THIRD

PSYCHOSYNTHESIS MEETING

Saturday, January 18, 1964 - Manhattan College, New York

Participants:

John Adkins, Ph.D.	Jerry Cashman, M.A.
Jack Cooper, M.D.	Ted Gilbart, M.A.
Frank Hilton, F.C.I.I.	Fabian Rouke, Ph.D.
William Swartley, Ph.D.	

The meeting commenced with - and was almost wholly given over to - hearing and discussing a tape-recording of a session with a patient of Dr. Swartley, using the Initiated Symbol Projection or Guided Waking Dream technique. However, to link this report immediately with that of the preceding meeting on November the 23rd, 1963, we are giving first a brief discussion which actually occurred just before we closed the meeting.

Cooper: Let me tell you briefly about the patient we presented at the last meeting (two months ago). She left the hospital the 3rd of January...has an apartment of her own in New York City on the East side. She is looking for a job at the present time, and is a member of Alcoholics Anonymous. She is keeping busy, but has a rather continuous anxiety about coming back to the hospital; she is afraid that she will be brought in to the hospital by the men in white coats! I see her every day for an hour and she now has bridged this gap which was, I think, one of the biggest jumps which she made. Her husband has given a final thrust to her; he saved a little money and is going on a ski trip this week-end, by himself. The only thing she had in common with her husband was skiing, and he has rubbed it in all week; he told her what he has done - put the money in a lock-box although it actually belongs to her and would help her present situation. He just wouldn't go ahead on the ski trip and keep his mouth shut, so she is beginning to develop some insight now into the sadistic qualities of her husband. At the moment she has a neurotic relationship, and she is breaking that too. She is getting away from her neurotic ties; as soon as she begins to feel herself slipping into neurotic relationship with somebody she starts putting the brakes on, which she couldn't do before. So that brings you up to date on this one. (Rouke: How long was she in treatment?) Nine psychiatrists, six years in hospital, every kind of therapy, but the will seemed to do the job. (Rouke: All of a sudden she found herself?) Yes, found herself. It's quite interesting.

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Excerpts of explanatory remarks by Dr. Swartley preceding the playing of the tape.

This patient (girl, aged about 23) was brought to me by a boy who was one of my cases when I was clinical psychologist at a reformatory in New Jersey. He met this girl who exhibited many neurotic symptoms and they developed a very intense relationship. She was extremely dependent on him and he, growing and blossoming in her dependency, "went straight." The girl was going through the last stages, legal and psychological, of a divorce. As she got more and more involved with this boy, it brought all sorts of old problems back to the surface,

so that when he first brought her to me she was on the verge of hospitalization. A combination of three factors is important: she knew she was heading for a hospital and this had to be reversed quickly or else; the distance they had to come for each visit; and she had a great deal of positive dependence on her boy-friend and he had a great deal of positive transference on me. He had talked about me for months before she ever saw me - so the rapport was there from the beginning and I felt it was strong enough that I could push, which I had to do because of the other circumstances.

I pushed her as hard as I have ever pushed any client with whom I have worked. We had been through a number of I.S.P. sessions before this one; and the only other point I want to make is that the I.S.P. worked. Upon the last report they had painfully, but successfully, broken their dependency on each other and were both working. The technique worked and yet I have no idea what the problem was, nor how I helped. But I did it primarily on this tape. One of the central ingredients in this method is that you deal <u>directly</u> with the problem - as you'll hear very dramatically - without ever really knowing what it is or having to know what it is. Yet you can confront it and get rid of it with obvious, and with one type of neurotic with even drematic, effects. They go through a kind of symbolic catharsis.

The first 14 minutes are the real heart of it; that's up to the blood curdling scream and then for another 19 minutes we go on working, resolving what came up.

(The tape was then played through; the following being a transcription supplied by Dr. Swartley.)

DR. WILLIAM SWARTLEY
Tape Transcription

(I'll ask you again to see the meadow. What do you get this time?) It seems to be the same as it was before. (Which is what?) A lot of just grass and big bushy trees on either side with a space in the middle. (How tall is the grass?) It's very short, freshly cut. (By animals or by a machine?) It's not perfect but ..... I don't know. (Any sign of any animals?) No. (And you say big bushy trees?) Yes. (Pretty tall?) Yes. (What kind of trees?) I don't know. (Evergreens, or?) No. Sort of make believe trees that you draw, but they are real. (Both to the left and the right?) Yes. (And this meadow in the middle?) Yes. (And about how big is the meadow? How far are the trees?) I am a very poor judge of distance. (Is it a big meadow or a comparatively small meadow?) Pretty big. (Is there a barn in it?) No. (What is in it?) Nothing. (What about the road? Can you see the road?) It's off to the side. (Which side?) Right out of the line of vision, but I know it's there to the left. (And there was a barn. Do you have any feeling about where the barn is?) The barn is near the road. It's behind me. (The barn is behind you?) Yes, I can't see it, but I know it's there. (And the road is in front of you?) The road is in front of the barn. If I am in the meadow now, I can't see the road very well, but it's there just out of the line of vision on the left. (It's behind you?) To the side. (And the barn is behind you?)

(How would you feel about going back to the barn?) I don't know what's there, I am curious. (You are curious?) A little. (You don't feel especially afraid?) No. A little apprehensive but... I don't know what I'll find there. (I'd like to go back and take another look. So slowly turn yourself around in your imagination. I want you to be keenly aware of any change in your emotions. So if when you turn around and look or as you turn around, or as you do anything, if you feel any emotion, however slight, tell me. Have you turned around?) No. (Well, turn very slowly, just a little at a time, and tell me anything you see or feel as you turn around.) No, nothing. (You don't see anything unusual or feel anything unusual?) No. (Can you see the barn?) Yes. (What does it look like now?) I don't think it's the same. It's kind of sloping, falling apart, brown, dirty-looking color. (It's not as well kept as it was the last time you saw it?) No. (How big a barn is it? How many stories? A big hay mow and so forth, or is it a smaller type barn?) It's kind of in shambles. It's not very neat. There's all kind of hay laying around. It has two doors in the front. One is open -- ajar and the other is closed. (Which is on the right & which one is on the left?) The closed one is on the left and the one on the right is ajar. (Which door would you rather enter through?) The one that's open. (Do you have any idea why?) No.... the other one will make noise. It will squeek. (Why is that so bad?)

I don't know. It's a little frightening. Maybe I don't want anyone to know I am there. (We will go in the right door but I would like to sort of reserve the right to come out and also try that left door because it intrigues me. But let's walk toward the one on the right that's ajar. Walk slowly, and as you go tell me any thing that you ....) I'm getting frightened. I can see it's dark inside. (Where are you frightened in your body? Any center to the fear?) No. It's inside. (Inside what? Inside your stomach? Inside your head?) No. Not inside my head. It would be more inside my stomach than in my head. (You are at the door now looking in and you can see it's dark inside?) Yes. (Well, we can go in two ways. We can just walk in, into the darkness, and see what happens. Or you can take a light with you. Take a strong flashlight.) No. I don't want to take a light. (Ok. I would perfer you not to, but you can.) It's dark, but it's not completely dark. (So if you let your eyes adjust to it you can see?) Right. (Now, if anything happens in there, whatever it is, I want you to react to it. So if you see anything horrible looking and you want to scream, scream. If something jumps out at you and you want to run away, then literally run away. I want you to act it out. If you get afraid and want to grab on to somebody and hold them, I want you to grab on to me and hold me. Whatever happens, you know, finish it. Whatever you would do in the same situation, do it. Ok? Alright then go on in. Do you want to pull the door open further and go in or do you want to sort of squeeze in?) No. I can get through the way it is without any difficulty. (How big are you? Are you your present size and age?) I seem to be smaller. The barn is getting bigger or I am getting smaller. I feel very much smaller than this barn. (Good.) It's very big. (Alright.) I feel like Alice in Wonderland. (Good. Let it go. Where are you now?) At the door. (Inside?) Almost. (Go ahead. Just step inside the door and look around.) It's very dark. (Just step inside and let your eyes get used to it.) It's big. (As your eyes get used to it, do things take shape?) There's a .. It's very funny. It's a light. It glows in this corner. (Which corner?) On the right, at the back. It's a good .... (It's a good feeling?) A good kind of ... yes, it's warm, like a glow. (Then walk on back into that corner. It's on the right you say?) Yes. (Can you see what the glow is coming from?) It's a baby. (How old?) Oh my God! It was such a beautiful baby, and it's getting ugly... (Let it go.) and ugly, and horrible... (Let it go.) Scream.....(Ok... Let it go. It's out. Keep it coming. Act it out...) I can't it's so ugly. (What do you want to do now? Stay in it. What do you want to do? Do you want to run from it? Do you want to take it and bury it?) I'm afraid of it! I want it to go away. I wish I never saw it. (We have to do something with it. We have to either make it well) No! (Or bury it, or take it out in the sunlight.) No, let's go away.. (No.) I can't think about it. (No, it's an ugly baby.) I thought it was God... It was like a nativity (A manger?) and then it

started getting so ugly... horrible. (Did it change size or just shape?) The face and the head got big, monstrous and ugly. (Now, you can run. I said we could stop and I meant it. We can go back out and forget it, well, not forget it, but not deal with it now. Or we can deal with something else. If you think you have to kill, we'll kill it.) Oh, no I can't. (If you think you have to let it kill you, we'll let it kill you.) No! No! (If you think you have to bury it, we'll bury it. If you think you have to cure it and make it look well again..) I want to make it not be... (No, no, it's there.) I can't. (We can't wish it away. You dont have to look at it, but we have to deal with it. We have to confront it somehow and deal with it. Or we can walk out. But it's there. Either leave it there and come back another day or dispose of it.) I want to make it better, but I can't... (No, one step at a time. Do you want to leave it and come back or do you want to try to make it well now?) Alright. (You'll feel much better if you can finish this.) Alright. (You'redoing very well. You'redoing exactly right and continue to act it out. You've gone through the worst. Now it's all downhill. Do you have any idea how you could make it better? What do you want to do? Do you want to change it back, is that what you want to do? What else do you want to do except run?) Let me put running [illegible]

To be inserted after the word "back" on line 22 of page 3.

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back into its original shape?) Yes. (Or just into a normal child?) It was a normal child. (Or was it a kind of god-like child?) It was a beautiful baby. I don't know - a normal looking child, but a beautiful child and it was just the glow. (That made it different?) Do I have to look at it? (No, don't look at it. Do you want to change it?) I keep seeing it even when I am not looking at it. (We'll change that. Do you have any idea - and I will go a little faster - what you want to do? Do you want to change it back,

you have a bottle with warm milk in it. And walk to it very slowly, so as not to frighten it. It doesn't seem to know what to do either, right ? It's sort of equally afraid of you?) Yes. (Alright, so walk very slowly, sort of realizing that this is a sort of frightened child-monster and very slowly walk over to it with your hand outstretched and as calmly as you can offer it the bottle.) It's scared, it's frightened. (Be very, very gentle and slow, like it was an animal. Does it want the bottle?) Not at first but it's going to take it now. It's taking it. It's taking it and it's trying to change again. (Ok.) It's changing back into a baby again. It's taking the milk. (Is it starting to glow again.) No. (Just an ordinary baby?) Yes, just a little baby. (Now how would you feel about letting it nurse from your breast?) Well, it's not repulsive. I am not afraid. If it were necessary I would. (Ok, then pick it up like a little baby and hold it to your breast. Imagine you have milk and it is sucking.) I am frightened of it. (Has it sucked yet?) I'm afraid it will start to change again while it's near me. I closed my eyes. I am afraid to look at it. It's making noises, sucking. I am afraid to look because I don't know whether it will be.... (But it is sucking?) Yes. (Why don't you just let it suck? How does it feel as it sucks?) Strange. (Why, because you don't know whether it's a baby or a monster?) In a way, yes. (Did you nurse your own child?) No. (Why not?) They wouldn't let me. (Why?) I was too nervous, they said. (How did you feel about that?) I wanted to. I felt a little bad not doing it. But in a way I was a little relieved. It kind of got me off the hook. (How?) Well, I didn't have to. (You really didn't want to then, that much?) I'm not sure. I think I wanted to, or was supposed to want to, I don't know. (Now we can stop anytime now. Do you want to stop or do you want to go on?) Go on. (Ok. so it's sucking on your breast and you have your eyes shut . Your eyes are shut, but you don't know what it is, monster or baby?) I think if it starts to be a monster, I will know it. (How will you know?) It will feel different and will sound different. (And what does it sound like now?) A very hungry baby. (Ok, can you just let it eat for awhile and satisfy it's hunger?) Yes. (Which breast is it eating from?) The left. (As it gets more milk, is the sound it is making changing? Does it sound more like an animal or like a beast?) No. (Like a baby? The more it eats?) It's getting quieter. (So do you want to open your eyes and look at it?) Yes, I am not afraid of it anymore. I nearly know its a baby. I can look at it. It's going to go to sleep now. It's all finished and he is going to go to sleep. (Now we can let him go to sleep. Can you tell if it is a male?) It is a boy. (What is he doing? Still falling asleep on your breast?) Yes, he is asleep now. (On your breast? Now this is a good place to stop, if you want to stop.) Yes, I'll stop. (Ok. How do you feel?) I don't know. I'm a little glad it turned out alright, but I am still sorry that it happened.

DISCUSSION

Rouke: Do you routinely tape your sessions? (Swartley: No, I wished I did) Then what about this one?

Swartley: Because this outcome was predictable; we had been working towards this. Of all my patients, at this point, this was an obvious one to record; and this session was also an obvious one to choose because we had been working up to it, so that if it had not happened in this session it would have been the next one that would have proved so dramatic. This isn't typical but it is a very clear example.

Cooper: Had you had other sessions with her? Was this the climax? (Swartley: We had had two other sessions in which we used I.S.P.) In the one before was it her father whom she saw?

Swartley: No, just a man. Afterward when she free associated, he looked most like her father.

Cooper: What made you go back into the barn? That road was so inviting it looked as if it needed to be explored.

Swartley: Because I thought she would go down it for ever and not get anywhere. She had one son by her marriage, towards whom she had extremely ambivalent feelings, but more negative than positive. She is one of two children; her younger brother was born when she was about two. I suspect there is a great deal of repressed sibling rivalry. It never came out; the closest is what came out in this session. I met her mother and got bits of information. There was one recent incident with a relative which made me suspect there might also have been some kind of contact with either her father or other male relative that she at least interpreted as sexual contact. There may be a classical kind of Freudian memory of rape or seduction at a very early age. That was one thing I explored with I.S.P. She has intense negative feelings towards her father. She went through giant cycles. There were intense positive feelings when she was a child and then, rather suddenly - and nobody yet knows why - she switched to intensive negative feelings. It may be simply that the second, male child came along and replaced her. The father was also an alcoholic; she saw him beat up her mother and so on - to give her realistic negative feelings towards her father. But there also seems to have been some kind of early contact with some older male in the family which she interpreted as sexual. Some of this had come out in the earlier I.S.P. sessions - when she found a man in a barn and she had all these feelings towards him. Also important is the fact that she was intensely religious as a child. She feels intensely guilty about this because for years she thought she should be a nun, almost certain to cleanse herself of whatever happened.

Eventually she married, which made it still worse. Then had a child, which made it still worse. She has in reality neglected her child, which made it still worse. Then she filed for a divorce, which made it still worse.

I will try to crystallize my feeling about what this child is. It is all sorts of things. It has layers, just like neuroses have layers. It was a male child; you heard me confirm that. (Adkins: She has a male child, so it's her own child to some extent) I believe it's more her brother and sibling rival than her own child. Her major feelings are still towards the

brother and these get transferred as a secondary process on her own child, which happens to be male too. But the intensest feelings are still towards her brother. She said during the I.S.P. that it didn't do anything to her and that she was bigger than it was. This suggests that she is the older child; and it is helpless and that she is still perhaps feeling intensely negative, but uncalled for, feelings towards her sibling rival.

Rouke: Was there any history of abortion or attempted abortion? (Swartley: As far as I know it was only considered seriously, but it was never done.) For someone of her background it would cause tremendous guilt.

Swartley: The guilt seems much older. It was blossoming in her teens and so its roots must be much older.

Cooper: In the meadow she said "Off to one side of the meadow," which is the childhood episode; so she is still in the childhood phase. (Swartley: As she put it, "when the barn got bigger, she got smaller." That was, I think, regression into childhood.)

Rouke: Now could this infant be a representation of herself? (Swartley: It is that too.)

Cooper: That is my thought, because the part that led you into that is this 'growing' incident. One time it expanded, it grew, and then it was shut down and now it has become a human - instead of carrying on in this nun-like way that she probably wanted to be at one time. Maybe that's still screaming for actualization. We don't know; but it will be interesting to see as you follow her through.

Swartley: The glow covered, though not for very long, intensely negative things. I believe she was trying to make something which was actually very negative in her own feelings nice and "glowy"; which covers her feelings towards her sibling and, therefore, towards herself.

Adkins: That would be Dr. Summo's outer circle in the chart we discussed at the last meeting. The person puts on an outward appearence of positiveness, and when you get behind that you find a very negative feeling, and the problem is to get them right into the interior of themselves where there is a real positive...

Swartley: Rather than do that, which I think would have been premature in this case, I just tried to get her down to the human real proportions.

Rouke: The thing that seems to come through is the significance of when love is given; this ugly thing turns normal and lovable. This would be herself - in the therapeutic process where she has your respect, or it could be friendship with this boyfriend, who apparently feels strongly for her. It seems as if it would be more the transformation of self, from the little pink and beautiful baby. The concept may be that which she had as a tiny child; then in the ugly experience she developed a negative concept of herself because of the painful background.

Cooper: Many times after the old-fashioned religious conversion a person would dream of himself as a baby. She is in the dream state now. This is a waking dream and she is in a stage of consciousness which is not fully alert and

conscious - in a kind of dreamy awake state, I would think, because finally when she stopped and opened her eyes she came back to full consciousness. So she is in an altered conscious state. You have a point there that I am interested in following up. It is some aspect of herself which may be a warning? Now she can nurture it, because she said that after she had finished this session she was able to give up this relationship with the man. (Swartley: The dependency in the relationship.) Is she planning on marrying or carrying on with him or is it just a friendly relation?

Swartley: The last word I had was that they were going to separate, physically and psychologically and see where they stood.

Cooper: This would emphasize that rather than moving in a neurotic direction she is moving towards self-actualization, and this may be as yet at another level.

Swartley: As a rule of thumb I assume everything in a dream is a symbol of some part or aspect of the person.

Cooper: This is most interesting. To hear it on a tape-recording brings it out; just reading it in a script is of little value. The emotion and the tremendous fear in her scream blasted the microphone! This, of course, is a releasing of emotion and fear. What was she doing during the time of screaming? Was there much physical movement? Because I noticed her breathing was rather long and slow. (Swartley: To the best of my memory she was sort of cringed down.) So there was very little muscular activity, with most of the energy going into the visual performance? (Swartley: Yes, and I got up and held her; I held her on her shoulders so she could feel me there and keep it coming out.) But it was really visual, because I noticed her respiration was very slow - about half of normal. There wasn't much movement at the time and so undoubtedly it was all at the visual level, all the energy was being concentrated at that level.

Adkins: Were her eyes closed all the time? (Swartley: All the time.) And did you ask her to close her eyes? (Swartley: That's the way we started, and then she later closed her eyes in her imagination.) You spoke about "seeing the meadow again"; was it the second or third time? (Swartley: The third time.) About how long have you treated her, how many sessions? (Swartley: This was the 4th or 5th time I'd seen her, and the third time that I had used I.S.P.) The first two times you were just talking - not in the trance, in this experience? (Swartley: Yes, just ordinary questions.) And did you see her many times afterwards? (Swartley: I have seen her about three times since this one) And each time has it been ordinary interchange? (Swartley: Yes, plus some dreams.) What has she brought forth in the succeeding interviews following this experience?

Swartley: We remained on a realistic level to discuss her wanting to break her dependence on the boyfriend. She realized that it was dependence, realized that she needed him when she found it. She was very fearful of the effects it would have on him if she withdrew; she was afraid both of what he might do to her, but much more afraid of what he would do to himself. She felt she owed him a great deal because he had saved her at one time. She felt torn between continuing to support him now that she was on her own feet and realizing it was better for both of them that she break the dependency. And I just encouraged her own convictions.

Adkins: So she is working on this separate problem of hers. Did you notice, could you evaluate, the different quality in the way she went about working at her problems in the sessions following this experience and the sessions that preceded?

Swartley: Well, this shook her up, as is obvious, and she became afraid to do any more I.S.P. and even stopped remembering her dreams. Maybe she "bought me off" by good progress on the realistic level. She decided to leave it lie there, and our agreement is that she has not finished; and this is still unresolved. She knows that, and I know it, but she wants to go along on a realistic level and straighten out all the realistic details of her life. (Adkins: So she has discontinued treatment for the time being. How long ago was that?) Just before Christmas, so it was less than a month ago.

Gilbart: I have a question here about technique. She is in this state and visualizing and then (on p. 4 of W.S. transcript) she is talking about being afraid to look because she doesn't know what it will be, and then you ask her: "Did you nurse your own child?"

Swartley: At that stage I was bringing her out of the I.S.P. but you can ask that kind of question while they are still in it. It provides a good bridge between consciousness and unconsciousness. One way of bringing them out is to have them retrace all their steps. In this case it would mean go back out the door, where we started. But this time I wanted to bring her out into reality, and so I did it this way. You saw that once you get into this kind of question it does bring them out, for you can't maintain it very long once you start questioning on the realistic level. I expected all sorts of questions about why I did what I did. For instance, why at first I said that I would like her to do something; then other times I gave her the choice. Then in the end I tried to come out with "we." For instance, I said: "we can leave now, but we have to come back and do this some other time." Or why I reinforced the process by saying "okay," or "good," or why I suggested that she might want to scream which was one of my first suggestions. I said: "if you want to react, if you see anything horrible, and want to scream, scream!" So you could say she took my first suggestion. Other times she picked from among my suggestions or sometimes rejected them completely. There were two doors for instance, the right and the left; and I could have encouraged her to go in either. The closed one was on the left, and if she hadn't been as sick as she was then (and still is if you get down deep enough) I would have preferred her to go through the left one. Perhaps just because it was the the closed one, for normally left gets you into the unconscious, the latent, the unused, rejected parts of a person. The right one was open. Normally, in my experience the right gets into reality. I felt she had very real problems in reality and so I let her accept the easier choice, the door which was already partially open as the one which would, I predicted, go into more realistic kinds of problems. She obviously must go back through the left door and see what's there.

Cooper: Possibly by that time the other door will open. (Swartley: Yes.) There will be changes when you come back to it the next time. (Swartley: You are right, there may not be a choice. You saw that the barn had changed.) The barn had changed since the last time she had been in it.

Rouke: Were these the left and right halves of one door? (Swartley: I think so.)

Cooper: Yes, one squeaked and one was partly ajar; but the next time she sees it these symbols may have changed entirely.

Rouke: I was wondering if it was the effect of being right-handed? She held the baby on this side. (Cooper: She let it suck from the left breast.) So that answers it - if she were right-handed that would be the door she would tend to pull open.

Cooper: I think the main thing is the symbolism; that it was already partly ajar and it didn't squeak. (Rouke: Yes, it was open and she didn't even move it. She slipped through.) It would be interesting to see why. This is the experience of bringing something of ancient lineage up to date; and these images shift and change. Sometimes it is impossible to understand them.

Rouke: And actually you don't need to, always; it is possible to obtain the beneficial result without knowing the meaning of all the symbols.

Cashman: Did you ask the patient's interpretation of what goes on in these sessions?

Cooper: I have tried to stimulate further interest in it. I have asked one of my patients to work with it and to see what she gets. Personally, I don't get much value out of it. Do you?

Swartley: Where I have done it, it's been comparatively unfruitful. It's intellectually interesting, but of no great therapeutic value. I would call it symbolic catharsis. My own theory is that neurotic problems are, if you can think in these terms, sort of constellated in the mind in symbolic form. (Cooper: With power, with emotion, tied to them.) The core of the complex, or whatever you call it, usually goes back in childhood. The seed itself is often preverbal. It was formed before the child thought in words. When you get back to it, it isn't a word, it's a symbol. It certainly couldn't have been put into words then, and there was a question in my mind if you can ever translate the symbol-problems into adult words. Maybe you can, but it's comparatively useless and superfluous.

Cashman: Well, take the case we had last week. One of the outcomes that seemed to spell success was some kind of insight on the part of the individual, which I allied with this ability of interpretation. I am curious as to whether or not this is an important part of this method.

Cooper: I would like to go a little further with what Dr. Swartley was saying. There is a certain tribe of Indians, for instance, who, when they are teaching their children, do not give them words. For instance, they want them to understand "water." They let them feel, let them touch, let them get everything before a word is given to it. And we do this too; it's preverbal; it's this unconscious language which is going on here; you can see that she (Dr. S's patient) has run through an experience which is all visual, which has really not very much muscular component in it. There is not much connotation; she is even struggling for words to describe this image. This which she is trying to put into words, is a true experience. The words themselves are a kind of intellectual insight; as one of my colleagues says, he has "impotent insight." We may have insights but we still don't get rid of the emotion. We say, "Yes, I know why I am doing this, but I still can't keep from doing it!" So this experience is now drained of energy; and once the energy part of it is drained, then insight becomes important.

Swartley: The impression that I get of a neurotic complex is that it is like a switchboard in which all the circuits are in series. Similar problems are shunted into the circuit during childhood so it accumulates more and more psychic energy. At times the energy bursts out in symbol symptoms, but the mass of it goes round and round. If you can succeed in tapping into the circuit through I.S.P., you can drain off energy. Because neurotics have physically matured since their complex was established, they are capable of redirecting the energy towards constructive goals and develop adult habits to face similar problems.

Adkins: Well, in adult thinking we use symbols a great deal; our very words are or short-hand symbols...now a child, when this complex was formed, the child is thinking, but thinking in the symbols that are then available to him, and they are pre-verbal. I suppose that the verbal level means there is a beginning of analysis - in a very simple way at first - so this circuit is formed as a way of taking care of the problem and then other problems come along and are solved in that same way. Now in what you are doing here she is still thinking in, and she is working on, the symbols. So what has happened might be described as the changing of this circuit, using different symbols, or getting at the symbols that she had as a child and that are still being used in this circuit, so there is a new way widening out of this circle, perhaps. So that now, when a problem comes along, she has got a better circuit to put it through. But I suppose that the most important psychotherapeutic advance is in the patient realizing that she has done this, and can widen it again if necessary. It is not that she has just done it once, and that is all there is. If the patient has had this permissive relationship with you, you supporting her in her investigation, does she not get a little inkling that she by herself can go on and do a little bit more widening if necessary? So that she has a new approach to symbol formation, you might say.

Swartley: I would agree with that. In using I.S.P. you go back, or "down" to where these neurotic complexes exist, where they are stored, as in a computer. You apply therapy where the problem is; at the location of the disease. My patient set up a pattern that you could describe as "running." She ran for her whole life - which is true with most neurotics. Vastly over-simplified, you could say that in the session for the first time she reversed this pattern and faced whatever it was (neither she nor I may ever know), with the help of my emotional support. Slowly, carefully; and her will was involved. (Cooper: Right!) It was up to her. I said "we" can run now, but we have to come back some time. If you don't want to face it now, it's up to you. What are you going to do? And you heard her struggling to decide whether she was going to run or not and then, when she made up her mind, or seemed to make up her mind, I verbalized: "Well, you have now made up your mind, you are going to stay."

Adkins: You are helping her to use verbalization - not away from the symbols but with symbols, not an artificial thing superimposed. But you were talking to the...

Gilbart: That's what I was thinking, that the real good of this is what the pers is left with as a result of something that was probably done to her which she doesn't understand. The real important thing is her ability to understand after this has been done to her.

Swartley: What must you understand?

Cooper: I had a patient who was allergic to oranges; just don't eat oranges is the simple solution, but it was interesting, for under rather intensive hypnosis

she remembered an incident which occurred when she was a tiny child. She ate some oranges in the back seat of a car; her mother had told her not to do it or something bad was going to happen; and about that time a bus hit the automobile. Now she had perfect insight into this experience, she knew exactly what had happened and why she couldn't eat oranges, but still every time she ate an orange she would break out in a rash. The problem was still there. So we took a mirror and had her look into it and then visualize under hypnotic relationship that she was this person, in this situation. She began to identify with it, began to <u>feel</u> it, and then all of a sudden a great shriek came out at the point when the automobile was hit. She actually relived the experience with appropriate emotion; and then after that she could eat oranges without the reaction of the rash. So it's the bringing out of the emotional material that is the important aspect, not just having the insight into it. Even just seeing the experience intellectually, being able to understand it intellectually still does not help you.

I have patients who live execution scenes and all sorts of things, and when they are through they are just limp. If you go back it will all be changed. For example, if Bill takes his patient back to the barn the next time, the chances are that she will be able to explore it with less difficulty. Then you go on to some of the other twelve symbols in Leuner's series. Or you have to make up some symbols to fit your particular patient. But once you have drained all the energies out, you are through with the patient. Then you have done all you can do.

For instance, this one patient who saw an eye down at the bottom of her psychic world, later on was able to have sex relationships. After she had stamped out the eye and got rid of it, she was able to have a sex relationship. She is a woman nearly 50 years of age.

Rouke: What you have here is an emotional condition, but a cognitive understanding of it doesn't necessarily desensitize that condition; it doesn't undo it; and you have to achieve that. Sometimes it is by a dramatic experience and sometimes in other ways. The knowledge alone may be an important step on the way to it, but is not necessarily so. If you can produce the emotional release, you don't have to have the cognitive insight.

Cooper: This is an error most young therapists make. They say, for instance, "The problem with you is that you are just in love with your mother or father." This doesn't help. This kind of verbiage just soothes your own conscience. It doesn't help, but once you drain the energy off the pattern is broken.

Gilbart: It would seem to me that the pattern is broken by some form of understanding. (<u>Swartley</u>: No!)

Rouke: It may be a great help, but that is not what does it. Understanding is not the primary cause of release.

Adkins: Dr. Summo used the term "cognitive understanding" of the experience. Now isn't there a cognitive function in the experience itself? In the case that Dr. Cooper brought up - there was a cognitive connection of the eating of the oranges with the bus hitting the car; so that in the original emotional experience there was the cognitive element. So it's not just pure emotion - if there is such a thing. It is thinking emotion, thinking emotion that gets 'solidified'. Now when we bring it to therapeutic re-examination, a superficial cognitive interpretation of it doesn't do any good; but if we take them back agai to the very formation of this thing, which I judge we <u>do</u> in the therapeutic experience, then they can see that just because <u>once</u> a bus hit you when you

happened to eat oranges when you had been told not to, that doesn't mean that every time you eat oranges something terrible is going to happen to you. So you are actually teaching them to make a "recognization" of the experience, if we could put it that way. But that's a different thing from a superficial knowledge - where somebody says "It's only this or that." Isn't that what you are trying to get at?

Swartley: In this orange case would it be correct to say that in simple terms you had her eat an orange again and the bus didn't hit? (Cooper: No! What happened, was that actually she ate the orange, the bus hit, she got out the emotion which was tied to it originally, which had never been loosened from it.) She then ate an orange and the bus didn't hit, becauseshe was able to separate the two.

Adkins: She thought about it while she was eating the orange, this time in a wider reference - she thought of it with the possibility that a bus might not hit this time.

Cooper: The point is that insight is not enough. Insight is only just part of the problem - that of actually getting the emotion out, releasing it from its, whatever it is, wherever it's tied up. This is our job as therapists.

Hilton: To get to the point Ted was raising, I think the answer is that the symbols are thrown up by the emotion, there is no connection with intellect at all, and to interpret purely in terms of intellect is completely ineffective. You have got to get back to the emotions, to the level from which the symbol was thrown up.

Gilbart: You see I am not only thinking of conscious contents; I am thinking of, maybe, "intellectual emotion."

Cooper: I wish you'd do some more work on it and let us know what it really is.

Adkins: You may get an analogy something like this: hypothesizing in science which is not closely knitted in with the observations of the empirical experiences is wide of the mark. We know now that the hypothesis must be right with the empirical experience; so when she makes a new hypothesis that if she eats an orange something dreadful won't necessarily happen, she has to do that right along with the empirical experience, not as a something separated off from it. I mean hypothesis that is not closely linked with the experience is sterile; and I think that's what happens with these so-called cognitive interpretations, which are not really interpretations of the experiences at all.

Swartley: I certainly said I'd fight about this problem, because it took me so many years to see. Freud is obviously the fountainhead of modern psychotherapy and all sorts of rich streams flow from his thinking; but imbedded in his world view are all sorts of assumptions from 19th century science, not even 20th century science,we have inherited without realizing it. For instance, the assumption about the superiority of the intellect and the power of rational intelligence. If you accept Freud's genius, it's very hard to separate out his assumptions that aren't either valid in our own or in other sciences of the 20th century.

Cooper: I would like to shift the comments for a moment into another area:the part the therapist plays in this relationship. I have here one history, of an

imagined trip to the center of the earth that a patient made by herself, in the privacy of her room - for purposes of comparison. I feel that the therapist's presence in some way is the catalytic agent which brings about what we see today. When the patients have this experience alone, it is not the same as when done with the therapist. There is also the question of where the therapist is in the experience. I say: "Okay, where am I?" "Well, you are there." "Where am I exactly?" "Well, you are behind me." "Who am I?" "Well, you are a friend." "What is my name?" "Your name is Jack," or whatever it might be. So I keep trying to find out where and who I am in their experience. I ask, "You are doing this thing now, but on whose power? Are you pushing it along yourself?" Does it take two people to really move along into this?" And I think Dr. Swartley's case illustrates a very important point - that there had been developed enough relationship between them, so that it was not just one doing this; two people were actually moving into it, and helping one another; and this is the therapeutic relationship. I want to bring that out for consideration.

Adkins: Do you ask the patient to verbalize that - that it's a joint endeavor?

Cooper: I tried to do this, for my own understanding, you see. Somewhere during these sessions I have tried to see just what part I do play. "Where am I? Am I in the scene somewhere? Do you see me?" And sometimes I am just a person in the scene, and sometimes it seems that I am inside the person. They put me in different areas, but I have to be there.

Swartley: Jung used a method which he called Active Imagination, which is similar to the one I used; but from all I could learn from him he never participated in it. He sent his patients home to do it alone, and he had some very bad experiences in this way. One man had a heart attack. He visualized his mother driving a stake through his heart, and in the process had a real heart attack. So I am frightened to use this method. (Cooper: I am too.)

Rouke: Well that's the difference between treating an hospitalized patient and an out-patient. You can put a hospitalized patient under a lot more pressure, because you can take care of him if anything happens, but with an out-patient, you see him once or twice a week.

Swartley: This girl, the second time I tried I.S.P. - I asked her to see a meadow and instead she saw a dusty road straight ahead and green meadows on both sides. She wanted to walk down the dusty road. I made an intuitive decision not to let her do it. I said, "No! we are not going down that dusty road"; which I felt was sort of the story of her life. I said, "We are going to go over in the meadow." So we climbed over the fence and went into the meadow, and finally had her look for a stream. She found a stream, followed it downhill until it turned into a pool. I then said, "All right, go into the pool. Take your clothes off and walk slowly into the pool, and tell me how you feel" and she did. She did so with reluctance and got up to her neck and then got pretty frightened. I was very supporting and said, "Go on." It got up to her mouth and then she was really frightened. I said, "All right then, walk about one more inch, so you can feel the water under your nose." She did and was trembling with real fear. Through a combination of sheer guts and insight I put my hands on her head and I said, "Okay, now we are going under," and actually put pressure on her head. I said to her, "Now we are going all the way under," and with great fear she did. Then she finally

relaxed. I asked her, "Are you under?" and she said, "Yes." I said, "How is it?" She answered, "Fine; feels kind of good." So I literally pushed her into her unconscious.

Now I can conceive that one might push a latent psychotic into a psychosis. But in this case the water was both the unconscious and cleansing. She felt ever more cleansed and freerand better. But she couldn't go all the way into it. So I "baptized" her in her own unconscious. (Cooper: All you have to do is to do the absolution!) That experience allowed us to go on to this one. That's how I knew this one was coming; and why the barn had changed shape in the meantime. So I believe not only in an intense supporting relationship between the therapist and the client, a non-dependent supporting relationship, but in actually touching them and letting them feel you. I suspect she couldn't have gone on with what you heard without both. When I gave her the choice to quit, I probably still had my hand on her so she could feel me. I tried to just let her feel "strength."

Adkins: But you were there, with her.

Cooper: Yes, the presence of the therapist; and I want to emphasize this, the importance of it; the necessity of doing this with the therapist; to have someone there with strength to rescue them, because some of the patients can get into real danger - just think what would happen if she had got into water over her head with no help of any kind, and what kind of psychic phenomena could develop from that.

Rouke: Would this type of exercise be usable in group setting? In other words could you conduct a group setting with the members here, under your direction, attempting some of these exercises? This might be very, very good.

Cooper: That would be fine.

Swartley: Take each other on trips! (Cooper: Yes, we could take each other. Personally I am not worth two cents at this visual business, but when a patient has been living them, I have a clear conception of exactly what they they see, what they are going through, it's rather interesting. All right, which of the two do you want to try next time?)

Rouke: I'd say let's try that next time. Cooper: All right.

Swartley: I will get hold of this girl and ask her if she is willing to come and continue I.S.P. under observation, if you want a real person who you already know something about.

Cooper: This might be another angle too; a case presentation. See if you can bring her in.

Hilton: Would you call this a live presentation of the use of the "Initiated Symbol Projection" or "active imagination" techniques?

Swartley: More strictly speaking, it's called either "Initiated Symbol Projection" which is my term or Desoille's term which is the "Guided Waking Dream." He now calls it "directed day-dream."

Rouke: Well I think the "guided waking dream" is a very meanigful phrase. I think "directed" is a little too authoritarian.

Swartley: I.S.P. is very learnable. You can teach this. There are all sorts of things that we haven't gotten into; the ease with which it can be taught, the simplicity of the whole technique, the fact that you can see your progress You can literally see the patient getting well; you can literally measure your progress in symbolic terms. I know of no other method that can do that.

Rouke: The theoretical framework underlying the whole thing is so critically important, because this to my mind comes closer to the reality of what a human person is than any other school of therapy and if you are closer to the reality, naturally you are going to have more success.

Cooper: One of the patients who came to my attention, when I first came to New York, was a chronic alcoholic who had been treated for a number of years rather intensively. I carried her through every one of the twelve symbols and I didn't feel that anything particular had developed as a result of it. There was nothing disturbing or out of way in it; the grass was long, everything was perfect, there was nothing to change or move and each of the situations seemed perfectly all right. So it dawned on me that this wasn't a neurotic process, but a situational one. So I enquired about her personal life. She was very unhappy working for a company, despite all kinds of fringe benefits and good money coming in, and so on, she was terribly unhappy in it, and wanted to be a school teacher. So I encouraged her to go into teaching. Today she is teaching kindergarten in Brooklyn and is as happy as she can be - on much less pay.

From a diagnostic standpoint this is important. Her physician had called her schizophrenic, paranoid type, and wanted to give her regressive electro-schock therapy. So I felt pretty good that she had changed; and in a diagnostic sense this is an interesting angle.

Swartley: I have a question about this next meeting because I see two things we can do and I don't know which comes first. One would be to literally go through a case, this one or another one, and whenever I had to make a choice as to what I was going to do next, including, say, "okay" or "good", stop and discuss why I did what I did; and then discuss the advantages and disadvantages of other alternatives. I am sure that I made mistakes, and if I had to do it over again, I would not do exactly what I did.

Cooper: I would have explored the road, but I see your viewpoint now, for that is where she has always been - on the dusty road. I would probably have gone down it and wasted a lot of time.

Swartley: Yes, I have been down that endless road and learned that lesson. (Cooper: Yes, I had one patient and every time she went down into the cave, she would start digging out another way; so we would always seal them off and then go back down towards the middle of it.) I have also used I.S.P. in groups. However, almost all the members of the group spontaneously took their own journey and at points where the person I was working with was making up her mind as to what she was going to do next, the rest would go ahead. We would come to a passageway with a dead-end and she had the choice of going left or right, and they would go the opposite way. Or we would come upon some kind of "blob" and then take one step forward and then another step as it became clearer and clearer, and they would all get different things. (Adkins: So you did not know what they were doing until they reported later?) No. Also, because the group is getting pretty familiar with I.S.P., I plan to shortly let everyone participate so that where there is a choice or when I run out of ideas, or even before I run out of ideas, I will ask if anyone else has a suggestion on how to deal with a symbolic problem, in symbolic terms.

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