

Psychosynthesis Research Foundation

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April 1, 1968

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Dear Colleague:

The seventh (and last) meeting of the 1967/8 series of Psychosynthesis Seminars (held on the third Friday of each month) will take place on Friday, April 19, 1968 at 7:45 P.M.

I will be speaking on the treatment of psychopaths with techniques of psychosynthesis, to be followed by the usual discussion.

The meeting will start promptly at 7:45 P.M. and will be held in the "Directors Room" on the mezzanine floor, Park Sheraton Hotel, 7th Avenue and 55th Street, New York City. There is a public car park across the street from the hotel.

I trust it will be possible for you to be present.

Cordially,

JACK COOPER, M.D.
192 Brewster Road
Scarsdale, N.Y. 10583
Phone: 914-725-4541

Date & Time of Meeting: Friday, April 19, 1968 - 7:45 P.M. prompt.

Place: "Directors Room", mezzanine floor, Park Sheraton Hotel,
7th Avenue & 55th Street, N.Y.C.

Speaker: Jack Cooper, M.D.

Subject: Treatment of Psychopaths with Techniques of Psychosynthesis

PSYCHOSYNTHESIS SEMINARS

1967/8 SERIES

Seventh Meeting: April 19, 1968

Speaker: Jack Cooper, M.D.
192 Brewster Road
Scarsdale, N.Y. 10583

Subject: Treatment of the Sociopath with Techniques of Psychosynthesis

Participants:

Mary Coe
Phil Carter
Jack Cooper, M.D.
Rena Cooper
Martha Crampton
Dorothy Fadiman
Frank Hilton

Hilda Hilton
Frank Haronian, Ph.D.
Emanuel Kotsos, M.D.
David Pursglove
Anthony Rullo
Shirley Winston
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TREATMENT OF THE SOCIOPATH WITH TECHNIQUES OF PSYCHOSYNTHESIS

Jack Cooper, M.D.

The sociopath has generally been referred to as a "psychopathic personality." For the purpose of this paper the following definition is presented. An English physician labeled such persons as moral imbeciles. They show symptoms of behavior that, regardless of what culture they are in, is unacceptable to that culture. They do not have a sense of right or wrong, and they show on-the-surface charm.

They are rather bright; they have no symptoms that one would find in the person who is mentally ill, and no nervousness such as is commonly seen in a neurotic patient, but they are unreliable. They make promises but do not keep them. They are untruthful and insincere. There is a lack of any feeling of shame after they have done something wrong. Their behavior, which is predominantly antisocial, just does not make sense. Their judgment is poor and they do not learn from experience. They think only in terms of how things affect them personally. They cannot really love another person and there is a lack of any feeling for the rights of others.

They lack any realization that there is something wrong with them and always claim that it is somebody else's fault. They are callous and show a lack of ability to work harmoniously in a team with others.

Foolish behavior may occur with drink or without; and drugs, of course, tend to make the psychopathic individual worse. They make threats of suicide when they are in trouble but seldom carry them out. Their sex life is superficial and often promiscuous. They fail to follow any type of life plan.

These people become vagrants; they come up with all types of schemes to make money; and they do foolhardy things to endanger their own lives and the lives of others.

Many drug addicts are psychopaths and a large proportion of our prison population belongs in this category. Sometimes a psychopath does well in a war-time army but is a trouble maker in a peace-time military unit when he cannot find a way to get rid of his hostile impulses.

The patient that I intend to present tonight promised me several weeks ago that he would show up, but, in typical psychopathic fashion he did not. At least he did call me this afternoon to say he was sobering up from a drunk and felt that he could not make it.

Dr. George Thompson stated in an article in the book The Biological Treatment of Mental Illness that he would like us to think in terms of a precise definition, and he feels that the following points are very important:

1. The patient is unable to formulate a concept of time concerning himself; he has no concern for the past or the future, only with the present.

2. He is unable to profit by experience.
3. He has no concern for the consequences of his action.
4. He has complete lack of consideration for others.
5. He has the characteristic of being ingratiating.
6. His behavior has been considered abnormal by all societies of the world all through history.
7. His behavior is repetitive and follows the same pattern throughout life.
8. The usual methods of psychiatric treatment are useless.
9. He usually has a history of brain injury or disease.
10. There is a high incidence of neurological abnormality.
11. There is a high incidence of abnormal electroencephalograms.
12. Other laboratory procedures are usually non-contributory.

Dr. Thompson feels that psychopathic behavior is very similar to infant behavior before the fronto-thalamic tracts are myelinated and he feels that the connection between the frontal part of the brain and the thalamus has been damaged either by developmental, traumatic, infectious, degenerative or tumor conditions.

Most of the sociopaths at the Penitentiary give histories of frequent head injuries, evidence of facial cuts, scalp injuries, and usually are associated with some degree of loss of consciousness.

In Westchester County there is the Board of Cooperative Education which has standardized on a fairly intensive neurological examination, and it is the feeling of the physicians at this center that they can pinpoint the lesions as to what part of the brain is involved, and certainly then make use of medication such as Dilantin, Dexedrine, Mysoline and others in order to increase the inhibitory capacity of the cerebral cortex.

There is no question of the diagnosis of the patient to be presented tonight. The problem, of course, is where the techniques of psychosynthesis can be of value.

There is a very interesting book by Dr. William Glasser, Reality Therapy and I shall read from material digested from that book. Of course, there is nothing new in what Dr. Glasser is saying but he seems to have a knack of putting it in a simple way which can be understood easily by lay people and they can subsequently be trained in the techniques without having to learn a complicated system or theory. The major proposition that Dr. Glasser insists upon is the complete disregard of any type of classification or concern with diagnosis, especially if it is ascertained that the patient has a "mental disease." He states "The need to love and be loved and to feel that we are worthwhile to ourselves and to others is a very fundamental and basic need. We all have the same needs but we vary in our ability to fulfill them. To be worthwhile we must

maintain a satisfactory and acceptable standard of behavior." Dr. Glasser feels that if the person comes for skilled help he must be lacking a most critical factor for fulfilling his needs; and this factor is a person whom he genuinely cares about and who, he feels, genuinely cares about him.

Now, with this type of background, I will present rather sketchily one of the patients to show a way in which we are working with the techniques of psychosynthesis in the Penitentiary. Here are pictures of him as a youngster when he first came to the Penitentiary; and I have here an extensive case history; and there is, as I said before, no question of the diagnosis.

He is a husky, charming, intelligent-appearing lad of about 29 years of age, heavily tattooed on the hands and body, and even has a tattoo mark on his left cheek. The tattoos, of course, are "love" and "hate", "sweet" and "sour", "born to lose", and many other appellations which they use in the Penitentiary. The insides of both arms are heavily scarred from suicidal gestures in the past and he has a history of many incarcerations in penitentiaries, both state and municipal, as well as time in psychiatric correctional facilities. These scars, of course, were bids for attention long in the past.

Psychiatrists in penitentiaries are called "bugging doctors". Due to the peculiar set-up of most penitentiaries the psychiatrist is not free to treat individuals as he would desire but must treat those who are referred to him by the correction facility. These individuals, unfortunately, are usually psychotic, and are transferred to correction facilities that specialize in this type of treatment, consequently the nick-name.

When it was known that a full-time psychiatrist was coming to the Penitentiary for duty, there was a riot on the second floor of "C" Block and this patient was the leader of the riot. It lasted Saturday night and into Sunday; and there was a big sign which stated "Valhalla State Hospital, Enter At Your Own Risk." On my first day of duty my patient was in the Isolation Section as a result of his behavior as instigator of the riot. I requested permission to see the individual in an office rather than in the cell. Permission was granted and this was my first contact with the patient. I found out that he was born in Yonkers, N.Y., the sixth of seven siblings, with a history of drug addiction and other types of criminal behavior in the family.

The personal history of this patient began at about four years of age when he began running away from home. He was placed in various institutions at that time. He showed much aggression and hostile behavior such as filling a bag with cats, then smashing a bottle and killing the cats with the broken glass. He delighted in fighting activities of all types, hitting one individual over the head with a baseball bat, leaving him permanently paralyzed. His brag was that he would fight someone until he got him down and then he would "dance a jig on his face." He showed no evidence of having any control of his anger and hostility once it was precipitated.

The ticket of admission at the present time, was his complaints about his stomach. Since I've had some 27 years of experience with this type of individual I could speak his language and in a short time we became involved with each other on a very friendly level. The inmate admitted later that his own feelings were that I was "just another social worker or psychologist," and he would go along with the ride to see what he could get out of me.

The relationship between us deepened. I would see him daily, usually in the Isolation Section, and he tried out all types of tests, mainly to determine if I were a "square" individual. At times he tested my physical courage by menacing me with a piece of glass, and at other times he would pretend that he was going to slash his wrists. After the test period was over and he felt that I was not going to send him to Mattawan (the State hospital for the criminally insane. Ed.) he finally settled down. His behavior became such that he was able to go back into the population, and several weeks later he agreed to an Initiated Symbol Projection session.

This was performed in the auditorium and has been written up in a previous psychosynthesis seminar. The tape is of a very poor quality because the background noises of the Penitentiary are very intense and possibly the tape recorder did not function as well as it could have. He visualized the field or meadow, saw a mountain, described a visit to the forest, and when he was asked to visit the interior of the Earth or a cave he became disturbed and said he couldn't go in there because of fiery lava. He decided that he would use some grass and leaves to block the opening of the cave, and then continued walking in the forest.

I suggested that he talk to a wise old man in the forest and he indicated that he could see him but that the wise old man refused to talk to him. At this point we usually offer them three questions to ask the wise old man. He stated that the wise old man insisted that he would have to do something about the grass "plug" in the cave. He was able to return to his visualization of the cave and it was suggested that he let the lava erupt out of the cave. He indicated that a lot of people were hurt and there was a lot of damage - buildings were destroyed, etc. To the question as to what he would then do he said "I can bury the dead and patch up the ones that are alive and rebuild." It was suggested that he could prevent this kind of damage in the future, and he decided that he would build a pipeline underground from this lava in the cave into the middle of the ocean so that when the tension became so great some of it would drain off in the middle of the ocean and not hurt anyone.

I ended the session with him having built the pipeline; I wanted to see what effect this would have on his behavior. From that day on he was totally unable to get into further trouble. He tried in every way to build up enough steam to become angry and he later admitted that one of the ways that he had originally functioned was to pit himself against another until he became angry enough and he would explode. Once the explosion occurred, he was unmanageable.

Within the rigid social code that is found in all of the penitentiaries, our inmate was a leader, and since he was now stepping down from his leadership he was considered a marked man. He was able to avoid fights, though, and in spite of the fact that he was joining the "other side" he was able to put up with a considerable amount of difficulty of adjustment with the other inmates.

He moved to a cell in a section where he was closer to the correction officers and began to learn musical instruments, such as the guitar, and began to read books in spite of the fact that he has only a fifth grade education and never before had read a book through. He became entranced with Starr Daly's book Release and indicated that he had read it through several times. He even insisted on getting manuals on plumbing as he had had plumbing experience in the past, and it appeared that he was beginning to develop some type of control over his aggressive acting out behavior as a result of this one I.S.P. session.

He was discharged from the Penitentiary and was not heard from until approximately six months later when a newspaper report stated that he had been in an altercation at 3:00 a.m. in a local beer tavern and had cut another individual with a knife and was presently in jail. After several months in the jail he was transferred back to the Penitentiary to serve out a year's sentence for assault. There was a question of entrapment, as there were three off-duty policemen in the tavern at 3:00 a.m. and it was well known in Yonkers that he was a marked man and the police were out to put him in jail on any type of charge. While in the jail he was not a disturbing influence at all and the Warden at the jail didn't even know that he was there, whereas in the past it would have been one continuous disciplinary report as far as his behavior was concerned.

As he began to fit into the Penitentiary routine his behavior was exemplary, and in a short time he was in the Honor Unit, a minimum security type of building. He began to learn typewriting while there, and since he was much too proud to go to any of the educational classes he was given educational material to complete and work with in his cell. He continued his interest in music and began to come to all of the group sessions and take an active part in them. He even began working in the Penitentiary. He began to read Bill Sands book The Seventh Step and mimeographed the seven steps, and even set up a treatment group in which he became the group leader.

Later he arranged with some other inmates to escape from "F" Unit and the caper was to be set for 10:00 P.M. He had stolen some type of instrument from the kitchen and had jimmied the window. After lock-up at nine o'clock he and the others were to leave. But he reported the following morning that he just could not run away. He called the caper off and brought the instrument to me to return to the kitchen. It was obvious that he was developing some type of internal control.

On his previous incarceration he had run away shortly after coming in contact with me, apparently a testing situation, but voluntarily returned to the Penitentiary - which is the prediction I made prior to his return, and of course, this prediction "got me in good" with the correction officers!

The correction officers could not understand him afterwards and were concerned that they could no longer deal with him effectively. As he began to develop some internal controls and socialization he began to want to write a story of his life. I arranged that a tape recorder be placed in his cell and it was evident that he had begun to develop some type of conscience. As he recorded and worked with his past history, he developed some neurotic symptoms, such as difficulty in sleeping and excessive worry. In the past he would have asked for medication; now he understood that this was part of a conscience mechanism and in his fashion he adjusted to that.

In the group therapies he presented many dreams and on several occasions we would have him act out the dreams in order to release his aggressiveness. In one dream he was slashing at a person; so he acted this out in front of the group by placing another chair next to his, and slashing at it with a spoon. Then he sat in the other chair and slashed back. While he was doing this he could see that the dream man he was attacking was part of himself. When he was asked to stand up in front of someone and start cursing him and reached a stage where he could not control his temper, he ran out of the room. It was finally arranged with one of the officers that in slack moments during the Penitentiary routine he and the inmate would work with this particular technique. It was most interesting

watching this. The two men were fairly equally built - the officer had a reputation of knocking a man completely out of his shoes! The officer had good control over his temper and was able to control his acting out behavior and as they would stand face to face, cursing one another out, the inmate began to develop strength and could go further in his cursing activities without actually acting out. This proved to be a very effective method of release and control of aggressive behavior and by careful selection of the correction officer we were able to handle it without any gross incidents.

While this inmate was incarcerated many of the tattoos were removed from his hands, and here ^{are} polaroid pictures of before and after so you can see the extensive nature of the tattoos. Also we were able through the Dental Department, to get prosthetic teeth as he had lost front teeth during his battles. Since he had new front teeth he could offer these as a rationalization for not having to fight, as he wanted to protect those front teeth. This rationalization seemed to help him with the other inmates.

Upon discharge we were able to find, through voluntary donations to the Penitentiary, an appropriate suit and other clothing which was altered in the Tailor Shop to fit him. When he left this time he had the outward appearance of a very handsome, well-tailored, well-mannered individual.

He had, of course, to go on Welfare. He was a felon and could not be bonded at that time, and had no funds. Since he was quite proud and still somewhat edgy and tense it was decided that a psychiatric social worker would go with him to the Welfare Office and smooth his way through the complicated procedure of Welfare arrangements.

He was discharged from the Penitentiary in December 1967 and now he comes back occasionally to participate in the group therapies. He usually comes in well dressed and looking quite well. He has affected long hair which is somewhat shaggy but not excessively long. He presented a problem to some of the Wardens here because of his past history, but he has since settled down in the community. On occasion, when intoxicated, he will pass checks, and when he does he usually calls me, asking me what to do. His response (after he had passed a check for \$20 and was afraid he would be jailed until he acted on my suggestion that he immediately offer \$5 in cash until he could find the balance) went something like this: "You know in the square world I pass a check for \$20; I give them \$5 back and I don't go to jail! It is certainly easy to carry on in these activities."

He has recently met a girl with two children and he is hoping that he can make arrangements to marry her and settle down. She is estranged from her husband and he feels that he will be able to carry on with her in a more satisfactory way than he has with his previous girlfriends. He is still not regularly employed. He continues to be a source of minor problems in his community, and it is certainly better to have him earning a partial living for himself and be partly on Welfare than to be in the Penitentiary. It is \$20 a day for his care in the Penitentiary whereas in Welfare and in partial employment outside, it is only a matter of pennies a day.

As it stands, the Treatment Unit of the Westchester County Penitentiary - which includes a psychiatrist, psychologist, psychiatric social worker and Welfare worker - has treated more than 600 inmates since 1965 with these techniques. By all projections we should have approximately 450 incarcerated men, but at the present time we have only 150.

Some of these people are doing better in the community as a result of the use of these techniques; some of them are out because of changes in the penal laws; but I am sure that treatment using psychosynthesis techniques has been helpful.

I'd like to present another illustration of the use of Initiated Symbol Projection, which happened just recently.

At the Classification Board we saw a well built, healthy-appearing individual with a long record. He appeared to be at the stage where he was tired of being in jail. I asked him if he would care to be cured by psychiatric treatment in five minutes. He smiled in a knowing way as if he had experience with psychiatrists and social workers in the past. I felt that he knew about psychiatric treatment and that this was an impossible suggestion. But several weeks later, while passing through the hall, I saw him outside the Tailor Shop and he indicated that he was ready for that five minute cure. I suggested that he visualize a meadow; and he saw a grassy meadow with a tree in the middle, a large fence around it with a big bull in the middle. When I suggested that he make friends with the bull he was a little concerned but finally responded to the suggestion. He said, "Where there is a bull there must be a barn, where there is a barn there must be cows, and when you put a cow in with a bull that makes the bull settle down." When he imagined this particular situation I asked him what happened. He said, "The bull and cow are at the other end, and I am in the middle of the field and I feel very good about it." I said "All right, you're cured."

Several weeks later he came up to me and wanted further consultation. He is known around the Penitentiary as a loner and apparently, since he is heavily built, no one has ever attempted to fight him. He talked for approximately two hours and I listened. He recognized that he has the label, now, of habitual criminal, and probably will remain in the State Penitentiary for the rest of his life. I suggested that he write down on paper, two or three times a week, everything that came to his mind, and when he had finished to flush the paper down the drain; but also to remember his dreams and bring them to me. I suggested also that he join the group therapies; and I admit that I was surprised when he did actually join. Our group therapies consist of 20 members, more or less; and they usually come because they are excused from duties - and we do serve coffee.

In the first session the patient attended, the subject of sex was brought up and a lot of hostility about women was brought out. Finally, most of the inmates centered their hostility on a young lad of 18 years of age who had been procuring for prostitutes. My inmate friend began to enter the conversation, and as it became more heated and words were flying around he got up and started walking to the back of the room towards the other inmate, who was much smaller and who was receiving the bulk of the hostility. This second inmate began to cringe; first he turned pale, then pink, and when my friend saw what was happening he said, "I'm just going for a cup of coffee." As he went to the coffee pot he turned around and said "Are you scared of me?" When the other inmate said that he was, he replied "Let me tell you something, fellow, I'm more frightened of you than you are of me!" This type of confrontation welded the group together and since that time they have related to one another in a much more satisfactory fashion.

I want to read an excerpt from Dr. Glasser's Reality Therapy regarding the therapist and what Glasser considers the ideal attitude. I mimeographed this material and handed it out to the inmates so that in the group therapies they can check on what the therapist should be doing. Likewise there is a portion of the material which also outlines what the patient is supposed to do, and I reserve the right in treatment to hold them to these rules.

The therapist, according to Dr. Glasser, has got to be a responsible person - interested, human and sensitive. He must be able to fulfill his own needs and he must be willing to discuss some of his own struggles so that the patient can see that acting responsibly is possible, although sometimes difficult. Neither aloof, superior, nor sacrosanct, he must never imply that what he does, what he stands for or what he values, are of no importance. He must have the strength to become involved, to have his values tested by the patient, and to withstand intense criticism by the person he is trying to help. Every fault and defect must be picked on by the patient and he must be willing to admit that, like the patient, he is far from perfect. The therapist must nevertheless show that a person can act responsibly even if it takes great effort. The therapist must always be strong, but never expedient. He must withstand the patient's request for sympathy, excessive sedatives, and justification of his actions no matter how the patient pleads or threatens. Never condoning an irresponsible action on the patient's part, he must be willing to watch the patient suffer if that helps him towards responsibility. The therapist must be aware of the testing situation in which the patient may become more disturbed and the therapist must accept him as he is at first. An important distinguishing trait of a good therapist is his ability to accept patients uncritically and understand their behavior. He must never be frightened or rebuffed by the patient's behavior, no matter how aberrant it is. Finally, the therapist must be able to become emotionally involved.

I don't feel that anyone can follow through one hundred percent with Dr. Glasser's recommendation, but it is a goal. Apparently it is working because we are having ^{ex}inmates coming to the Penitentiary seeking help, and recently one of them called and stated that he was on a certain road under a certain bridge and had just taken an overdose of narcotics. The Welfare worker and I tried to find him, but in the meantime he had walked to the Penitentiary, approximately 12 miles, and we were thus able to transfer him over to the Emergency Room and get him under definitive treatment. Some of them come back to attend the group therapies, and we have a number of ex-drug addicts who are coming in and getting involved with the inmates and helping them with the encounter type of therapy.

I have written a summary of my thoughts about rehabilitation, which is available. I'd like to point out that rehabilitation is not a cure, but is based upon a ten step program in which step one is full employment without any necessity of therapeutic intervention. Step two is clinic visits. Step three is visits to clinics with a day or night program. Step four is where the bread winner could work, leaving the patient at the clinic to participate in various types of therapeutic programs, day or night. Step five is a halfway house where they can live, yet work in the community and seek their treatment in community facilities. Step six is where the individual is under complete work supervision day or night, but he could live with a foster family. Step seven would be in a sheltered workshop setting where he would work but live at home. Step eight

would be a sheltered workshop where he would live and where intensive efforts of rehabilitation would be made and where derelictions would be treated as a symptom rather than throwing him out of a job. Step nine is a closed workshop, which we have at the Penitentiary. Step ten is merely a "warehouse" where the individuals could stay out of sight, be clean and neat, but would not perform any kind of work.

There is a considerable amount of unrealistic social pressure being brought today upon various institutions throughout the country, and everyone is seeking some type of cure. There is hostility and misunderstanding and very little interest on the part of professional people to work in penitentiaries or in jail settings. It is unfortunate that at any time during the 24 hour period there are approximately 1½ million people under lock and key and in some way are under the care and supervision of many who are not interested in doing more than just feeding and housing them.

I would like to emphasize other techniques of psychosynthesis that we use at the Penitentiary. One of those is music therapy. We have been able to supply a number of musical instruments, and word has gotten around that time will be given to the individual to learn instruments and that he will receive lessons and learn the rudiments of music. Several of the men have found that they have musical ability and have progressed through these crude beginnings into being accomplished musicians. The major thing is to become involved with the individual, and if music is the point of involvement we can extend the therapeutic relationship further. We certainly avoid as much as possible diagnosis or any type of history. We have had several performances put on by inmates and there are many stories that could be told as far as this is concerned.

We also have an art program, and, while I do not have the time tonight, I usually show a series of colored slides of the paintings that inmates have done. From this art program we have sold a number of paintings at nominal prices, and it has certainly aroused the interest of the community because they are now providing various kinds of painting equipment and tools. As far as the process of synthesis is concerned we try to move them from using dirty dark colors into pastel colors, and from blobs on the canvas with no particular form or shape to drawing human figures.

Visitors sometimes are disturbed by the presence of pictures of nudes. When I first came to the Penitentiary very little art work was done, but now we see the men involved in much more of this. This is progress as far as we are concerned.

I should like to open the rest of the meeting for discussion.

Excerpts from Discussion

H.H.: I was wondering if the cases you have quoted are of what we would term the uneducated. Do you get any different results from inmates who have been better educated?

Cooper: We have college graduates, down to illiterates and the feeble minded. If you took a cross section of the penitentiary population you would find it the same as the population outside. Our educational program in the last year and a half has given high school diplomas to 32 men. It serves to keep them busy

and has brought a little more peace and quiet to the institution. And instead of them getting into trouble or gambling, they are reading, writing and doing arithmetic. We are moving towards vocational training and the emphasis is towards developing marketable skills.

Rullo: Where you spoke about asking them to visualize the field, etc., out of this seemed to come some rather critical results. Would you like to elaborate a little more on this?

Cooper: Well I cannot elaborate as to what is going on except that this is one of the techniques in psychosynthesis. The meadow generally refers to the childhood of the individual. The mountain signifies their ambitions, and the latter correlate very well with the height of the mountain. The cave refers to conflict and complexes that are at a primitive level - the angers, the hostilities, the sex needs, etc. The house represents the personality - where they are today, and what they are doing with it. The wise old man represents their spiritual aspirations - what they can derive and what they can do. We can use it diagnostically or therapeutically by shifting the symbols - for instance, I was working with a lad today and I said, "Visualize a meadow." He said, "I can visualize a meadow; it is very nice, it is pretty, there is a brook running through it and there is a house over there and there are some children playing, having a lot of fun." ("What else do you see?") "There is a man over there, he is working in the garden. There is a woman inside, there is smoke coming out of the chimney. They appear very happy." ("Do they have lots of money?") "No" ("Why not?") "Oh yes, yes, they have a big bank account and everything is fine." ("What do they do with their time?") "Well, on Sunday they go to church." ("What is the church like?") "Well, it's a little tiny building." ("Can you make it a big church?") "Oh sure! make it a big church...lots of people inside... they are very happy." ("What is the minister like?") "The minister is an old sour puss!" So I said "It would be nice if the minister were a little more pleasant"; but he said "It is going to be a hard problem to make him pleasant." ("Let's tackle it; what can you do?") "I really don't know." So I told him to work on it for a little while and pretty soon he said "By golly, that's right! I've always had a bad thing about ministers and about what they are telling us. I've been frightened of it!"

And pretty soon a whole list of his concerns about religion and religious attitudes came out. And when he had finished I asked him "What is your preacher doing now?" and he said "He is happy and is carrying on good." So I said "Let us end the session at this point."

This modification of the symbols in some way synthesizes the various aspects of the personality, resulting in a melding of psychic energies and releasing them into the personality pattern.

A minister with three years of psychoanalytic therapy presented a persistent recurring dream in which he is walking along and he has to kill a man. The man is walking in front of him and as he goes down the pathway it is all red and full of blood. There is an escape route over on the side but it is blocked with trees so that he cannot get through. I requested him to sit quietly, and see it again clearly in his mind's eye. And he said "Yes, I can see it quite clearly." (Incidentally, this is one of Dr. Frogoff's methods - continuing with the dream.) "Yes, I can see myself walking along the path but I feel very bad about it." I said, "Apologize to the man; say 'I am sorry that

I have to kill you'. What happens?" And he said "He turns around and we shake hands and we go away arm in arm." I asked "What has happened to the surroundings?" He answered, "The escape path opens up and the red disappears and we are very happy and contented and we are going on." So I said "Stop right there."

It was almost hypnotic. He came up to me and said "It was so real, I could just feel it." So I asked him "Now how do you feel?" and he answered "I feel relieved as if something has been taken away."

When there are separative elements and you must kill, you are killing part of your personality and the dream will not allow this. You can then take the energies or what they represent and use them in the manner of sublimation.

Rullo: Well it sounds quite simple on the one hand....

Hilton: Are you familiar, Dr. Rullo, with Hanscarl Leuner's "Initiated Symbol Projection Technique? (Rullo: No.) Because this is what Dr. Cooper is referring to.

Haronian: Talking about the organic background in psychosynthesis it seems to me that we have never heard, prior to your comments, of the problem of myelination....

Cooper: These people behave like infants before the fronto-thalamic tracts myelinate.

Haronian: Are you saying that it is known that such neurological problems exist in psychopaths?

Cooper: Not only that; one of the first papers that I wrote was on this type of behavior; it was called "Epileptic Equivalents"; it was read to the Pediatric Society in 1947 or 48. We used dexidrine and glutamic acid in the treatment of maladjusted children.

Tranquilizers do not help. Stimulants quieten this type of patient and sedatives excite them.

Haronian: Well then does not this imply that alcohol is going to have the opposite effect on these people?

Cooper: You cannot get these people to use straight grain alcohol because of their response. They prefer an alcoholic beverage, preferably wine. It is the other ingredients that give them the difficulties, and not the alcohol as such. In controlled studies where we have given them straight grain alcohol, when they are coming out of the D T's or recovering from an alcoholic bout, straight grain alcohol secreted into the drinks - this has no taste nor smell - causes them to be much more comfortable and they respond to the alcohol more as a sedative. The alcoholic beverage will excite them; and studies at the Pen where we have let them smell the beverage or shown them just pictures of it will cause the GSR to go off the scale.

Haronian: Have there been any autopsy studies to demonstrate this?

Cooper: Oh, yes. There are more papers coming out every day.

Dr. Zieman: I found very moving your concern and your relationship with these inmates. So it would seem that your work with the inmates stimulates a similar feeling of concern in them. It made me think of Alfred Adler's concept of social interest; and it also reminded me of Daytop Village - the spirit of your work with the inmates would seem to be somewhat similar to what goes on in Daytop Village. And another association that I had, and I would like to know what you think about it, is what is the relationship of your method of psychosynthesis and the work of Gestalt therapists - with fantasy and symbols? What the similarities are and what the differences are?

Cooper: Daytop Village is Dr. Casriel's idea and is patterned somewhat on Synanon. The Daytop and Synanon approach is that addicts treat one another. They work with what they call a "gut session" (what we would usually call an "encounter group"), and the object is that the initiate will be placed in the "hot seat" and will stay there while the other people come in shifts to find out from him why he is coming to Daytop. They try to get him to admit that he wants help - until he gets down on his knees and begs for help. It is quite traumatic and many "split" from Daytop and Synanon.

We get the "splits" from Daytop, and we must work with them.

We are doing some Gestalt therapy, and take advantage of everything. Psychosynthesis is eclectic and we are not plugging any one method or treatment.

Winston: Do you get mostly people who have been on heroin?

Cooper: No, we get all - LSD, marijuana, hashish.

Winston: Do you get any of what we call "head drug" offenders, and the real narcotics? The claim has been made that marijuana and the other stimulants attract different kinds of people, and that they behave differently in therapy and you cannot treat them with the techniques.

Cooper: I was hoping that I could get over to you that we do not use any one technique. In our treatment program we run the gamut; we try to bring in everything that we can.

Mrs. Coe: What research has there been done with dialatin?

Cooper: It is one of the older medications. I wrote a paper in 1947 on the use of dialatin in sociopathic behavior. In a recent issue of the Reader's Digest there was an article on this called "DPH". (Mrs. Coe: Yes, that's what prompted my question.) It is being used again.

(? undecipherable question about EEG. Ed.)

Cooper: ...EEG, the finding that is most frequent is what is called diffuse disrhythmia.

Mrs. Fadiman: With these inmates do you see any interest in religion - in the religion they had or formal religion?

Cooper: No, the other way around. (Mrs. Fadiman: In informal religion?) Yes, in the informal sense. We have Catholic, Protestant, Christian Scientists and a

rabbi on call. On any Sunday there are only three to five people in church. In order to change this we have now brought ministers into the treatment group, and they do pastoral counseling. We have the Rev. Eisenberger, who is associated with the Rev. Wilkinson, who wrote the Switchblade and the Cross. We also have the Rev. Speights who is a negro and is interested in this problem. We have the Hudson River Counseling Association with Dr. Herbert Holt as one of the teachers, and they bring in ministers - sometimes 20 or 30. We assign patients to them and then have discussions and orient them. We help them to recognize the dangerous ones. The ministers who have been through these programs have been deeply moved, and really enjoy them and want to help. They send us clothing, eyeglasses, musical instruments and donations. But as regards formal religion - no!

Haronian: That first inmate you described, was that the first ISP session you had had with him?

Cooper: Yes a single ISP session that lasted five minutes. When he left the penitentiary I asked him about the cave, because these symbols change. He said "It is a beautiful cave, Doc, it is lined with diamonds and gold and silver"; and I said "Are there any bars in it?" because you carry your prison inside of you. He said "Yeah!" so I asked him "What do you use them for?" and he said "I am exercising on them." I said "Well I hope you can get rid of them." And he answered, "Well, I am working on it, Doc."

Haronian: Regarding his not coming tonight, do you think he was anxious?

Cooper: Yes, terribly anxious. He would have had to come into New York and sit in the meeting.

Haronian: I have the thought, Jack, that very few, if any, therapists who work with criminals or psychopaths have the interest and identification on their part in the way that you do, because of your own personality and your own feeling for them. I wonder how much this has to do with the results that you are getting.

Cooper: We have been over this before, Frank, in other sessions. I think this has usually been resolved into something like this, that the role is usually one of a teacher relationship.

Haronian: On a deeper level. They can identify with you where they could not identify with me or nine out of ten other therapists, because of your personality.

Cooper: But I do teach it. We have social work students, and others who write Ph.D. papers on it.

Haronian: Maybe it can be taught, but I think that the people who come and want to learn will have a special affinity for this kind of approach.

Cooper: Well, maybe so, but these people are directed to us. We have had some hard cases, some hard-shelled people whom we have had to break down!

Haronian: You say that you break down some hard-shelled people; I can also hear you say that you have to break down some pretty hard-shelled inmates; so it sounds as if they are not very different. (Cooper: I have never been able to see any difference!) That is my point.

Cooper: You see, society gets its aggression out against the inmates and the inmates get their aggressions out against society; and somewhere along the line something has to give. We play an intermediate role.

Dr. Zieman: I am very interested in the way you use any conceivable approach. I have one question about this fellow who was supposed to come to us today. You mentioned that he was testing you with threats of suicide; also testing your physical courage, and I assume that he threatened you with assault, and I wonder if you could tell us a little bit of how you handle these situations.

Cooper: Well, my knees shake and my hair turns more grey! One of the ways I go about dealing with them is to do a bit of weight lifting. My own record is that I was in the Marine Corps for four years, combat action for two as a surgeon. I am a Texan by birth, have a medal for combat; and this class of person in the Pen respects strength; they respect courage, and I respect theirs. I respect the fact that they can murder me if they so desire.

During the summer we had a near riot; the officers were all on duty and everybody was behind wire screens. The police had surrounded the place with guns. No one in the Penitentiary is armed; and this was a necessary show of force. They had an inmates' council; we talked with them, and we managed to quiet them down, and they finally elected to go into their cells. I tell you that I am scared; I am frightened; but I am scared of diphtheria and pneumonia and some of the other things that doctors have to deal with; but we have to carry on despite the fact of being scared. There is no bluffing. You just have to face the idea that you are dealing with strong and capable men.

(Undecipherable question from unknown person that seemed to be dealing with the father figure. Ed.) Cooper: But they don't see me as a father figure....

Haronian: I was especially interested in the first fellow who when you asked him who he wanted to cuss out, picked the six and a half foot guard, a guy who could have beaten the hell out of him if he had wanted to. And you got the guard to collaborate. As I understand, from what you said, they stood face to face and cussed at each other, and the guard gave it back to him. In the meanwhile you had your patient inmate watching his anger build up, consciously controlling and turning it down. But what of the guard, what were his instructions?

Cooper: I knew the officer well - he is the most gentle looking fellow that you ever saw, with eyes like a dove. He is the epitome of the "mailed fist in the velvet glove." The inmate couldn't have selected a more ideal person for this purpose.

Haronian: I think his purpose was to be able to express himself and know that he could.

Cooper: Right, but the guard would also do the same thing. The inmate selected this man because he knew that he would serve this particular purpose. It is like taking gladiators and pitching them against progressively tougher opponents.

Haronian: But you had the officer return the "compliments."

Cooper: Oh yes, but he required very little training because he understood.

Haronian: I wondered if he picked this man because he knew that he was strong but yet gentle, and that this fellow could keep from losing control in that situation.

Cooper: Most of them are so frightened of their anger and of what they do when they are angry, because they lose cortical control and become animals. They have seen the result of the damage they can do in these intense emotional states, so they avoid it in every way. So the greatest thing we could do for him was to give him some form of control.

Dr. Zieman: What do you say when one of them threatens suicide?

Cooper: We have three or four husky guards go in and take them out bodily and transfer them to the psychiatric division, and there they are sedated and put under observation. Since I have been at the Pen we have had very few attempts at suicide; but before, it was a weekly affair. But we don't see it now; they are so occupied with so many different things - like having guitars in the cell or being able to discuss Plato and to have intelligent conversations.

In prison you are awakened at five o'clock, you are ordered everywhere by numbers; you eat but you must go right back to your cell; you clean up; you report for your job, etc. It is highly structured.

Haronian: Homosexuality is always a problem in prisons; how have you found that at the Pen?

Cooper: If we get the overt homosexuals we segregate them, for that is the law. We place the others in the population, at work, in the recreational department, and in our group therapies. We have so little problem with it that I hardly ever think about it.

We have weekly staff meetings and discuss the inmate problems from every standpoint.

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