is it that the person now is oriented towards giving such a response? I think it is important to distinguish between the two.

Streitfeld: That is a question that arises in any therapy; there is always the same problem as to whether it is contrived or giving you back something you want to hear, or is really genuine, coming spontaneously out of them. (Feder: Except that in one case it may actually be this process and not a matter of you determining something.)

Aaronson: I heard someone give a paper at a college where verbal operant conditioning was getting very popular, and in his doctoral dissertation he told of giving people the TAT for 17 weeks in which he said "hm, hm!" whenever they made

reference to a dog. And as a side finding from this study I think 14 out of the 17 subjects went out and bought dogs; and you can understand why!

Feder: I think your example is very apt because I think this is very relevant to the whole notion of operant conditioning. I am not thoroughly convinced of its efficacy in therapy; I am not so sure that although, for instance, it causes people to go out and buy dogs, it brings a genuine change.

Cooper: Let me take a shot at that for a moment. In a number of these experiences I have seen them precipitated by, or manifested through or within surgery. At one time I was using Meduna's technique, which was carbon dioxide with oxygen, and I was surprised by seeing a reaction in which the individual would visit some sort of other world; and the surprising thing was that no matter what their symptoms were, for some reason or other they afterwards carried on much better, and often became sources of help to other people in the community - and yet many of them did have symptoms and difficulties.

Feder: Carbon dioxide is now one of the most popular ways of "turning on" on the West Coast!

Cooper: Yes, there are dozens of different ways. And the important thing to me in dealing with patients is for the therapist to be aware that there is another dimension. Otherwise in dealing with your patient you may sometimes miss entirely the fact that the patient has had "a transcendental experience" of the Self, and you may be trying to use standard or orthodox techniques on them and finding that nothing is happening; you may miss a golden opportunity to synthesize that experience into their lives or to build something around the ego self that would be of value to them.

Streitfeld: How do you go about integrating or synthesizing this transcendental experience?

Cooper: Let me give you a case history: a man about 42 years old, prominent in the recording industry, had some kind of an experience of this inner self - it was a transcendental type of experience and he doesn't even remember which day it occurred - but after it, he became very dissatisfied with his life and depressed. He had businesses all over the world and ran them in all kinds of under-handed ways; if there was any pressure put on one of his companies he would dissolve it and transfer the operations to another, and so on. But for some reason or other, after this transcendental experience, he began "to see the error of his ways," became somewhat depressed, and began closing down his businesses and to do something in a legitimate fashion - which was quite a change for this man! His family was worried about it so he saw me and I spent about two hours with him. We seemed to communicate mainly on a non-verbal level; but he was able to recognize the existence of this self, and that he was playing roles. To this day I couldn't tell you exactly what happened in the two hours' discussion but he left the office elated; he then speeded up the dissolving of his companies and is now living in the country and enjoying life. He is beginning to be a source of inspiration to other people and is taking into his present company people that no one else would employ - I am even shipping some of my penitentiary people to him and he is integrating them into his business. He has far less income than he had before but now he is really living. He says "I am alive for the first time in my life!". Now with ordinary techniques he would have probably gone into a hospital, received electro-shock in the attempt to help him get back to "normal" - so that he could keep his little pile of money and continue his shady businesses.



Streitfeld: After a transcendental experience one has to integrate this into one's real life behavior.

Hilton: Or integrate one's behavior in line with the transcendental experience.

Cooper: In the Eastern philosophy, as I read Ramakrishna, your aim is to spend your time with this kind of joy and transcendental experience; but you really don't do anything with it. Whereas the Western philosophy would be to take the energy or the forces that may be coming from the transcendental experience and integrate them into the ego, strengthen it, and then use them. It isn't easy to put it into words, because unless you have become aware of these experiences yourself, of Self-realization, it is difficult to understand when another person has it. This is one of the big problems - to have the experience yourself, and then by tying it down to reality you are in a position to help other people. There is no one technique you use; you just use everything at your command. If this occurs during a "Who Am I?" response, you must be aware of it; or if it comes when a patient is getting a TAT etc. Tournier tells of some of his patients where they were sitting on the bank of a river when all of a sudden they received this "enlightenment". So wherever it occurs and however it occurs, and whatever the frame of reference, be ready for it. (Streitfeld: Through a body technique?) Yes, through a body technique the same way.

Lazure: This is shown in the Desoille technique of the Guided Daydream, where he takes them up into space and the patient has the experience of contacting "light". He has them visualize bringing the light down to earth, and imagine how they can radiate this light in their daily activities. This would be a very good topic for a future seminar - on how to integrate higher energies into daily living. (Chorus of assent. Ed.)

Mickan: I could certainly see it happening in connection with drugs that influence the intellect or with symbolic visualization; but it seems to be against the whole concept of transcendentalism to expect it to be elicited by the "Who Am I?" technique. This method seems to be too intellectual. (Streitfeld and Cooper: But it happens nevertheless.) Sure, it can happen in any situation; but I am not sure why.

Cooper: This will complicate therapy because it introduces another level of consciousness.

Streitfeld: Maybe the answer to this is that with certain individuals, when you start working with them, they appear to just "latch on" to it in some way so that it gets to be more than simply a verbal exercise.

Aaronson: You can take the Koan analogy, which is also a verbal technique. A Koan is not chosen at random; it is chosen with a view towards where the postulant is. And the pupils' responses are continuously rejected. You arrive at the correct answer by rejecting all the answers that are psychologically untrue. (Swartley: One of the famous Koans is "What were you before you were born?") And there is another, "Who are you?"

Hilton: To answer your earlier question, Dr. Mickan, as to how this "Who Am I?" technique can lead to the transcendental experience, in the five cases which Dr. Rouke presented, it was clear from the answers that the patients were moving farther and farther inwards to what Assagioli calls the "central core of selfhood."

They would start by identifying with their immediate circumstances, and then move deeper, for instance in terms of images projected on them by other people, and then going beyond that they began to realize that they were not these things but at center of them. In each case they ended up by saying in effect "I am an individual in my own right." If that sense of individual selfhood is a projected fragment or reflection of the higher Self - assuming the Assagioli hypothesis is correct - then that central core of "I-consciousness" has the possibility of connection with this transcendental or higher Self.

Haronian: There is an apparent relationship between the results of this technique and Herman Kaiser's proposition of a basic neurosis - the need for fusion coupled with the inability to be a separate person. I think the relationship is obvious. Kaiser said that the neurotic needs to be a part of or to coalesce with another person or other people; he cannot and does not want to be a separate individual. Whether you accept that or not is not important in this argument; the point is that the repeated use of the "Who Am I?" technique is almost as if it was designed deliberately to force awareness of this need for fusion and to encourage separation of the self - so that when a person comes to the end point which Frank has just described, he can say, "I am an individual in my own right." In other words, by implication he says, "I no longer need to coalesce with, to lean on, to be a part of, to get vicarious satisfaction through, or to over-identify with other people."

Streitfeld: If I remember my Gestalt therapy - which will be discussed at our next meeting - Perls would say that one should be able to go back and forth between this individual state of separation and fusion (Cooper: Precisely.)

Haronian: But that is entirely different. To use another analogy: "to be able to regress in the service of the ego."

Streitfeld: Yes, to do it intentionally. (Cooper: Right.) Health is the freedom to do.

Cooper: Yes, it is the freedom to be and some people having such an experience as this become body conscious, and all types of appetites will grow. The problem is to synthesize the energies, to become a whole person.

Haronian: May I continue with your point, Harold? I think it would follow, too, that when a person reaches that stage at which he is an individual in his own right, he is then free to fuse if he so desires; he is free to give up his ego if he wants to, but he doesn't get lost in the fusion or stuck in it; (Cooper: Yes, he can move freely between the two.) Nor does he get stuck in being himself all the time! - which might be one manifestation of adolescent rebellion.

Hilton: Yes, once you are in touch with your own "core" you are in touch with the core of other men, so that you are both yourself and at one with others as well.

Carlson: I was thinking that there might be some difficulty in the initial valuations of the "Who Am I?" responses made under differing circumstances. For instance, a person wakes up in the morning and writes out his responses to the question, and maybe he is not feeling so well - half asleep or something; and he will submit that to you. Then may be three or four hours later he has gone into various activities and met with a fair degree of success and all of a sudden his self image has changed and when he asks himself a second time "Who Am I?" he thinks "I am not so

bad after all!" So he submits these answers to you. That is why I am thinking that the value of these responses in the early stages will be somewhat questionable.

Cooper: No; this is important, because in doing this he learns that he can be all of these different people and yet still retain an individuality. This is one of the things that the "Who am I?" technique helps people to recognize. They begin to see that "I am this type of person" and then under a different set of circumstances "I am somebody else and yet I am really not any of them!" The person then sees that these are roles which he plays in life. For example, you can ask yourself at the end of the day: "How was I as Casanova today?" or "How did I behave as a psychiatrist?" So you can then observe yourself continually in different roles and yet you do not have to identify with those roles - these roles are not "you".

Carlson: How is it that you do not have to identify with them?

Cooper: Let me give you an example of a woman who bears children and is completely self-identified as "the mother"; but when she comes to the stage of having no more children she has difficulty in shifting to another role - say, learning how to become a clubwoman. This "Who Am I?" technique helps her to disidentify from the role of the mother and begin to see herself in a larger sphere. (Streitfeld: Yes, people actually come to believe they are only the role.) Right, I once saw a man who played the role of Jesus in the Passion Play and afterwards he was very confused as to who he really was; he was continuing to identify himself with the Jesus role in the play.

Haronian: As you describe this technique, I get the impression that there is a possible advantage in bombarding a patient with this question as often as possible, simply because the more often the patient answers it, the sooner there is going to be a kind of figure ground reversal between his numerous and changing answers to the question and his stable inner picture of his "I", his self. (Cooper: Precisely.) If so, then what may be needed is a situation in which a person is continually or repeatedly, at odd moments, asking himself "Who are you?" And the more answers he gives himself, the sooner the person is going to revert back and say "Who am I?" rather than identifying partially with each of these diverse roles.

Aaronson: I have used a variation of this in therapy: in the middle of anything a patient may be doing. Without warning, I will say "Stop! Who are you?", and the results are very interesting - I have had people who burst into tears; and they come to a great deal of understanding very quickly.

Mickans: After I received the invitation to the meeting and a copy of the talk by Dr. Rouke, I asked some of my patients to write their answers to the "Who Am I?" every day on postcards and mail them in to me. And I have brought one set of replies from one patient. He wrote these every night at midnight. I will read the cards in the order they were written: (each line is one day's answer. Ed.)

"I am a midget inside my skull."

"I am electric impulses and the brain waves."

"I am a poet without a poem."

"I do not know and never will."

"A person in hiding, still not strong enough to reveal myself."

"A member of a family." (Mickans: at this time he went on vacation with his family.)

"A romantic fool."  
"A carefree vacationer."  
"An ego and a body inseparable despite all efforts."  
"A soul in limbo."  
"A fairly insignificant blob of protoplasm."

(Streitfeld: Jack why did you interject after the reply "a soul in limbo"?)

Cooper: It shows that there is a conception of a soul or self - these can be used interchangeably, for we have to remember the frame of reference - was this patient Catholic? Mickans: No, Jewish.)

"I am a history."

"I am a father."

"Ein im Ausland lebender Heilbronner." (Mickans: This patient was an emigrant who once lived in Heilbronn which is a small town in Germany....Every year the burgermaster sends out a book with the names of all those people who once lived in Heilbronn. So this card refers to his home-sickness.)

"I am Jack Ruby."

"A stranger in my body."

"Nobody!"

"Unreality in a real world, or reality in an unreal world."

"Perhaps unreality in an unreal world."

"A person again." (Mickans: In the meantime he had beaten up one of his relatives - at the time when Jack Ruby died.)

"A short circuit."

"A self-satisfied student." (Mickans: He is attending a College.)

"A lost judge penitent."

"A smothering fire."

"A rebel without a cause." ("A Zombie."

"A man surrounded by a curtain." (Mickans: Again he has withdrawn.)

"I do not know at all."

Jan. 18: the last response received: "An adult waiting to return to childhood to be judged."

Mickans: (in response to questions) That covers a period of about one month, including the Christmas holidays which included Channukah.

Hilton: Has this patient written any responses at length?

Mickans: No, I asked him to write every day, and to write at length would have been too much, and too much to read. My other patients are writing longer responses.

Cooper: I do not think putting any kind of limit on the writing is of value. Well you can certainly see from these responses the different facets of this personality. Now can you get him to see it; can he see himself in these different roles? I had a patient who would get up at three o'clock and write for an hour the response to this question, and replying at three o'clock in the morning yields entirely different results to those at twelve o'clock at night; but whatever time a particular patient might choose, just let them go ahead. There will be times when they are "dry" and will not produce anything, but somewhere along the line you may see maybe just a touch of transcendental experience. In your patient's

responses he mentioned "a soul in limbo", which means there is some kind of awareness developing in some way. But you may not see any other evidence of contact for months.

Streitfeld: You might get just a few short cryptic sentences, but later the patient may start writing at greater length.

Lazure: Did you not once say, Dr. Cooper, that you do not always ask patients to bring in their responses - just have them write them out and then throw them away?

Cooper: Yes, in the penitentiary we give some of the patients - or inmates - reams of paper and we encourage them to write, and then flush it down the toilet! They will write for hours and not show it to anybody, but it is amazing the difference it produces. They quiet down, because instead of having "to talk to the wall" they are busy writing. We also use art techniques; and one of our very bad boys has gotten release in this way. We also see the spiritual symbols showing up in his art work. We have a lot of that material that we are preserving, and the Rev. Eisenberger is working with us out there and helping us considerably. He is learning about it just as we are. He is working with some of the men who have had these experiences and are now working in the community and doing fairly well.

Streitfeld: I have a question about the self. You said that Assagioli's views have something in common with the Eastern notion.

Taylor: Yes, what I was trying to say there was that both Jung and Assagioli feel that the self is, to at least a major extent, some kind of entity separate from and not caused by experience; the difference being, for Assagioli, the self is more than a psychological process, whereas Jung conceives it solely as a psychological entity. Western psychological theory tends to regard the self purely as a product of environment and experience - if your grandmother kicks you 20 times a day for 20 years you will have a negative self-image, and your self will be that of a bad person; and that will be the self as defined by probably most people in the field today. I think a more complex view would be that the self has a pathological component that has to be worked through, but this pathological component is a derivative of an adverse experience.

Aaronson: There is the need to differentiate between the "me" and the "I"; these things that you were referring to are the learned roles and expectations. The "I" is the organism, the unknown factor. Mead says that the "I" could only be expressed in the past tense because you can never conceptualize it in the present. If you will, it is a Zen point of view, you can "be" it.

Haronian: There is the pragmatic question as to whether this postulated existence of a separate self other than the conscious self really makes a difference? It occurs to me that the only way that this distinction could make a difference would be for this separate self to be something other than the Sullivanian type of self which accrues through the reflective appraisal. And if that is so, then that separate self might be a self which is genetic, with which the individual is endowed. It would then have one quality of a "soul", that is, something that is given to the organism in some fixed sense - in advance of experience. It might be a soul, or it might be a bio-molecular endowment like D.N.A.; but for the concept of this inner separate self to be meaningful - i.e., to make a meaningful difference - I think that it would have to be something fixed.

Cooper: Yes and no; because we use only about 15% of the gray matter of the brain. I think what we are saying at the moment and what we are working upon is another state of consciousness, which may not be generally registered in the gray matter. I do not necessarily visualize it as something coming down into it but purely an understanding of another area of consciousness. We have discovered that the results show there is a super-conscious mind or arena to play in. And there may be dozens of other levels yet; and to liken this to a soul or a body experience seems to me to be premature. I am sure that at one time people had the idea that the unconscious was a bugaboo, something waiting to grab you; it was always likened to the devil. Now some people may reach the point of even thinking that this consciousness may be "God-centered," or give it some other fancy name, whereas it may be only just another area of consciousness.

Haronian: We do not have to go so far as to bring in God; we can talk in terms simply of hereditary differences. If there are two selves, a capital S and a small s self, for this difference to make any difference, pragmatically speaking, one of these has to be something other than the Sullivanian type of self. If so, what is it? Where does it come from? It must come from some source other than experience; perhaps heredity.

Feder: I think his point was that Assagioli would say that both the self and the Self have nothing to do with reflected traits. (Taylor: Yes, that is what I was trying to say.)

Streitfeld: I think Assagioli is mistaken about that, the small self has nothing to do with appraisals.

Feder: His position, as Jung's, is that there is a self, an experience of self; and whether it be a small self or a higher Self it has nothing to do with the environmental.

Haronian: What then is the repository of the experiences, the reflexes, the appraisals, whatever you want to call them? Where would that be in Assagioli's system? There must be a place for them.

Hilton: Is it not covered by the fact that this central core, of the small self, can become identified with the "appraisal" self.

Taylor: I should say that if Assagioli were answering that - and I may be wrong - he would conceptualize the Sullivanian component of the self as being a self-identification but not the self, not the center of the self.

Feder: You could see it another way: the Western notion of the psychiatric self, that of Sullivan, does not speak of the core in the way that Assagioli does, nor in the way that Jung speaks of it. So that is a matter of usage of words. The whole concept of the self that Assagioli or Jung are dealing with has nothing to do with what Sullivan says.

Streitfeld: Yes, but I still want to know where Assagioli puts the negative self idea.

Cooper: When we put the Exercise in the book, Psychosynthesis, we did not know whether to call it "Self-identification" or "Dis-identification"; so we left both in and you can take your choice. Both are valid; dis-identification leads to self-identification.

Aaronson: If you regard each individual as an instance of the universe, then the first impact of this great Self creates the small self, the secondary impacts being the smaller selves - the roles of ordinary behavior; whereas the conventional Western way of thinking proceeds from the outside in. (Cooper: That is a very good point.) Also, I want to raise an issue that bothers me: how come that everyone uses the circle or a sphere to illustrate his thinking; and what would be the effect of using a triangle? (Cooper: I would prefer a spiral!) We have one of the oldest symbols in the double triangle of Judaism, which again in some ways represents the two selves.

Taylor: Whether you take the solar system or galaxies, or electrons they are all circular models.

Aaronson: Yes, it's true; but these things are purely arbitrary and they can stop you thinking.

Streitfeld: No, I do not think they are arbitrary. (Taylor: No, they are not.)

Aaronson: If we had eight sides we would have eight dimensions. (Hilton: But if you have a sphere you have unlimited dimensions.)

Cooper: Let's not get in that one!

Streitfeld: All movement can be broken down in terms of circles. There is apparently an affinity with a circle and human movements.

Feder: You said before that Assagioli said that the small self doesn't deal with joy or love; when one is experiencing love, would you say, ergo, that this is a transcendental experience, an experience of the higher Self?

Cooper: Yes, correct. (Haronian: But if the ego is neutral? Is that a transcendental experience?)

Feder: If the self is neutral and any emotional experience by definition is not neutral, then what of Dr. Mikan's postcards with the "Who Am I?" responses, and your statement about "the soul in limbo" response as getting at a transcendental experience. In that case almost every response there can be said to reflect a lower or higher; and it's hard for me to understand when you talk about "transcendental experience." It doesn't seem to fit in with this theoretical notion of the self being a neutral self, and the higher Self being one involved with joy.

Streitfeld: I would like to clarify a little further: there is a higher Self and a neutral or a lower self? (Taylor: Perhaps the word "neutral" is unfortunate; the more I think about it the more I think that Assagioli's use of that word neutral was an unfortunate one because it has got us hung up in so many conceptual difficulties.)

Aaronson: I think the notion of the lower and the higher self is the basic problem. When you automatically consign hate to the lower self, what about the Yoga of the Left Hand? That is, the gaining of transcendence through engaging in everything. (Cooper: Right, and the assumption is that from anything you can have a transcendental experience - hate, anger, killing.) In fact killing was used, and after you got tired of killing one person in a horrible way, you killed another and then finally decimated the country side!

Streitfeld: Then where are we? If you leave out this neutral self, is the higher Self always a positive thing and the lower self a negative one?

Taylor: No. Hilton: Well, my idea - and I may be wrong here - in my talks with Assagioli I gathered that the lower self, the central core, was far from neutral, that it has the potential power to integrate and control the psychological contents. I would not use the term "neutral."

Cooper: I think he is using it in the terms of chemistry; you can make it either positive or negative. In my work with him he kept bringing up the chemical analogy.

Haronian: In the Dis-identification Exercise, the patient ends up with an experience of the self as the center of awareness and of intentionality or will. Isn't that so? (Cooper, Hilton, Taylor: Yes.) So, is this what is meant by the neutral self? It certainly isn't fully neutral. It is more in the nature of a total awareness, a cognitive openness; and at the same time, a conative readiness to move and to work and to will. What then is neutral about it? It is neutral in that it is not evaluative in the sense that there is no conception of plus or minus, of good or bad, of right or wrong. It is a complete in-taking, a state of cognitive openness and at the same time a readiness to act. But because it is without judgment or evaluation, it is "neutral".

Streitfeld: It merges with the higher Self then. (Hilton: It can.)

Lazure: I happened to be with Assagioli when he used the term "neutral" and my understanding of it was that he used the word neutral in opposition to the joy and expansiveness quality of the higher Self. It is a center of pure self awareness and, as Frank says, it can be aware of many things. It is simply the center of awareness and it also has a dynamic quality; whereas "neutral" was simply used in contrast to the joy and expansion on the spiritual level as distinct from the personal level, the awareness of the personal self. I prefer the term "personal self" rather than "lower self", because to me lower self implies something bad. Assagioli says that most people have to first contact the personal self before they can reach the spiritual Self. There is something positive, the possibility of growth, in the personal self.

Streitfeld: Let me ask, if you get into this process of dis-identification will you not almost exclusively deal with the negative self in dis-identifying something. (Cooper, Taylor, Lazure, Hilton: No!)

Taylor: Emphatically no.

Haronian: As I see it - and I am trying to get an answer myself - in the dis-identification exercise you dis-identify from your feelings, your thoughts, your body; but these are not negative things. What you are trying to do is to achieve the same thing that hopefully might result from constantly asking the question "What am I?" One suddenly becomes aware of that "I". What is that "I"? It is a center of awareness and a center of will; a readiness to absorb experience and a willingness to act - but it is non-judgmental. And you can't speak of it in terms of positive and negative. But if I understand the experience, it is, in another sense, positive because it provides a sense of liberation from the feeling of pressure, of being pushed around, of being a molecule in Brownian movement. So, in that sense, it is secondarily positive.



Cooper: Which is transcendental; you don't have it very often, maybe once a year.

Haronian: Well, I don't know; there might be a "micro-peak experience". (Taylor: A "micro-peak experience"; that is a very good phrase.) A micro-peak experience might come at any time - a twist of the mind, a twist in the way you look at things and you may be able to bring it on. (Cooper: Say, looking at a flower.)

Taylor: Going back to your point about identifications, as I would see it, what is being asserted is that the person is not the sum of the roles he plays - e.g. "I am a mathematician," "I am a tennis player" or "I am this or I am that" - for the "I" is something separate, above and beyond these role identities. In that sense, the process of dis-identification enables the "I" to emerge; and the mathematician is not essentially bad or essentially good; the "I" is not defined in terms of the sigma of all the many roles.

Cooper: I am a psychiatrist; I am playing a role but I can shift the role any time I desire; I have will, I can move, I can twist, I don't need to be worried about whether "should I or shouldn't I?" I am. To sum it up, "I exist."

Swartley: This question of dis-identification from the positive; the classic example would be somebody who stumbles on his higher Self and gets fascinated by it and eventually identifies with it and thinks he is Jesus Christ or something like that. It is then that he must dis-identify from this positive figure in which he is projecting one part of himself, which he perceives as a positive part.

- End of Session -