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September 25, 1963

Dear Colleague:

It is felt that in the New York area there is considerable interest in psychosynthesis and its techniques as delineated by Robert Assagioli, M.D., in his Manual which we have recently received from the Psychosynthesis Research Foundation.

I have had the privilege of a didactic psychosynthesis with Dr. Assagioli in Italy within the past year, and I feel that it might be timely for us to take our collective experiences in this rather interesting area of treatment and benefit one another by mutual exchange of ideas.

The meeting will be informal and you will have ample opportunity to air your questions and comments.

Please notify me - by phone or letter - before October 12th if you will be able to be present.

Sincerely yours,



Jack Cooper, M.D.

TIME OF MEETING: 2:00 P.M., Saturday, October 19, 1963.

PLACE: Statler-Hilton Hotel (opp. Penn Station)
Schuyler Room (18th Floor).

"La Nussa"
Capolone, nr. Arezzo
ITALY

SOME COMMENTS ON THE TRANSCRIPT OF THE FIRST PSYCHOSYNTHESIS
MEETING HELD IN NEW YORK on October 19, 1963

I have read with interest the transcript of the first Psychosynthesis Meeting of the 19th of October, and I want to express to all the participants my great appreciation of the valuable contribution they have made to the understanding and clarification of the psychosynthetic procedures.

I have been particularly interested in the discussion about Self-identification and dis-identification, and should like to make some comments on it.

In my opinion, the difficulty is primarily one of semantics, of terminology. The first distinction to be made is between "having" and "being." In saying "I have a body" there is an implicit recognition (even if not a clear awareness) that the I, namely the "haver" (if I may use this term) is not identical with the body. He regards the body as an object, or better as a mechanism of perception for receiving impacts from the external world (such as a radio-receiver) and for action, for producing effects in the outer world (much as the typewriter of the typist or the piano of the pianist). A pianist cannot produce audible music unless there is (temporarily) a "functional synthesis" between him and the piano. He must have a piano, but he is not the musical instrument. He remains himself, a potential performer, even without a piano.

The same realization of disidentification can be carried on (as the exercise indicates) in respect of the emotions and the mind. "Behind" or "above" both, there remains the observing "I" who has been and can be variously called: the Spiritual Self, the Super Self, the Soul, Pure self-awareness, Being, etc. This Spiritual Self should by no means be confused with the "personal self" which in the terminology of a number of psychologists is synonymous with "personality," and therefore includes all the constituents of the human being: body, drives, emotions, mind, etc.

Through the successive dis-identifications one may arrive at the direct awareness of this "inner Reality" with the accompanying feelings of expansion, joy, etc. (These have been aptly described by A. Maslow in his book: Towards a Psychology of Being.)

But I should like to emphasize that for therapeutic purposes it is not necessary to arrive at that realization. As Dr. Summo has rightly remarked, it would certainly not be wise to use with a patient phrases such as "I am I, a point of pure consciousness." It would baffle or arouse an antagonistic reaction. That phrase indicates the ultimate result or achievement of a gradual process (as Dr. Halpern has suggested) or procedure of successive dis-identifications. It is included in the description of the exercise in order to give the whole picture - but it is meant primarily for the therapist and not for the patient. It is the therapist's task and responsibility to choose wisely from among the variety of techniques those suited to each patient according to: 1) his psychophysical constitution, his cultural background and 2) each successive phase of the treatment, and then apply them, in the way best adapted to the specific circumstances of the case.

For therapeutic purposes it is sufficient in a number of cases for the patient to be brought to the point of achieving a good measure of dis-identification from his body and his emotions. The purpose and the usefulness of this procedure have been stated in the following stage of Dynamic Psychology and Psychosynthesis, pp.11-12:

"We are dominated by everything with which our self becomes identified. We can dominate and control everything from which we dis-identify ourselves.

"In this principle lies the secret of our enslavement or of our liberty. Every time we 'identify' ourselves with a weakness, a fault, a fear or any other personal emotion, we limit and paralyse ourselves. Every time we admit 'I am discouraged' or 'I am irritated', we become more and more dominated by depression or anger. We have accepted those limitations; we have ourselves put on our chains. If, instead, in the same situation we say, 'A wave of discouragement is trying to submerge me' or 'An impulse of anger is attempting to overpower me,' the situation is very different. Then there are two forces confronting each other; on one side our vigilant self and on the other the discouragement or the anger. And the vigilant self does not submit to the invasion; it can objectively and critically survey those impulses of discouragement or anger; it can look for their origin, foresee their deleterious effects, and realise their unfoundedness.' This is often sufficient to withstand an attack of such forces, disperse them and win the battle."

It can be summed up in the formula: "Disidentification makes it possible to control; to master drives, emotions, feelings - and subsequently to utilize them for constructive purposes."

May I add a few other remarks. I was very pleased and am in full agreement with what has been said by Dr. Swartley, Dr. Halpern and others about experimenting and doing exercises. May I emphasize the value and one might almost say "the necessity" of the therapist first practicing upon himself at least some of the techniques and exercises. This gives a direct existential experience and understanding of them and a competence and skill³⁰ applying them to the patients (and also, in some instances, in practicing them together with the patients). Some medical doctors have first experimented on themselves - often at considerable risk - with new drugs or other therapeutic procedures. In my opinion, if we do the same with psychotherapeutic techniques, we incur no risk and will derive real personal benefit.

This has been confirmed in the practice of didactic psychosynthesis, but it should prove equally valuable in self-psychosynthesis.

R.A.

Psychosynthesis Research Foundation
"Valmy" - P.O. Box 3895
Greenville, Delaware

Transcript of First Psychosynthesis Meeting held at Statler Hotel, New York.

October 19, 1963, 2 to 4 P.M.

The session opened with the participants introducing themselves.

Chairman--Jack Cooper, M.D.:

Let me introduce myself; I am formerly of Texas and then of Los Angeles. I was Assistant Professor of Psychiatry at Baylor College of Medicine for a number of years under Warren Brown and Eugen Kahn who used to be at Yale; some of you may know him from his books - "Psychopathic Personality," etc. Last year I took a sabbatical leave and wandered around the world....I had come across Dr. Assagioli's work and asked him if I could work with him for a while; he invited me to Italy where I spent some six weeks at Arezzo near Capolona. My wife and I would spend about two hours a day with Dr. Assagioli, including Sundays, and then we would go back to the hotel - it was one of those bitter cold winters - and spend most of our time in our room experimenting with what Dr. Assagioli was talking about. So I had six weeks of fairly intensive work, and we then decided to come to New York City. I had been in communication with Frank Hilton and contacted the Foundation about a year or two before; and I had met Robert Gerard in Los Angeles, and had worked with him there.

Under Dr. Assagioli's impetus and motivation we decided to come to N.Y.C. We landed here on the 1st of January 1963 - I think it was the coldest day in New York's history! - not knowing anyone, but in a short time I began working with Dr. Pacella as Associate Medical Director at West Hill Sanatorium. Since then it has been closed and I am now the Associate Medical Director of the Regent Hospital, which is a small private hospital on 61st St., N.Y.C. During the interim I have interested a number of psychiatrists in this particular work. Dr. Lewis Padula has become very enthusiastic and is now using it in private work. Dr. Squilla may join us today. Dr. Nicholas Locascio has become so enthusiastic that he is going to spend some time in Italy with Dr. Assagioli this next year. He promised me that he would underwrite some of our needs if we decide to work something out here in N.Y. He is interested in it and we have a number of others.

My prime interest is to get some of the psychiatrists to, shall we say, "dig" this kind of work because, as most of you know, the psychiatrist's interest is mainly in medicine and not in psychology. Most of my training has been in psychiatric rehabilitation rather than in medical treatment. In Los Angeles I worked for a year and a half in the V.A. in the rehabilitation section which is probably the leader in psychiatric rehabilitation in this country. So with this kind of orientation I would like each one of you to give a little snapshot of your work and interest. It will help in what we are to do today. Can we start with you Dr. Summo?

Anthony J. Summo, Ph.D.:

I spend time between three areas: I am Associate Professor of Psychology at Manhattan College, my major interest there being in teaching physiological,

personality and child development. I direct the Testing Unit at the College - this is a strictly diagnostic unit, we do the full personality portrait - and also the vocational and educational achievement testing. Also I am in private practice, working with Dr. Squilla whom Dr. Cooper mentioned, doing the counseling, therapy and diagnostic ends of whatever has to be done. As far as psychosynthesis is concerned I had qualms regarding one of the pupils with whom I tried it ("Initiated Symbol Projection", Ed.) yesterday. I became rather shocked by the fantastic amount of ideo-motor activity that you pick up. I followed Dr. Assagioli's suggestion to put her out in a field, and I said "What do you see on the left?" and the eyeballs just popped over to the left; and then "What do you see on the right?", and there go the eyeballs again - even with the eyelids closed the eyes were moving. "Are there any flowers?", "Would you like to pick them?"; and, "Yes, I would"; and down goes the hand. That is about all at present.

Fabian L. Rouke, Ph.D.:

I originated in Boston; came down here to do graduate work with a Doctor of Psychology at Fordham just before the war; after the war I worked as a teacher at several of the universities - N.Y.U, City College and Manhattan - and also began private practice. I am Professor of Psychology at Manhattan College with a department; and I have a private office in Bronxville. One thing that Dr. Summo omitted: we are both on the staff of a Youth Institute, which is a private psychiatric clinic in Ossining - we attend on about a day a week basis. Ralph Banay is the medical director, it is for problem children and adolescents, and we treat both the children and the parents. At the College I am also head of the Counseling Service, which works with the students themselves. Right from the beginning - since receiving the first few pamphlets (from the Psychosynthesis Foundation) - I have been very interested, because I am not a psychologist who believes in a strict behavioristic approach. I think they (the behaviorists) give you very fine information up to a certain point, but then it becomes stale and when you are working with human beings you have to go a lot beyond that. At the College we concentrate on teaching about people - we teach very little in the animal field. I think this (psychosynthesis) progresses beautifully in the direction in which I would like to move.

Seymour Halpern, Ph.D.:

I have two major areas of preoccupation: I am Research Psychologist at Central Islip State Hospital and I do private therapy. I am also on the Research Committee of the Society of Clinical and Experimental Hypnosis. I think my interest in psychosynthesis stems or emanates from my experiences with hypnosis. As far as psychology is concerned I feel that psychology lies midway between biology and what you might call philosophy or theology - or, as Tillich said, the problem of ultimate concern. I have been working on a method that I have developed - Part I I sent to Mr. Hilton, and Part II is in typescript form - about 80 pages. Ideo-motor problems are an old story to me. Right now I am fighting to demonstrate the truly functional nature of schizophrenia. I think that I will be able to prove that the regenerative capacities of the human organism are sort of phenomenal. I don't like the concept of disease as it is used....It is alarming how unbiological and unmedical many people in the field of psychiatry can be! I think their attitude is almost a form of crass mechanism. The medical man, I am sure, does not share that view. The thing about personality is that it should be one of the functions of the therapist to eliminate

the magic and leave the mystery. There is certainly mystery about human organisms and I think my work is dedicated to that end.

Rabbi Maurice Kirshenbaum:

I am here as a guest of Dr. Halpern; a clergyman by profession, I am in chaplaincy work at the Kings Park State Hospital. I'd like to remain here if I may. (Jack Cooper: We not only invite you, you are welcome. Are you a member of the Academy of Religion and Mental Health?) Yes we are members.

Halpern: Yes, we tried to start an organization in Suffolk County, but it is difficult really to activate a group.

Cooper: We had a group in Houston and it attracted a large number of clergymen, psychiatrists and psychologists.

Halpern: I think that in Suffolk county we have a peculiar situation - I hope it's abnormal!

John L. Adkins, Ph.D.:

I am a clinical psychologist, trained in psychoanalysis and in the interpersonal school so that when people ask me what my orientation is I can say something like this: "a modified Freudian, Adlerian, Sullivanian - with the emphasis on 'modified'!" I have been in private practice for many years in New York City and - as Dr. Halpern was saying before - the psychotherapeutic interest we have is very close to the religious interest, especially if we define religion...It seems to me that the only definition that really holds up is that a man's religion is the way he relates to existence as a whole. So, actually what you are dealing with in psychotherapy is helping people to relate more realistically to reality, as we say, which is the whole of existence...Actually I am a minister - I wish I had had actual experience in the ministry before I took my training in psychology and psychoanalysis. I am very interested in the relation of psychology and religion and I am a charter member of the Academy of Religion and Mental Health and, of course, a member of various psychological, psychoanalytic associations and so on. Dr. Halpern here is working on the idea that people are not just machines. I have been working for many years on the idea that there are two realities in the world, not a monism but a dualism really - and dualism is very unpopular today in most circles. But I think that the ancient hypothesis of a dualism is something that we discarded too quickly. That we have in the world today process, which we find in the physical world and the biological world and even now in the psychological sphere. But that does not account for the whole of man, and the old hypothesis which used to be called the "soul," we dropped; and you can't bring it forward very easily in sophisticated circles. I use the term "independent self," which I have shortened into the term the "I factor." There is the process factor and the independent factor; so that man is the interaction between them. Now this sounds to some people mystical, but it's the opposite of mysticism actually. It is difficult to conceptualize, perhaps, at least in the way we have been trained and you can't conceptualize the independent factor in terms of process and that's what people are trying to do most of the time today. You take, for instance, a person like Dr. Allport of Harvard who is doing a lot of good work in this area; yet he is very timid, he is so afraid that - as he says in this little book of his "Becoming" - if you were to accept a really independent agent in man, this would be undermining the whole field of

science. So I think most people who are thinking today are very afraid that if they do put forward any hypothesis and try to test in this area that they would be undermining the whole logical, empirical method of investigation. Which, of course, is not true.

Abdel-Moneim El-Meligi, Ph.D.:

I had my early training in Egypt, I have a degree in philosophy, in education and in psychology. I went to London, studied at the Institute of Psychiatry and worked with one of the exponents of psychoanalysis, Eysenck. I worked also at the Tavistock Clinic for diagnostic testing, and it really was a challenge to make this combination. Then I went back to Egypt; I was invited two years ago to this country as a visiting professor to one of the colleges. For the past year I have been working at the Institute of Psychiatry in Princeton as Assistant Director of Psychology in the Research Center, but I am responsible for clinical services, diagnostic services and training of psychology interns. In the meantime, I teach clinical psychology at Rutgers University. Well, I intend to stay at least two, may be four, years more in this country until I achieve some sort of integration of the confusion in my mind from the ideas I found in France, in England and here - to arrive at the best possible compromise. As to my interest in psychosynthesis I have to tell you that I know nothing whatsoever but I have got the impression that it might have something to do with ego-psychology or training which is non-medical. I am very much interested in psychology in the treatment of patients; but I am also interested in, and consider myself a very sincere advocate in making psychology a part of the social sciences rather than physics.

Wm. S. Swartley, Ph.D.:

My interest is in using psychotherapeutic-like techniques to help normal people to become super-normal....I consider myself a kind of psychological midwife. The people I work with are not sick, but they have something inside them and if they haven't got it there I cannot do anything. If it is in there maybe I can provide some kind of help to bring it out and I have come a long road to get this far. I started out in philosophy; then I went over to the Jung Institute in Zurich and went through a Jungian analysis and talked to Jung about it. I was satisfied with what I got out of it but not with the method...this was a very long drawn out affair. Jung said: "If I were your age I would go to India and find out what I could about Yoga." So I went to India and spent a year wandering around with swamis and people and I was just about at the point where I was enough inside the Indian mentality that I might have learned something about Yoga when I got a letter from the army. I came back and they made me a psychologist in an induction station. Then I heard about the American Academy for Asian Studies out in California which was a credit school and is now part of the University of the Pacific....I got my Masters Degree and later my Ph.D. in Asian studies there. In the process of doing so I went over to Europe again to work with Wolfgang Kretschmer who wrote an article ("Meditative Techniques in Psychotherapy") which I translated and which has been circulated by the Foundation. I had also read an article by Assagioli, so I went over to look him up and went through a seminar at Capolona (in 1956). Then I came back and worked for a year with juvenile delinquents; then a year as Senior Clinical Psychologist at the N.J. Reformatory at Bordentown. Just under two years ago I switched to industry and worked for RCA, doing a lot of sophisticated kind of management training, which borders on psychotherapy, starting out and based on the T-group method,

which we have modified. Also I have a private practice as a clinical psychologist; and last August I opened in Philadelphia what I call the Self-Analysis Training Institute. I started my first group last Thursday, of people who - I have convinced myself through testing and interviews - are completely normal, but who nevertheless want to explore their unconscious. They do it in a group method, most closely following the procedure outlined by an Englishman, P.W. Martin, who wrote Experiment in Depth.

Halpern: Did you ever get in touch with Delatev (?) in Philadelphia at the Institute for Rehabilitation. (WS: No) He has some tremendous ideas in this area and does fabulous work with brain injured children, rehabilitating them. He has the same idea of taking the 'average' and building on up.

Swartley: I believe Martin is an economist who went through a Jungian analysis and then wrote his book, "Experiment in Depth," published by Pantheon but now out of print. It has been republished in England and will be available through the Humanity Press here in N.Y.C.

Frank Hilton, F.C.I.I.:

I came up through the business field, in England - marine insurance, shipping, marine law, that kind of thing...after the war I came over here and moved into the educational field. I have been a personal friend of Dr. Assagioli for many years, and first met him in London in 1938...then in 1958 there arose the opportunity to establish the Psychosynthesis Research Foundation and I came in to help in its incorporation....It has been my privilege as President of the Foundation to present to a somewhat wider field the ideas and approach to psychology and psychotherapy of Dr. Assagioli - and other pioneers. In a sense it has been a labor of love....I am probably the only one here who is not professionally trained in psychology but it has always been a lifelong interest.

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Cooper: Apparently we have here a group of individuals, but each seems to have a basic interest; and we started in with the idea that we are here to discuss the Manual of Techniques and something of Dr. Assagioli's ideas. Has everyone here had a copy of the Manual and spent some time with it? This is what is available to us at the present time. When I arrived in N.Y. Frank and I worked through it - Frank and Hilda Hilton had already done most of the editing work in the Manual - and did a marvelous job - and it was my privilege to do a little more. Then it was decided to present it in this form.

It seems to me that it is a synthesis of much of what we all know and do; for instance, when I went through the work with Dr. Assagioli I had the feeling that this is what I had been doing, but had not put my thoughts into words....I became enthusiastic with the way he presented what seemed to be my own ideas...and then came a new enthusiasm - after doing psychotherapy for some twenty odd years! It made sense. Plans are being made to print the Manual and Van Nostrand, the publishers, may help us. We also have a letter from the University of Virginia of Charlottesville, from Dr. Parks, do you want to read that, Frank?

Hilton: Yes, he is Assistant Professor of Psychiatry there and I had written to him because Prof. Maslow at Brandeis had written to us after receiving the Manual, saying he could not urge us strongly enough to have it printed - that it "is needed in a much wider field." Then I met him (Maslow) at the Conference of

Humanistic Psychology in Philadelphia at the end of August and again he pressed us not to hold back and to go into print, even in comparatively rough form. So, wanting another opinion, I wrote to Parks at the University of Virginia who had also expressed great appreciation of the Manual. He says here: "I would very much agree with your suggestion that this Manual be published in book form. I think a number of psychiatrists, particularly those interested in existential psychiatry and analysis would be very interested. No doubt a number of Ministers would be interested, particularly those in seminaries where a certain amount of counseling in clinical psychology is taught....I would certainly use it with my medical students in residence here at the University." So this is one University which is prepared to use the Manual right now with their medical students, which is a very encouraging response.

Cooper: This is our first meeting and we now have an idea of who we are - we have known you by letters and the nature of your work, and I wonder now if we can think in terms of some practical way of meeting or continuing or organizing a New York group. Now does anyone have any comments?

Summo: It would be great to have meetings, but I am thinking of where and when? And I am wondering, we have facilities.

Rouke: Yes, right here at Manhattan College, we will be very happy to have you.

Summo: If you drive, Manhattan College is just about 15 minutes from the George Washington Bridge.

Halpern: Yes, and coming by the Throgs Neck Bridge it is actually easier than coming down here to the Statler.

Rouke: Yes, and there is lots of parking space.

Cooper: I think this would suit the psychiatrists in that area because Squilla is in that section - and Locascio and Padula. Incidentally, the Eastern Psychiatric Association is having their meeting today - some of them may show up later. As far as I can see it's very good for all these disciplines to get together because each of us seems to be, shall we say, a renegade in our field and each of us has a little ax to grind. If we can grind it together, maybe we can get a better ax.

I think then there is no disagreement about having another meeting shortly. Let us keep another thought, in August of 1964 there is a possibility that Dr. Assagioli will hold a meeting in London. My ideas on meetings are a little bit different - I like the idea of group therapy - small groups in which may be someone can give an orientation speech and then the rest talk about their own experiences in that field - in groups of five or six or seven.

Hilton: Next year in London is the Sixth Annual Congress of Psychotherapy - some of you may have had notices of it. The last one was in Vienna, before then in Madrid - they move to different European cities every three or four years. At the last Congress in Vienna (1961) they held a Symposium on Psychosynthesis. That was because Dr. Viktor Frankl was Chairman of the Congress; he is a personal friend of Dr. Assagioli and helped set up the Symposium. Next year it is in London, August the 24th to 29th, Monday to Friday; and Dr. Assagioli will be giving a paper: He asked us if we could arrange a two-day Psychosynthesis Meeting on Saturday and Sunday, August 30th and 31st - so that people who are going to the Congress

might stay on an extra couple of days. So whether any of you had in mind going to that Congress I do not know. It would be helpful towards making a decision on holding such a two-day conference if we knew. We do not have the same wide interest as yet in England that we do have over here, but we have to make a start.

Cooper: So, let us hold this thing in the back of our minds, and maybe we can work something out in the next five or six months and present some sort of a program. The core of psychosynthesis that Assagioli is presenting is that inside us there is some creative force or energy which is essentially good and can be contacted in several different ways. When it is contacted it seems to bring about either an amelioration of symptoms or an apparent cure. We can now open discussion on the Manual and the techniques.

Summo: You have probably worked more with this than anyone else here. Do you find that there is some form of correlation between the psychosynthetic process and the technique of autogenic training? You know, where the person sits or lies down and begins, say, to concentrate on his left arm, and his left arm gets heavy; then the right arm, and then the whole body. The reason that I ask is that yesterday, with this girl that I interviewed, trying the psychosynthetic approach, when she woke up she had the same reaction as people with whom I have used the autogenic approach. "I feel relaxed and good" is the way she verbalized it. This is a 15 year old, showing some psychogenic epileptic seizures, whom Dr. Squilla referred to me. She said that it was the first time she had felt relaxed and good; and yet I have heard the same phraseology used by those who have been using the autogenic approach.

Cooper: I think the autogenic idea is part of this also. Many of the techniques that are presented in the Manual are adaptations or changes. The idea of the inner self is an orientation; how you get to it is the problem. I think that William James in Varieties of Religious Experience discusses this. Some people refer to it as a mystical experience - that can be one aspect of it; but exactly what it is, and how to get to it, and the best methods, we need to discover. It seems to me that we must first know that there is this thing, and then whatever techniques we use - if we have this orientation - it will then tend to draw it out.

Summo: It seems then to boil down to something like a minute focussing of consciousness, bringing it down to where they cannot be distracted.

Cooper: In the LSD experience, if the operator is merely objective and just recording the experience, then a negative aspect can prevail. But if the operator is looking for this inner experience, this inner self, he can continually steer the experience and move it in that direction. Am I making this clear? (Summo: Right; very good.) And so it seems to me that what we have is an orientation, which is a looking for this inner thing. We have different ways of getting into it, different methods, but it is the therapist himself that is kind of pulling it out. Now this 'set' or bias on the part of the therapist is true in anything we do. If we are analytically oriented we go searching for egos and super-egos and so on. (Adkins: Yes, it is intrinsic in the communicative process.) And the techniques that we utilize are always reflections of ourselves. I think we all agree on this point. So, if we are searching for this inner core, or whatever it might be, then our techniques will be useful, regardless of whether they are analytic or whatever they might be. (Chorus of assent.)

Halpern: In analytic terms would not this be comparable to dissolving the super-ego in order to give back the patient his complete freedom? (Cooper: Maybe Dr. Adkins can tell you this - I do not know.) Moving the super-ego down to a negligible factor and letting conscience move up.

Adkins: Well, my approach is the Universal school but if you think of the super-ego in Freudian terms - that means that all my beliefs, all my standards I swallowed down from my parents and from the purveyors of the culture, so that they have become the mechanism within me, so that I am really working as a sort of mechanism. But that does not mean to say that "I" am not there too. Now Eric Fromm brought out the idea of a conscience as distinct from the super-ego, so that in turn, if you could get the person to recognize his conscience and that the super-ego was not the master but really the servant, then you would be getting more freedom.

Cooper: I am trying to follow that; let's take one more shot at it. The super-ego, as such; we have to work with it. In other words, we have to use an analytic technique for a month or six weeks and come back later if the super-ego gets in the way. Sometimes you have to start with the analytic procedure; later psycho-analytic aspects will come up. And I have seen this happen many times; maybe I will start off with just relaxation and then under the relaxation the patient will begin to give me some material which is analytic in nature. And I have also seen the thing operating other ways, where all of a sudden the patient who has been analyzed - say seven, nine or ten years - will suddenly come up and say "You know I finally understand now what was going on back there in analysis." Does that...(Halpern: Yes that ties in.) It seems that we have to recognize the presence of the super-ego, and also the id, and all of the other aspects that have been patiently discovered.

Adkins: We cannot really understand what I sometimes call the "free ego" unless we understand the "determined ego" or the "super-ego"; and that is why I think that at this stage of culture - to use my other frame of reference - we now know a great deal about the process factor of the personality and we are now ready to understand more of what you are talking about, the free inner factor, the inner self. I was in Turkey for a number of years and learned the Turkish language, and they have a saying: "There is a road from soul to soul." It is something that they 'feel after', and I think that is what you are talking about; there is a road from this inner self of the therapist to the inner self of the patient. The question is, to find it. Now some of the things that go on within us are the manifestations of this inner self, and some of them are automatic 'drift' things. The word "courage", for instance, is something that I think is over on the side of the inner self; and if the therapist is a person oriented to life with courage, that can get across somehow to the patient. (Cooper: The idea being that the therapist can become a catalyst.)

Halpern: I think that is one of the hardest problems we have. And we have a problem of semantics, a matter of the terms which we use...but I think the essence, the reality of consciousness, the factor of growth, and man as a transformational agent, that man transforms himself and the world in the process of growing, and symbolism arises which guides him in his development, that to me is the gist of it. But whatever language you use, this is where my argument comes in - about the mechanistic viewpoint, which is extremely reductionist and leads them into a cul de sac of saying that there is nothing but a jumble of electrons. If we could ever have a meeting on terminology so that we could begin to at least find a common denominator! I like the proverb "from soul to soul" - it is very beautiful.

El-Meligi: Yes, we have it in Arabic as "from heart to heart."

Swartley: To go back to two earlier things: one, these meetings - I have more than enough to do, but nevertheless I would be for it. Meetings should fill needs,

and my needs are to sit down with a group of people with either a case history or, better still, a recording. I had a session last night which unfortunately I did not record; but I did think as I went through it that I would like to sit down with somebody and have them hear it and talk over why I did what I did, what they might have done differently; and why it works, for it obviously worked. So I would like to keep the meetings to specifics (chorus of agreement). (Cooper: This is where we start.) Yes, techniques; and I think we should have, as a ground rule, to talk in the language of the least common denominator; get down to layman's language. If we can't do it in layman's language then don't talk. And the second point was the autogenous training method. Do you know Schultz's German book? And there is Leuthe's English version - these are two different things. I know Leuthe and Schultz; and in the German edition Schultz goes into, at least in more length, what he calls the higher stages of autogenous training - the lower stages being the warmth and the heaviness, etc. Leuthe is embarrassed by these higher stages; he is a physiologist; he minimizes. Schultz has a chapter on Yoga which Leuthe cut out; he just didn't think it would be digestible to Americans. So the higher stages of Schultz are very similar to what I saw Assagioli do. The name of the book is "Autogenic Training", Leuthe is the editor of the English one. Schultz calls it "autogenous" (German titles: Das Autogene Training; Uebungsheft fuer das Autogene Training). One other thing; even in Schultz's book he is comparatively vague about the higher stages and he is not eager to talk about it. Again, I feel it is because of his fear for his reputation. This is kind of wild even by European standards, which are much broader than ours.

Summo: One thing that bothers me in this existential type of approach is this Exercise in Self-Identification - on page 42 in the Manual. When I read this, what I seem to feel is that he sets up a kind of compartmentalization procedure. He says "I have a body but I am not a body" and yet because of what goes before - "aim for complete synthesis of mind, body, relationships, etc." - this seems to me paradoxical. I pull back. (Cooper: Right.)

Halpern: But the mind is not the self, and that is the point, because if you include the mind in the self you run into trouble, you have to reduce it eventually, but if you think of the mind then you can relate to the nervous system and to organisms. This is where the problem constantly comes in that I was mentioning before. It has to be referred to the super-self or the soul or call it what you will. That is the no-thing that cannot be corporeal.

Cooper: This is going to present a problem and this is what we should work on right at the moment.

Summo: Maybe there would be another way of saying it; for instance, if I say "only" - "I have a body but I am not only my body." Now this begins to add to it; this is the way I begin to see it. "I have an emotional life but I am not my emotional life." But then if we say "I am not only my emotional life"; then I think we begin to get more towards what we are trying to say.

Hilton: This is important. Cooper: This is important because if you get hung on it then you know that others are going to.

Rouke: The idea is that you are almost inducing the schizophrenic.

Halpern: Well no, that's not schizophrenia. And Dr. Cooper in referring to LSD said something about psychosis. Now these are terms that we as a group really

ought to begin to clarify. I think as far as interpretation is concerned we have a big job to do. I know I spent six years, every day, living intensively with this type of patient, treating them; and what one considers schizophrenic, and what I consider schizophrenic and what the patient considers schizophrenic are different things. (Cooper: Right.)

Hilton: The main point here (the Exercise in Self-Identification) that I think Dr. Assagioli is getting at is one of identification; that you are the independent self. In other words, you cannot start a process of synthesis if you, if the "I", is identified with a particular emotional state. It is a question of realizing, even momentarily, the independent self, from which the slow process of synthesis can begin to take place - the self, with choice and will.

Adkins: Would not one of the objectives of a group, as we get together, be to chew over these problems? We are dealing with the problems that have challenged man for a hundred thousand years...So we are going to have different ideas, one person is going to have one idea and maybe I am going to have an idea, and a bit of an ax to grind, and maybe you will have a bit of an ax to grind; but together we will rub off the sharp corners.

Cooper: I am interested in your thinking, Dr. Summo, on this exercise in self-identification; let's go into it. This was originally called dis-identification.

Summo: If he had left it dis-identification it would make a lot more sense.

Cooper: There again it is a question of orientation, and if we keep this as dis-identification then it will maybe answer your question.

Summo: Yes, but I think we will also run into a problem if we are giving this Exercise in Self-Identification to a client in the office. If I were to tell one of mine to go through a formula such as "I am I, a point of pure consciousness" they would look at me and say "Who?!!" They would think I was weak in the head. (Cooper: Precisely.) So maybe there is a reformulation which is going to help most of the people we have to deal with.

Halpern: Another way of looking at it, and the way I would use it, is: "I am a living process, part of the product of this process, and I as the observer, the observer participant in this process, can observe the products of transformation."

Cooper: Correct. In other words, part of our mind, if we can use the phrase, part of our consciousness can more or less turn back on itself and look at itself. And as we identify then with the emotion, the fear, with the objects of the body, we are as it were looking outwardly. But if we turn a little section of our mind backward, you see, and look down we can identify from that section; we can look down at this process and become objective. I think this is what he is trying to say. We may have to re-phrase this whole thing.

Summo: This brings up one other thought that struck me: this exercise is given without any reason as to why we will try to use it. The first thing that hits me is :Why do I use it? What would I be trying to establish? (Cooper: Where would you be trying to stand?)

Halpern: I have had reason to treat^a number of people who have been through a two or three year period of analysis and the trouble is that it brings about schism; and then the need is to be integrated, to begin synthesizing. When they come in

they are just about as alienated as they can get; they know all the answers, all the problems, and they are just as sick as they can be. And this is what I think you were alluding to before; and this is why we need it because I think this is our problem.

Cooper: They are down at the level of the id and the ego and they cannot detach from that particular area, and so they give you the attitude of "so my mother did this to me" or whatever it might be. There are some that even say "I would like to kill them - it is all their fault." And this is not true.

Summo: I like what Dr. Swartley said, maybe we should start talking in the complete language of the layman so that we can fully grasp what we are trying to say.

Swartley: I would like to come back to that too. Wherever possible either stick to actual case histories or to exercises; and if we argue about them, then we should change the words in what we are going to ask the patients to do. And if one decided to do one thing and another something else, then let both go try it and come back and say what happened. Then we can talk. (Summo: Excellent, I am with you.)

Halpern: If we can do this and come together we might be able to learn something of ourselves, how to operate, and I think it is not enough to only discuss patients; we really have to discuss ourselves. Someone mentioned group dynamics or group processes, and this is important. I have met such resistance in my work about the same problems...they are so sophisticated that if you heard them raise their problems you would think that you were talking to a child; the almost imponderable difficulty of them trying to grasp something! They just don't see. I do not know whether it is a cultural problem or what it is.

Cooper: We have fought with this thing for the longest time and I do not know the answer to it. I know this, that dealing with the psychiatrists (Halpern: I don't mean the psychiatrists - but our own psychologists!) but from dealing with psychiatrists there is absolutely no question of their total lack of inability to grasp any aspect of this, nor do they want to.

Halpern: I do not think that the American psychology is worthy of the word psychology. I don't think it is a psychology. Seriously, it is behaviorism or a higher form of biology. It has an important place in science but it is not psychology. (Cooper: You think it is organic?) There is nothing wrong with things organic, if they would only just act like human beings and look at the other side of the coin.

Cooper: What other things have you picked out in this (Manual)? Does the rest of it seem clear?

Summo: Yes, this I can understand in terms of what he is trying to do; having at least a nodding acquaintance with the existentialist approach, I can go along. But this idea of self-identification was the one; I just could not fathom what he was trying to say or do.

Cooper: I think it will work best if we say "dis-identification." Summo: Yes, and I also liked those suggestions of putting in the word "only" - "I am not only my body," etc.

Swartley: And I think this last paragraph (p. 43 of the Manual) might be changed:

"I recognize that I am a center of pure self-consciousness." Well, instead of that, much more acceptable might be something like "I am all of these things, I am the sum total of all these things and something else." (Rouke: The unifying principle, the G factor?)

Adkins: Here is where we should be ready to do some deep thinking. Now it may mean that what you say may work out to be the solution in five years from now. We might then see more clearly that what you say is so; on the other hand, it may be that 25 years from now we shall see more clearly that "I" am something that we can't try to formulate, no more than we can formulate what electricity is, but we find that it is so. And that this thing that I call "I", owns a body, owns a psychological mechanism, and that "I" am really humanity - we may find that in 25 years. We may find what you say - that I am my body, I am my psychological mechanism and I am also something else.

Swartley: Let's go back, let's try to put it in words that are meaningful to the people you are dealing with, the patient.

Cooper: I usually try to say this to them: now everyone seems to know about the atom bomb - that the material things are no longer material - condensed energy and that kind of thing; most people seem to have the idea that the body is 85% water...we are encapsulated in skin with a little bit of seawater in it and maybe 60 or 70 cents worth of chemicals. And by using this kind of approach, that their body is this way, and that the body has emotions and various things but that there is something else and that this something else if you pay attention to it, if we listen a bit more to it instead of what the body tells us, then we are better. A lot of my patients are Roman Catholics, and we have St. Francis of Assisi, who called his body "brother ass"; and this seems to help them in the process of dis-identification, of getting away from the ids and the egos and the phylogenetic series. And I usually try to explain to them, in the nine months in which their body grows in the mother, that it goes through a whole phylogenetic series. Those brains are still there, and we have on top of them just a tiny little veneer of inhibitory force or the veneer of civilization. They seem able to grasp this, so that when their anxiety is threatening to overwhelm them they say "I understand this now; it is just a little bit of adrenalin flowing through my system"; and I try to divert their attention. And this seems to help them to get away from the fear, the anxiety and the tension which they are under.... (About 3/4 of a minute, with Dr. Summo speaking, tape indecipherable.)

Cooper: ...and this is part of the problem of living...(indcipherable)

Halpern: But that kind of thinking has to go because you begin to think he is the label. It does have some insidious effect on your thinking. (Summo: But is it not a diagnostic category?) ...the use of a label, while stenographic, becomes a palpable reality to many many people. You may know what you mean, but many other people might interpret it differently. I do not think of people in diagnostic terms.

Adkins: I would like to suggest that not only the diagnostic terms, but that all the terms we use, limit us. Now, Dr. Halpern, you put forward the idea that this inner self is/process of living (Halpern: of growing). Now I suggest that instead of using the word "process" that we might use the word "procedure", which makes all the difference, because a process implies an automatic process. This center of life, this center of initiative, somehow produces its procedure, it differentiates it then from the automatic process. So your idea is a very good one, but keep it separate.

Halpern: Yes, but I have no objection, I do not mind what kind of terms are used but we do have trouble and get trapped by words.

Cooper: Yes, they limit. Let us go on now to this question of the Manual. (Addressing Dr. Summo) I am interested that you stumbled over the identification business; I should have thought that the spiritual psycho-synthesis would have thrown you more than anything. I was just wondering about it. (Summo: No, that is quite all right.) It is just this business of dis-identification?

Summo: Yes, and this may be a personal thing, but it was just that I could not orient my thinking. (Cooper: Did we help you?) Oh yes, perfectly.

Cooper: What then about the symbolic projection material which Dr. Swartley has written about - and also Dr. Gerard? You said that you had a patient that you tried it on. Do you want to go further with that?

Summo: Well this was the one time I had used it, and I was very much amazed at the way the person came out of it, but now I have been mulling this over and considering Dr. Halpern's idea. I wondered if there is any real great difference between putting a person into hypnotic trance and having them project or doing it in this relatively conscious state and having them project.

Halpern: There is a vast difference (about 2 minutes of Dr. Halpern's response did not come through on the tape).

Cooper: The difference to me in this is that you are using visual phenomena. In other words, if we have enough energy to charge one light at a time and then we turn two or three lights on at once they will all be dim. In this instance, what we are doing is directing all our attention to a visual phenomenon. You relax all the muscles; and all the consciousness then is diverted from every area and is directed only to this field of perception which is visual; and in that visual area they can then concentrate, and actually be a part of it - they seem to just walk into the scene, whatever scenes are there. And the therapist at this stage has the responsibility of keeping this scenery at the highest level that he possibly can. Dr. Kotsos had a patient get out in the middle of the ocean and was drowning; and he was going down for the third time and the Dr. could not think fast enough to throw him a life preserver or to get him out of a bad situation. I had one patient see a witch inside a mirror, and I suggested that she break the mirror. This witch was free for about 25 or 30 minutes and I never could get her into a better visualization. (Question interjected here by Dr. Halpern but not decipherable.) Cooper: (apparently answering Halpern's question) I have not seen that - if I have enough cases I will see if it comes up. Some of them may break off, but as far as getting any kind of trance (Halpern: not trance - it is this evasion, repression; and they will not assume any responsibility...(unclear) ...an individual in a hypnotic trance said something and I interpreted it for him by just repeating it. He denied having said it and when I insisted that he had, he cursed me (very few words decipherable but apparently Halpern was speaking of the refusal of his patient to acknowledge that he had said what Halpern repeated back to him.)

Cooper: I will be on the lookout for it. I have seen this reaction: the patient who would just give you anything, just go ahead and make up one story right after the other; but there was no real feeling, so that there was a doubt in my mind as to whether there had been any visual phenomenon at all. When we got through I

told him that I was sorry but I just didn't think it was so, and he answered "Well, you are right doctor, I didn't!" And in this instance there was no motivation for change; the patient had come to us only because his wife had insisted.

Summo: For my purposes, how do you prepare a person. What do you tell them? You would not move into this thing right away?

Cooper: No, not directly because it depends so much on the patient himself. I would present it as a test, like the TAT, and then see if they have the visual capacity.

Swartley: I have three approaches. I show them TAT plates one week, and then Rorschach plates the next, and then progress. That is one approach, and another approach which I have found extremely good - which I took actually from Erikson, I think - is "to finish a dream." I start at the end of a dream - they have brought in a dream and in the dream they started to do something but they did not finish it. So I start them out revisualizing the dream, and then take them on from there. (Summo: Do you have them lie down?) Yes, have them lie down, close their eyes, look at the dream.

Cooper: Some people do it better with their eyes open - we have to remember this, because some people have the capacity to visualize quite clearly with their eyes open...(about 2 minutes missed, apparently talking about reclining chairs.) The only thing that I do is to get them in a chair so that they are in an erect a posture as possible - everything is supported including the head balanced.

Swartley: Then my third method is simply a repeating "psycho-timer," which buzzes and then a period of silence and so on. And I have them breathe in time to this machine - I can increase the length of the cycle - but not to strive for any length or depth, only for evenness, for an equal in and out, that at any moment in a full cycle the amount of air breathed in or out is constant. (Cooper: Do you have a period between respiration?) No, I don't.

Cooper: I usually discuss breathing and teach them an abdominal type of breathing; it is simple. Most people have a paradoxical diaphragm; they are more tense and anxious than they seem to be. They are breathing at the top of their lungs (unclear period for about 1½ minute, ending with part of a question from Dr. Summo to Dr. Swartley about the length of sessions.)

Swartley: I start out each session with a question: "Where are you?" that is, where are they in their life, where have they come to. They are growing; what have they accomplished. And then I ask them if they have had any dreams and we go through such dreams - very quickly. I have found that these active dreams - for the people on whom they work - are much more powerful than, say, dream-analysis; and they are, therefore, more dangerous and get out of hand very quickly. I use their dreams during the week as a kind of X ray. I say: "These are my X rays; they do not make much sense to you but I know what to look for and they tell me where you are." And then only if the dream is all clear do I go on to use these active methods. I want to be sure where I am first; I will spend ten minutes on where they are; another 15 minutes on dreams; and use the last half hour to go into these active methods.

Cooper: I liked Dr. Assagioli's idea where patients keep a daily diary of their dreams. I request that their dreams be presented as at the moment they awake in the morning - in other words, to have a pencil and paper right next to the bed

and write them down. And just before going to bed at night to begin to reflect on the day and to use that time for writing the diary. The present group of patients I have I am seeing daily, but when I am in the position of seeing them once a week the diary helps me. With the daily ones you know just how they are going, and as soon as they begin to slip in any direction it is time to stop and shift gear. That is what I like about this, there are so many different ways you can work; you are not tied to one; you can come back to it later. (Unclear tape for about a minute.)

Swartley: ...guess I will start with the one that shook me the most. I worked with a juvenile delinquent boy aged 9.....his father was a marine who believed he should teach kids how to use guns, and taught this kid how to shoot a 22. The father went to the teacher one night and she said something about the kid was not working as he should; and the next morning at breakfast he mentioned it. Then he went upstairs to finish dressing; the kid loaded the gun with shells and when the father came down he aimed at his forehead and killed him with the first shot. He displayed no emotion whatever, either at the time or afterwards, and no one seemed to be ever able to get to him. He never displayed any emotions about it. So I used this method, and I have it on tape and - leaving out all details - at one point he got "black"; he got total black - everywhere he looked was black. I used every trick I knew, including all that Leuner mentions - he wrote an article on the 12 symbols and had told me that there was one that was a cure-all - go get mother's milk and throw it on the demon, or whatever it is. Well I tried that method but it didn't work. We called the mother, and finally we called God - there was nothing else to do but to call God, and we got nothing! And then he started to cry; before he had not displayed any emotion at all, but these huge tears rolled out and I called in my wife (we were living at the institution) and the kid cried and came through it that way; but I was deathly afraid that he would go into some kind of psychosis or catatonia or whatever.

(two minutes of the recording indistinguishable - Dr. Halpern speaking.)

Cooper: ...I cannot give you many of the dangerous areas because I try to avoid them as much as possible - if they fall in a swamp I immediately try to get them out. One patient that comes to mind was the one about the witch, the witch in the glass (unable to decipher the next few sentences)...I think Dr. Gerard indicated some possible trouble.

Hilton: Yes, in the visualization of the opening of the rose. In one case the patient said the leaves began to grow to tremendous size and were cutting his throat.

Cooper: I don't think there will be any question of recognizing the danger signs.

Summo: ...We should sound out our members and get them to tell us in as simple words as possible just what happens to them.

Swartley: There are two cases where I did gamble and won both times. And there is a time to gamble! One woman patient lived in Brooklyn, and Manhattan to her was sort of everything good. She had a dream in which she would get on the subway to Manhattan and would ride and ride and then she would get out and come up and find herself still in Brooklyn (few sentences blank)....I said revisualize the subway, for we are going to ride in this train and we are not going to get off; we will ride on this train until we get to the end. So we did do that; we made various stops, with people getting off, and then everyone was off and the train was

still going on. So I said, "All right, we are going to see who is driving this train!" So we went on up through the train to find the driver, and she opened the door. She screamed terribly; and then cried, and cried and cried. I asked her to tell me what it was; it was a horribly disfigured face of a man with open cuts on his face, blood oozing out and so forth. This shook her up so that she almost did not come back. There I gambled, for she almost did not come back. In short, it was the face of her grandfather who had baby-sat when she was a little child; and there was some kind of sexual incident - he had raped her, in her eyes. Then last night I had a patient who had a long history; he had a dream and in the first part of it everything was going backward and downhill; there were two cars and one car did not have a driver. Then finally he went into a fire station and there were a number of men sitting around who turned out to be very positive father images and they all nodded to him and accepted him. And in this fire station there was kind of a cage, a stairway, a sort of cage and wirenet and there was a sign over it; "Volunteer Firemen Only." So we went up the stairway, and there was a door at the top. I got him to open the door, but there was nothing there. I tried, and tried, but he did not see anything; so I gambled and I said, "Okay, how would you feel about jumping, how about walking through that door and seeing what happens?" And he said, "All right!" He fell safely. The thing about this is that you can ask them all the time "Do you want to do this or not?" And to make another long story short, he went through the door and ended up in a sewer pipe with all the filth flowing through it. I asked him which way he wanted to go and he said back where the stuff is coming from. So we went up it; there were various branches, and at one point we came into the sunlight, beautiful waterfall, etc., and I asked him if this was right, and he said, "No." So we turned back and went up another branch where he came to a dead end and he could not get through. So I told him, "Stop; now you have a mallet, see if you can break through the masonry!" So he broke through the masonry and came up into a warehouse filled with hardware (?) (rest of sentence unclear)...and I said, "Put your hand in and see what you come up with"; and he came out with a naked woman. I said, "Ask her her name"; but he had trouble, first his wife, there were about three people; so I said, "Have her write the first letter of her name." He did, and we got a "K". I said: "All right, how do you feel about asking her to write the rest of her name?" He wrote "Kathleen." His only association with "Kathleen" was that she had been a maid when he was about 3 or 4 years old. He remembered almost nothing else about her, and there have been no other Kathleens in his life. There was something blank there with Kathleen. But my point was that I had him walk through that door into nothing, and in this case it worked...(few words blank)...except the self-protection which is always built into a dream.

Cooper: Always that. You constantly give them the chance - "Do you want to go on or not?" (Dr. Adkins took up at this point, but nothing could be deciphered except odd words like "guided daydream", "up against negativity, "incapable of living the good life," "the first step is to explain the..." apparently discussing the case of a female patient.

(About 3 minutes recording missed.)

Cooper: We could talk the rest of the day and night but I think we should now end this debate and thank you.

(It was agreed that Saturday afternoon would be best for the next meeting, to be held at Manhattan College, with the date to be fixed later.)

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Note: Unfortunately, owing to tape recorder trouble, a few passages were undecipherable. PRF.