

PSYCHOSYNTHESIS SEMINARS

---

1967/8 SERIES

---

First Meeting: October 20, 1967

- A. Discussion of Winter Program
- B. Report on Rome Psychosynthesis Conference  
(September 1967)

Participants:

Phil Carter  
Jack Cooper, M.D.  
Martha Crampton, M.A.  
Leonard Freedman, D.D.S.  
Fr. G. Gaze  
Fr. Albert F. Grau  
Frank Haronian, Ph.D.  
Frank & Hilda Hilton

Elizabeth Keane, M.A.  
Jane Mannheimer  
Harold Streitfeld, Ph.D.  
William Swartley, Ph.D.  
Graham Taylor, M.D.  
Shirley Winston, M.A.  
William Wolf, M.D.  
Alfred Yassky

Psychosynthesis Research Foundation  
Room 314  
527 Lexington Avenue  
New York, N.Y. 10017

A. Discussion of Winter Program (pertinent excerpts from the discussion on speakers and subjects.)

Crampton: Our format up to date has been more intimate meetings but if we can get one or two well known figures we could have larger meetings and thereby attract a larger audience.

Wolf: Would you think that that is desirable? I am wondering if that would not change the character - and then you would get just another society and I am wondering if you would want that.

Crampton: It would fulfill a different function.

Wolf: What we want in psychosynthesis is a working through of the subject which is very difficult in a large meeting.

Streitfeld: This is one of the few intimate groups left in the city.

- - - -

Cooper: The suggestion has been made that in future meetings after the speaker has presented his subject that we have a panel to discuss the relationship, of what the speaker has presented, to psychosynthesis. I think this is something we can do in our future seminars.

- - - -

Crampton: I have felt that our meetings are very interesting but if we had more time we should get to know each other better; and we have been toying with the idea of arranging a Psychosynthesis Weekend where we could meet in a more leisurely fashion and learn a bit more about the way we are all thinking...a place in the country or perhaps in the city...say, a two-day weekend.

Swartley: I would like to second that motion for I have felt a lack of opportunity for real meaningful interchange. I have found this kind of thing a very useful device and would like to encourage it.

Cooper: At weekends I can offer a fairly large conference room in the penitentiary - which will be a unique experience (laughter).

Swartley: I think it is important that we all sleep in the same place.

Streitfeld: I think I could help with this...there is Wainwright House that may be available at weekends...they charge \$25.00 (Crampton: per day or per weekend?) Per weekend - that's two nights and this would include meals. I don't know whether they have any free time left; we should have to look into it.

Crampton: It would have to be composed of people who know something about psychosynthesis - not people who would have to start right at the beginning.

Cooper: I take it then that we are in general agreement with the idea of a Psychosynthesis Weekend and we can perhaps arrange something for the Spring of next year.

- - - -

Haronian: I would like us to devote a meeting to defining psychosynthesis...as to what is distinctive about psychosynthesis. The concept of the self, the importance of the will, etc. - what are the basic ideas that distinguish psychosynthesis from other approaches. I think we have talked about a lot of other things that are fascinating but this is a psychosynthesis group, so we need to state clearly just what psychosynthesis is.

Wolf: Do you think it would be worth spending a full evening on "definition," and separating it from something else? "Definition" means a separating off and I wonder how far you would want to make that exact separation - that setting apart from something else.

Haronian: I think we could devote a meeting to it; Graham has a paper on it, I have some notes on it. The concept of "the suppression of the sublime" is part of it. (Wolf: A concept is one thing, a definition is another.) (Taylor: And we don't want to hammer out a ten-word definition that can go in some dictionary!)

Freedman: Let me just simply say I glanced here (at the papers by Dr. Taylor and Mrs. Crampton, Ed.) and I have listened carefully, but I think it might be nice if somebody could just take about two minutes to briefly tell me whether psychosynthesis is a form of therapy, whether it is a philosophical inquiry, whether it is possibly a religious belief, whether it is an attempt to become part of a super-consciousness - exactly what it is; and then I will read the book.

Hilton: I think that you are at somewhat of a disadvantage because most people attending these meetings have read Assagioli's book and have come to the meetings after having a basic grasp of psychosynthesis.

Haronian: Let me try to answer the question for you. Psychosynthesis is not a system, it is not a theory, it is not a school but is a point of view; it is an attitude, and it is most of the things that you described in your question. Psychosynthesis has at least four major aspects, one of which Dr. Assagioli calls the existential aspect. By that he means that it focusses on personal experience. It has an experimental aspect in that it deliberately uses active techniques - it gets people to do things for themselves in treatment, rather than being relatively passive.

It has a pragmatic aspect in that it seeks to evaluate its techniques and to validate their usefulness by demonstrating results. It has a very individual aspect in that it recognizes individual differences which call for different therapeutic techniques and approaches; so it is very broad in that aspect.

Psychosynthesis postulates the existence of a permanent self behind the numerous social roles which people play and through which they relate to each other. It postulates also that through this fixed or more or less permanent self we relate to a larger universal Self - in that sense it has a religious aspect.

Psychosynthesis considers that there are such things as higher drives - a drive for meaning is a higher drive; esthetic drives, altruistic drives, drives towards spiritual understanding and relatedness to the universe. And these are seen as needs in their own right, not simply as distortions or sublimations of more animal drives, or so-called more basic id drives. (Streitfeld: Isn't that one of its major contributions, compared to others?) Definitely, we think. Psychosynthesis uses special techniques for evoking one's sense of oneself and strengthening these higher drives.

- Taylor: And to that we also add the concept of the will.

Cooper: The way I like to think of it is that we have physical, emotional, mental and spiritual problems and that we have to deal with all of them. We feel that this self, and our relationship to this self, presents a new problem to be solved, to be worked with; we not only have mental and emotional disturbances as such but also disturbances in relation to the higher or inner self; we want to explore those and talk about them and to bring them out into the open; and to learn to diagnose and treat those problems.

Streitfeld: I have gained a better idea of psychosynthesis in the last few minutes than I have in the previous year!

Cooper: As we have said before you have to experience it, and then when you begin to experience it, it begins to jell.

Swartley: I would say that psychosynthesis is more inclusive than any other approach - and necessarily vague.

Haronian: It is not in conflict with other systems.

Streitfeld: Well my point was, in my lecture last year, that you are inclusive at one end, but I feel that you have to go into the body aspect much more than you do to make it really completely inclusive.

Crampton: It is meant to include the body; as Assagioli said in his Rome lecture it should really be called "bio-psychosynthesis." (Streitfeld: I know that but he doesn't do it.) He doesn't do it but he leaves room for others to do it.

Haronian: That is the thing about Assagioli, if you bring in, for example, body techniques, he will never say "that does not belong"; on the contrary.

Swartley: He will say, "in the master plan, that fits here."

Haronian: I have a few comments - if we have time - which might arouse some discussion: as I listened to what we were saying, and have said in our previous meetings, I recognize the dearth of attention - and I don't mean this critically - to the problems of the hospitalized psychotic patient. It seems to me that psychosynthesis does not spend as much time as other methods of therapy on the problems of the severely disturbed psychotic hospitalized patient. It seems to me that the focus, as in the French group and the Swiss group - is on people who are functioning more or less in society. I wonder if this fact, that the focus away from mental illness in the more severe sense, is a strength in that it is one of the reasons why we are as open in our membership - as broad in our membership - as we are. If we were more focussed on mental illness problems in a more acute sense more consistently, would this narrow us down in the type of professional training that we would attract. Or don't you see it this way?

Cooper: Well, in the modern treatment of psychotics - with tranquilizers, etc. it is difficult to answer "Who is a psychotic individual?". We now have more the passive, tranquil person and we don't have the "acting out" which we had when I was young in this field. We now have the problem of these people being in the community with us; the mental hospitals are dumping them into the community, and they are no longer psychotic in the sense that they are now more tranquil. But

our problem is, as you say, to bring psychosynthesis into our centers and into our treatment programs and to use these approaches, because in our experience with the psychotics - as I have said before in these seminars - that many times they have spiritual realizations and contacts which we neglect and pay little attention to. We are so busy worrying about their behavior that we do not think in terms of the "why" behind it. In my dealings with psychotics I always try to go back to this complicating factor of the "self" and to see what role it plays. I am thinking of Boisen who had 14 admissions into mental hospitals and yet was able to start Chaplains' Corps of ministers coming into psychiatric hospitals.

Taylor: Perhaps I am in limited disagreement with Jack. I would imagine that the actual incidence and figures of psychosis in the community is the same now under tranquilizers as before, but their behavioral manifestations are different because they are wearing a "chemical blanket." But I would agree with what you (Haronian) are saying: that when one surveys the literature on psychosynthesis it has tended somewhat to ignore and not to study to as great an extent the psychotic as, if you like, the neurotic. In bio-energetics there is certainly room for people to apply methods and techniques of psychosynthesis to the psychotic population. For psychosynthesis to be truly psychosynthesis it must obviously embrace this group too, in the sense of devoting both theory and practice to their management and treatment. (Haronian: You see this as a neglected area?) Yes, I would agree with you that to date it has been a relatively neglected area.

Cooper: I work at the penitentiary and we don't select our clients - we get psychotics and neurotics. We don't find it different in working with psychotics - as soon as we can get contact with them and we get working with them we can discern that this is one of the dimensions that they need. (Yassky: Has there been anything written about it?) No, nothing except what has appeared in the transcripts of the seminars we have held here, where we have detailed a few cases.

Haronian: I think one point which is relevant to your question is that psychosynthesis unlike psychoanalysis, is not diagnostically oriented; so one really does not spend much time in thinking about the differences between nosological categories. It does not develop or specify different kinds of techniques and approaches for different categories of disturbance. Perhaps we should work more in that direction.

Cooper: At the penitentiary, for instance, with the psychopaths, we know there is no single approach to them from the psychiatric standpoint, or an analytic standpoint unless you are thinking in terms of long-term therapy; yet we are able to contact them and work with them on many different levels as both I and Harold Streitfeld can attest.

Streitfeld: I would like to nominate you as a speaker for a forthcoming seminar on this very subject - on psychosynthesis and its particular usefulness with the psychotic. (Cooper: I will be happy to do it if the group would like to hear about my experiences.) (General agreement voiced. Ed.)

- - - -

Haronian: This leads to the general question as to whether a more diagnostic approach to patients and an attempt to fit certain specific psychosynthetic techniques to the nosological categories might be useful. Should we articulate things in this way?

Cooper: No, because we have gone through the diagnostic business of naming things; and we came to the point of shutting out things, removing the thing that offended us; and now I think we are at the stage - as are surgeons - of replacing "parts". The surgeons are putting back organs, and our function in psychosynthesis is putting something back in - or at least taking some neglected aspects and bringing them to the fore rather than some aspect of behavior in nosological terms.

Streitfeld: On the other hand, other disciplines in therapy seem to fail with the psychopath, and here you have something that is particularly useful - it reaches them.

Cooper: Yes, that is because we are not concerned about what the nosological diagnosis is. A woman inspector came through the penitentiary today and said "that kind of data is useless for the kind of work you are doing." So she is going to take our particular operation and initiate new ways of looking at it so that a computer can handle it. (Wolf: This is where we get the new language.) Right; we are having to start an entirely new language.

Wolf: One of the points is that you have many more common denominators in psychosynthesis than you have in any other type of approach - a common denominator which goes to a basic feature, whether that is spiritual, or physical, or whatever. And that, I believe, is a great advantage - where you don't have to put a label on the disease.

Haronian: So you do not feel that we have to be<sup>so</sup> concerned with diagnostic categories?

Wolf: No, not in the sense we know them. It is what you observe and see in an individual and not what you call it or label it as a syndrome. (Haronian: This means a different diagnostic approach?) Yes; it will be in terms of what actually exists, not in what it is called as a syndrome; not on a syndrome but on specific evidences that the particular individual portrays.

Grau: Is this the reflection of Dr. Szasz's viewpoint? (Wolf: No.)

Taylor: It sounds similar, but is not basically so.

Grau: Perhaps what I am thinking about is an essay of his, not his book, where the last sentence is: "What we are really dealing with are problems in living"; (Cooper: Yes.) and that is diagnostic in the sense of finding out what kind of problems we are faced with.

Cooper: If you look at the diagnostic manual and take, say, "schizophrenic reaction - manifested by..." you can find as many adjectives as you so desire to delineate the one item of behavior which you see at that moment. But two weeks later you can get another diagnosis: "anxiety reaction manifested by" etc.; and you see these changes as the individual goes through them. You see psychopaths become neurotics, and then sometimes become psychotic, and various very definite difficulties which we have to watch them through; but sooner or later they become what we call "fairly normals".

Swartley: I think in the future there will be a filtering out and application of our experience and methods to sicker and sicker people.

Haronian: Well, my own experience is that the sicker people resist them, but the stronger people will accept these techniques better.

Swartley: Yes, that has been my experience too. It is only a small percentage of all the people I have worked with who have the ego strength - or whatever else you want to call it - to make this active confrontation with themselves.

Yassky: With the Initiated Symbol Projection a schizophrenic patient may go off and may not be able to get back.

Swartley: Yes, there is a warning in the book about that; and yet when we had Dr. B. Aaronson here and referred to that, he said "I work with totally mad people and haven't lost any yet!"; but that is Bernie, who is highly skilled in this area!

Haronian: This brings up something that might be of interest: in 1925, L. Pierce Clark, who was a Freudian analyst, gave a short paper at a conference in Hamburg which was written up in the Medical Record of 1925, in which he described the use of fantasy in the treatment of psychotics. It was only a short paper but it is mentioned by Federn and by Healey, Brönnner and Bower in their classical text on psychoanalytic technique. The basic idea of introducing fantasies and imagery was used by a Freudian, Federn, as early as 1925.

Wolf: I knew Federn fairly well and we discussed it a number of times; he did deliberately induce these fantasies, only not in the manner that Assagioli does. He had his own way.

Haronian: In regard to the problems dealing with the virtually non-verbal segment of the population, we are trying to do something for the disadvantaged, and I wonder if imagery would be a useful approach with them. (Crampton: Definitely.)

Cooper: This is the approach in working with the psychopaths, who are certainly the most disadvantaged segment of the people. They are, shall we say, "the lowest of the low"; and we find that working with this visual and eidetic tool - and the auditory ones too - is much better and easier than with the other modalities.

Keane: I have a question about images. We have always discouraged images in my work, where we deal with body awareness, the sensory impressions and with becoming quiet and getting more in touch. I have found that for the most part that when people start to get into the feeling area they tend to image instead of experience. Last night "C" came in to take a class - working with the physical reorientation and getting in touch with one's breathing - and she had a fantastic series of images. She stayed after classes and told me about them. She had a wonderful sense of self and it was quite an experience for her. Now, since I have never been interested in the imaging, or encouraging it, I am a little confused about it since we work with people to get them more in touch and yet these things that you speak of, and induce, happen quite easily and quite often - in fact, almost all the time. That is why I am confused about this question of imaging and how meaningful it is. My own experience is that when a person comes more into the "being" state - what you would call contact with the self - the mind is quiet and there are no images. In the Zen meditation the images are discouraged - you come to what is, to what is happening at the moment.

Obviously you are using the image in a different way and for a different

purpose. But so many of these things one does, bring the same result, so I am wondering if there isn't a kind of split.

Cooper: I don't think, Betty, there is a split at all. What we are seeing are different parts of the elephant; I am dealing with certain types of people who have been stripped of everything from a material and bodily standpoint, and who only have imaging left. Now my problem is to get the images back into a bodily representation. You are taking the body and getting an image representation. You are working on one end of the scale and I am working on the other - and what we are trying to do in psychosynthesis is to bring them together.

Keane: But with me the imaging is preventing the experiencing of the self - "never confuse the picture with the thing itself"; and at times I think we may be unwittingly leading people off. This is what I honestly don't know. (Cooper: This is our purpose in coming here, to find out these things.)

Wolf: But it is really a question of what you do with it. If you have imagery, it is what you do with the imagery that counts; or if you don't use imagery or discourage it, what you do with that. For instance, in Yoga meditation imagery is, of course, one of the essentials. It depends on what you want to do.

Swartley: It is encouraged at one stage and discouraged at a later stage. In the Patanjali Sutras imaging comes in the lower stage.

Crampton: And in my visual "Who am I?" method the imaging is a method for moving inwards, but the deepest experience is beyond images. I do think that imagery does have its place in moving into the experience of the self. (Streitfeld: "There are many roads!") The question is: how we integrate this, how to integrate ... imagery?

Keane: Some people are lost in their imagery so much that they are not ever really in their everyday lives - they are doing one thing and yet are a thousand miles away.

Haronian: Isn't that daydreaming?

Keane: Well, yes, but it is imaging. (Haronian: But it is out of control. And this is where the will has to come in.) But then imaging would only intensify the basic condition. (Haronian: On the contrary; it isn't that the imaging itself is bad but that it is out of control.)

Streitfeld: Imaging can be a very useful thing.

Keane: But I am trying to find out in what context.

Cooper: Your problem is to couple it and connect it with the will mechanism - being willing to use it in your life situation, using the aspect of will to decide and to fit it in, to put it to some practical use. The teacher who is here with us tonight can be of great use to us, because you see this in children; and her problem is to use it, instead of just ignoring it, in the teaching situation - to define it and use it aright.



Keane: My confusion possibly is that I tend to associate imaging with, literally, a lack of feeling.

Swartley: I get upset if I hear anyone discouraging anything...for instance, in going through Zen training they said: "Don't image!" and from that point I was hung up on imaging, I was so busy not imaging; whereas if they had told me "Go through it, image to the end, finish the imaging, and see where that leads you," then I could have done better. So that was a block.

Haronian: My understanding of imagery, once you really get into it, is that first of all, it takes over and it goes on by itself - I am thinking now of a person lying relaxed and recumbent on a couch with his eyes closed. But that is a different type of situation from what you, Betty, are speaking of. And as the person becomes involved in the imagery and as it becomes more or less autonomous intense feelings are aroused. The things that happen are really remarkable. A person may be lying on a couch and thinking, let us say, of being on the bottom of the ocean and being attacked by an octopus. The feelings aroused in the patient under those circumstances are often so very intense, so very frightening, that the patients have to be guided through the experience by the therapist.

Swartley: When Betty uses the word feelings she does not mean emotion. (Haronian: I am thinking about emotions.) She is not. (Wolf: Experiencing is probably a better word.)

Haronian: You mean feelings of the body, Betty?

Keane: Well, it can be emotional...but it wouldn't be something that I would encourage; for instance, if a patient had an image such as you speak of with a highly emotional content, if he were going off into this then he would not be being present for what the chosen activity was at that moment.

Winston: I find that when a person comes to a session with a problem, a question, and goes into imagery spontaneously it generally turns out that the imagery is really part of himself which is answering the question in the language of imagery. And as you work through the imagery you find out what the answer is. But that is the response of the patient to the purpose of the session, which is to resolve a problem. Now in Betty's sessions the person does not come to resolve a problem and if he goes into spontaneous problem solving this is irrelevant and therefore undesirable from her point of view.

Keane: In your session you would interpret the imagery, find out what it represents and this kind of thing but when you are concerned with releasing tensions - this is the old question of mind body - when you are dealing with releasing tension you are going to have many things happen, like this girl "C" - we were working along normally when suddenly all this imagery material came in... So what do you do with all this material? I am not able to analyze that.

Winston: I feel that if there is a tension which cannot be dealt with by physical methods, by bodily awareness - because there is some other reason for the tension - the tension is then apparently a neurotic symptom representing a problem. And before you can deal with the tension you have to come to some resolution of the underlying problem; and the tension may be in itself calling attention to that, so that the imagery if properly used - it is very easy to get hung up and go off into sort of wishful thinking, wishful images that are completely different - but imagery properly used can come to some resolution of the emotional conflict underlying the tension; and when that is resolved the tension will go or will respond readily to the kinds of techniques you use. I think these things supplement each other.

B. Report on Rome Psychosynthesis Conference (September 1967)

G. Taylor:

The meetings of the International Psychosynthesis group took place in Rome during September this year as part of the International Psychosomatic Week. The doctor directing the latter had invited Dr. Assagioli to participate. Regarding the actual setting, and referring to the official program here without covering it in detail, there were ten different societies participating: the Society of Psychosomatic Medicine, the local Italian Society of Psychosomatic Medicine; another one dealing with hypnosis, another with the preventative aspects of obstetrics; others dealing with sleep, with cancer, with the psychosomatic aspects of pharmacology, and the last two: Psychosomatic Military Aspects and, one that I had not heard of before, the International Congress on the Psychosomatic Aspects of Sports. Also officially listed was the Fifth International Congress of Psychosynthesis.

All those ten sessions went on concurrently in the course of the six day period. There was, however, one general plenary session at which the leading spokesmen of each group gave a paper.

Turning now to the Psychosynthesis group, we were a small group, varying between 15 to 20 people at each meeting.

There were no facilities for simultaneous translation for obvious reasons of cost, apart from the major plenary sessions, so we improvised. There were enough people present in our group who could translate talks briefly or give resumes in both Italian and French. In general, at the end of each paper there was an attempt to summarize in the other two languages from the one in which it was originally given.

Turning to our psychosynthesis session I will try to give you a little of the papers given in our area.

The first paper was given by Dr. Aleandri from Argentina giving a general account of the position of psychosynthesis in the overall scheme of medical psychology and psychiatry.

The second paper was in French, discussing the research aspects of neuro-physiological regulatory centers for psychosomatic medicine.

Then another paper - these were all about 20 minutes in length - giving the actual development of the movement of psychosynthesis in Spain.

Then I spoke on "Psychosynthesis in the World of Instant Communication" and copies of the talk are here if anyone wants one. This deals with the application of McLuhan's ideas and cybernetics and how this is transforming our world. The next paper was by Martha Crampton on the "Visual Who am I Technique". Then Robert Gerard of Los Angeles spoke but Martha will discuss his paper when she speaks.

On the final day Dr. Assagioli gave a very good paper to the plenary session - a terminal paper, you might say - to the members of all ten of the participating Societies. He spoke on "Psychosomatic Medicine and Bio-psychosynthesis." Part of his address was to stress the biological component of

psychosynthesis. This talk was accompanied by simultaneous translation and on that I would give you a passing note on the difficulties involved. When Dr. Assagioli came to a key point in psychosynthesis where he was referring to the higher Self, the translator, translating from Italian into English, to the chagrin or amusement - whichever way you look at it - of many of us, stumbled and translated "the higher Self" as the "It", which to those present who were not familiar with psychosynthesis would assume that it was equivalent to the "Id." This was a cardinal blunder or confusion which could not be corrected because the translation, of course, went steadily on. The translation release of the paper into English has not yet taken place so that the confusion created could not be readily undone. But his paper was very well received and the speaker immediately following him was Dr. Michael Balint of England, who in his opening remarks referred to Dr. Assagioli in a very delightful way by saying that "he was very happy indeed to follow one of the giants of modern psychiatry." Dr. Balint has done quite a lot of work in attempting to give the fundamentals of psychotherapy to the general practitioner by teaching methods and so forth.

To touch on one or two of the other papers: a psychologist from India spoke on educational and psychological work in India; a young girl from Switzerland gave a very good account of her work in education which Martha Crampton will be referring to shortly; then another paper by Dr. Aleandri from Argentina, read by his assistant, "Psychosynthesis and Group Sports" - the psychology of a group engaged in sports activities.

Also another paper "A General Report in Argentina on the Education of Super-gifted Children"; and a group of five women from France gave a very interesting paper on their work.

So that will give you a broad idea, and I would just mention that the participants in the other meetings would slip over into ours, and vice versa. On one occasion it turned out that the director of the Mawdsley Hospital in London, Dr. Heinz Wolf, sat in on one of our presentations and was very pleased with Martha Crampton's paper, and we chatted with him afterwards. So there was some degree of cross-fertilization between the ten separate groups sharing in the Psychosomatic Week. There was finally a delightful cocktail party at the Hilton Hotel in Rome.

- - - -

M. Crampton:

I will not touch on the papers given at the Rome Conference by Graham Taylor and by me as we have copies of them here for you.

A very interesting and strong group came from Argentina, under the leadership of Dr. Juan Aleandri; and this is one psychosynthesis group in the world that has a university affiliation - the John Kennedy University, Buenos Aires. They are quite a numerous group, and are doing lots of very interesting things in both the fields of education and psychiatry.

In addition to Aleandri's main paper they gave a little talk about psychosynthesis and sport - there is a whole area of sport psychology of which I became aware in Rome; I didn't know that it existed. But it does, and there were many representatives there and they spoke about the function of psychosynthesis in sports and how through team work individuals learn to identify with something greater than themselves, with the team, and also how sport can serve to transmute and sublimate the sexual and aggressive energies.

The report by Isabelle Bagdasarianz from Switzerland was quite interesting. This is a young lady who was studying with Dr. Assagioli when Frank Haronian was there a few months ago. Her mother has a school in Villeneuve called "Bleu Leman", for young women - a finishing school. They accept psychosynthesis in their curriculum and the girls are now working with the various exercises of psychosynthesis and apparently getting very good results.

There was quite an interesting group of women from France from the "Centre Recherches et Rencontres". They have two fields of activity: one is working with isolated people in large cities whom they bring together for group psychosynthesis; and the other field is training people who have responsibilities in various fields - such as education or social work, and helping them to gain greater self-understanding. This group may become a psychosynthesis center in France. Psychosynthesis in France has had some difficulty in getting off the ground, though there are a number of people who are working in the spirit of psychosynthesis there, notably what is known as "Ecole Baudoin"; this is a group originally inspired by Charles Baudoin which is now centered in Geneva and publishes his review "Action et Pensee."

We spent some time with a fascinating psychologist in Paris, Andre Virel, who is now writing a book on the history of mental imagery techniques with Dr. Roger Fretigny which should be published in 1968. There are many therapists in France interested in waking dream techniques but nothing was organized officially in this field until after the death of Desoille because they had all studied with him and they didn't want to hurt his feelings. But now there is an international society for the study of mental imagery techniques, and we are going to have our first meeting next year.

As for the other papers, Robert Gerard of Los Angeles presented a paper he called "Symbolic Identification - A Technique of Psychosynthesis." Actually much of this is in one of the publications of the Foundation, but he also presented some new material. In his technique of active imagination the patient identifies with the various images and symbolic representations which occur in his dreams and visualizations - whether they be human or animal or something from inanimate nature. The object is to identify with, to experience oneself as being water, being a cloud, or whatever it may be, instead of talking about it. Gerard also asks people to identify with bodily postures, physical gestures, and parts of the body - which tied it in with the psychosomatic week.

He cited one case of an essentially frigid woman who had a dream of standing with her husband at the threshold of their home. In this room was a grand piano and he had her in a therapy session continue this dream and experience herself as a piano. She thought of herself as having a wooden exterior like the piano, but having strings inside which could vibrate, and then in her fantasy she imagined the husband playing the piano and could feel herself resonating to his touch and this experience was followed within a week by her first experience of sexual fulfillment in 15 years of marriage.

Those are the main papers then, and after this we had a special meeting for those who were directly involved in the psychosynthesis centers to discuss the international organization of the movement. At one point there had been a question of founding an international federation of psychosynthesis centers but Dr. Assagioli decided against the plan. He stressed that there should be cooperation between autonomous centers - the image he used was "we don't want a sun with various satellites around it - but all the centers working in an equal and democratic

relationship." The question was raised whether or not we should have an international secretariat which would try to coordinate communication between the centers but this point has not yet been resolved because of the fact there may be some difficulty in finding some suitable person to do it, and it may be quicker and more direct for the centers to communicate directly among themselves. In any case, we feel it important to have more communication between the various centers and it was nice getting to know the other people there and having a personal contact. We hope we will keep in touch. I think that those are the main points.

### Discussion

Wolf: The question about organizing various centers and having them inter-related is excellent, but one would have to be sure that it doesn't produce a "school." This is, of course, the danger one has to watch for so that you don't get separativeness, the sort of thing you had in the Freudian movement. This is where difficulties may arise. If it is done in such a way as to communicate and deepen the ideas - not psychosynthesis, but the ideas back of it - then I think it's a most valuable thing.

Crampton: To avoid this separativeness will be a real test for us.

Streitfeld: Do you know anyone in the field who has avoided this kind of thing?

Wolf: Well, it can be avoided by broadening it sufficiently - and that is why I was against "a definition" (of psychosynthesis) earlier; or, rather, guarding against a definition which defines and excludes.

Crampton: Assagioli himself is particularly sensitive to this question.

Hilton: He has always said "I don't want an 'Assagioli School'."

Wolf: Yes; it is just one of the ways of viewing the mind and of being - the being that one is.

Haronian: You don't have to worry about Dr. Assagioli; you have to worry about his disciples!

Wolf: Exactly! and that is the sort of thing you come up against in branches - the disciples! So all that I want to say is that you have to watch it. Our organization - the Association for the Advancement of Psychotherapy - was formed 30 years ago for only that one purpose. At that time there was the Psychoanalytic Institute and they were dominating; this was a kind of "religion," and this religion remained and anyone who was in it and used the Freudian method was fine, and anyone who did not have a couch was an outsider!

Crampton: One of the strengths of Dr. Assagioli is that he tells you to go on and develop your own methods.

Streitfeld: Yes, but if you just go on and develop your own methods you can get so "strung out"....

Haronian: There has to be some sort of middle ground. And I think this is what Dr. Assagioli was talking about this last summer when he said "Psychosynthesis is not a school; it is a point of view, an attitude, and these are the basic facets of the attitude, etc." Perhaps if we can just understand that we will not get into this trouble.

Wolf: It is not only us; it is the many branches in various countries who may have different lines of emphasis. That is what I meant by watching the situation not to suppress but to watch.

Streitfeld: Is there an analogy to the family - a loosely knit family structure without the patriarchal attitude?

Grau: I wonder if we have a sociological model in Alcoholics Anonymous? Each group is autonomous. They all follow the basic aim but there are no guidelines and there is really no authority. This is the "sociological enigma," as it has been referred to.

Keane: In Alcoholics Anonymous you do not have any financial stakes. You don't have one group wanting to do one thing and another group another for any ulterior purpose. And I think that you have that kind of thing in psychotherapy where one method tries to supersede another.

Swartley: Re the Rome meetings - you gave us a "report" rather than evaluating. I would like an interpretation as to where the movement is - something along the lines of your personal reactions and evaluation.

Crampton: Well, what I got <sup>out</sup> of it was the personal contact with the people in the different centers. I don't know whether I would attend another International Meeting because of all the language problems, which can be very frustrating.

Swartley: That is not what I am asking either; where is psychosynthesis?

Taylor: At a beginning, exploratory stage. That would be my opinion. May be I can give you a little more of the flavor; I was certainly given the impression of a strong active, powerful team working in Argentina, and at the University there on a teaching basis - which is unique at the moment. There were five people - three of them psychiatrists - from Argentina, five women from France, the doctor from Milan, several from Rome and from Florence, three of us from North America - the two of us and R. Gerard from the West Coast; then there was a woman from India, one from Switzerland - there is an active unit there.

Crampton: We should mention that about a dozen young Italian doctors are very interested; they learned about psychosynthesis for the first time in Rome, and now they are studying with Assagioli and Dr. Sannangelantonio of Milan. (Streitfeld: How many centers were represented?) The difficulty is that we have not yet defined what constitutes a "Psychosynthesis Center" and may be this should be done during the lifetime of Dr. Assagioli.

Cooper: Back to Bill Swartley's question as to where we are at the present time; I think that the next step will probably be to try to define what a center is and what is to be expected at one of these centers. In Italy the Istituto di Psicointesi is a legally registered government recognized organization and classes and seminars are regularly held. Here in New York we have the Psychosynthesis Research Foundation which is a duly constituted, tax-exempt, non-profit organization; and Robert Gerard's foundation in Los Angeles is similarly registered and tax-exempt. The Argentine Association for Psychosynthesis was registered about a year ago - so these are active centers. As regards Greece I don't know just what is happening.

Hilton: We have no true center there but Dr. Triant Triantafyllou - who was a

Fulbright Scholar, picked up his Ph.D. in psychology at N.Y.U., and participated in the Launching Conference of the PRF in 1958 in Wilmington - is very active. He lectures on psychosynthesis and has translated (and the Foundation has helped to print) four or five of the PRF pamphlets - Dynamic Psychology and Psychosynthesis, Self-Realization and Psychological Disturbances, The Training of the Will and so on; and all these have been widely distributed in Greece.

Then there is "Psychosynthesis in Education" in England, also duly registered as an educational non-profit organization. Dr. Ford Robertson, M.D. and his co-workers hold a regular series of classes, largely based on the book Psychosynthesis. This is more educational than clinically oriented, but does constitute a center.

Cooper: Also we have what John Parks, M.D. is doing in Lexington with his mental health centers; and we have Martha Crampton and Graham Taylor in Montreal who are planning to establish a Canadian Institute of Psychosynthesis. Then what is going on at Princeton, N.J., and what Bill Swartley is doing in Philadelphia. These are "centers" that we know something about and then we are fascinated and interested with what is going on in Argentina with the Argentine Association for Psychosynthesis. They have translated Assagioli's book into Spanish and are arranging the publishing. I hope to go down there in a short time and then give you a first-hand report. (Wolf: Has Dr. Aleandri written anything himself?) Oh yes, several papers - but in Spanish.

Streitfeld: What is John Parks doing?

Swartley: He is trying to use as many of the principles and techniques of psychosynthesis as are acceptable to the norms of the area in his treatment centers.

- - - -