

FOURTH

PSYCHOSYNTHESIS MEETING

Live Presentation of Initiated Symbol Projection Technique

Saturday, February 15, 1964 - Manhattan College, New York

Participants:

John Adkins, Ph.D.	Brother Luke, Th.D.*
Jerry Cashman, M.A.	Patrick F. Mullahy, M.A.*
Jack Cooper, M.D.	Lewis J. Padula, M.D.*
Ted Gilbert, M.A.	Fabian Rouke, Ph.D.
Frank Hilton, F.C.I.I.	William Swartley, Ph.D. & Mrs. Be Swartley

*new participants:

Brother Luke, Head, Dept. of Theology, Manhattan College
Patrick F. Mullahy, Dept. of Psychology, Manhattan College--
author of Oedipus: Myth and Complex
Lewis J. Padula, practicing psychiatrist

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Chairman, Jack Cooper, M.D.

Let us start with a brief review of the patient (Fran) whose case we presented at the second meeting. She is still out of hospital, doing well... she is carrying on although the anxiety remains about the same; she was offered a job with the Rockefeller people in political science, gathering statistics, but it wasn't quite what she wanted. She is not working at the present time, but at least she is functioning outside the hospital.

Today we are to have a demonstration of the Initiated Symbol Projection technique and Dr. Swartley and I had hoped that we would have had a patient to present; however Dr. Swartley's wife, Be, has agreed to be the subject. Mrs. Swartley has never done this before.

But first, are there preliminary questions about this particular technique you would like to bring up? (Rouke: This will be similar to the tape that we heard last month?) Yes.

Swartley: I think it would have been better to have had a real patient; but on the other hand, we can question a normal subject more freely about her experience. At a later meeting perhaps I can bring along the girl patient¹, if you want to go further with it.

Rouke: Three of us are here for the first time, it might be good to give an introduction into the Technique.

Padula: Do not do this for me, for I have had plenty of experience in it and am familiar with it.

¹(see transcript of last meeting)

Swartley: Patrick Mullahy apparently hasn't so I had better go ahead. Back in the early 30s a number of people in Europe almost simultaneously became interested in this method (of Initiated Symbol Projection): in France, Robert Desoille has interested an increasing number of therapists, for the main part psychiatrists, in this method and they now have a regular published journal. In Germany, three psychiatrists became interested in it: Carl Happich, J.H. Schultz, who wrote "Autogenous Training," and Ernst Kretschmer and his staff at the University of Tuebingen Psychiatric Hospital have been experimenting with it. Kretschmer called his method "Graduated Active Hypnosis" - or "comic strip thinking." The psychiatrist in Europe who has done most with it is Hans Carl Leuner, who is now at the Psychiatric Hospital of the University of Goettingen, and who calls it "Kathathymes Bilderleben" (Symbol life). Assagioli in Italy has been working with these techniques for years; he calls them "Psychosynthetic techniques." There are several people in the United States who have recently become interested in them; there have been a few articles published but nothing of significance of which I know.

The simplest way to conceive of I.S.P. is that it is similar to Freudian free-association, except that instead of verbal free association - it is a kind of symbolic free association. It verges also on hypnosis, but the person is never in a deep trance because the subject can always come out of it at will, and no effort is made to put them in any kind of a trance - as you will see in the demonstration. You will probably also see that, if the subject is willing and able, they go deeper and deeper into a semi-trance state. Another way of looking at it is that both conscious and unconscious are clearly functioning simultaneously. The ratio of one to the other will obviously change at times. You will see, as the imagery flows more spontaneously, the unconscious will take over the majority of control for a while, and then, if the symbolic material gets too threatening, the conscious mind will start to exert more control.

The great value in I.S.P. is that it is active...Jung also developed a method he called "Active Imagination," which he would have patients do alone at home; but he did not participate in their symbolic experiences as you will see Dr. Cooper doing this afternoon. Jung had some frightening experiences with it but I think only because he did not stay with his patients while they were doing it. (See p. 11 transcript of Third Meeting.)

The therapist is actively engaged in the I.S.P. Process. There are rules to follow, some of which we may see today. It is a comparatively simple method because you can evaluate your progress as you go along. For instance, symbols which are at first negative or frightening will (if you are successful) literally change before your eyes. You can see in symbolic terms when you are succeeding and when you are not. You are much more in control of the whole therapeutic process than you are in most other methods.

Cooper: Does that invite any questions or discussions? If not, we will go straight into the demonstration. (Turning to Mrs. Swartley), "Now sit back and relax for a while."

Note: In this transcript of the testing phase the "patient's" remarks are in parenthesis.

We'll test you first with your eyes open, and then closed. Now try to visualize a blackboard. All right, do you see it? Now try it with your eyes closed, and see if you can visualize just a blackboard. (Yes) Allright now draw a figure on it, a 2, as if you were drawing with chalk. (Yes) Place a 5 next to it. (Yes) A 9. (Yes) Is the 2 still there? (I didn't have a 2; I had a 4) Allright. (4 is my first number; I wrote 4, 5, 9) Right, the 4 is still there? (Yes) Allright now, erase the whole of it and see if you can

give me a green triangle, if you can see a green triangle? (Well now, do you want me to say things that I am aware of? I didn't actually pick up an eraser and erase the blackboard. I just saw the green triangle.) Yes. (and then I remembered that I hadn't erased and I saw 4, 5, 9, on the green triangle) Allright, for your information all we are doing is just testing. Now can you give us a red square? ((After a silence)) (I am really seeing purple and red and yellow and green spots floating around.) Now a blue circle. (Yes) Very well; now erase the whole thing, and for a moment I want to see if you can hear the ringing of a bell? - say a church bell. All right? Try to direct your attention to your hands and see if you can feel, say, the fur of a cat. (Actual movement?) If you wish. ((Mrs. Swartley's hands moved as if feeling a texture.)) Can you feel it? Feel the sensation in your hand? (Yes) Allright. Now try to smell a perfume, say, of a rose. (I visualized a rose, and it's actually an orange teagarden rose.) Allright. Now stop the whole thing.

(Addressing the group) This is testing to see what is the patient's response; to see if they actually have visual phenomena, hearing, the ability to hallucinate the sounds, and to be able to feel, touch and smell. Some patients cannot and some can see in color, some of them do not have the visual capacity. Those of you who, while we were doing this, closed your eyes and tried it, may have been able to follow the whole process. Each patient will respond differently to it. So Be responds fairly naturally, and she does have this capacity; so we can go on from there. There are twelve standard situations that we can use.

Note: The following part of the transcription gives Dr. Cooper's comments in parenthesis.

(The first situation we will try is the plain or meadow. Can you visualize now, eyes closed, a meadow or a field?) Yes. (Describe it) On the right hand side is a wooden rail fence that comes down and crosses to me. On the other side of the fence - I am just sort of walking through the fence, although there isn't a gate but I'm just there - it is very green grass with buttercups and daisies and Queen Anne's Lace - and little baby lambs too. (Is the grass long or short?) It comes to about the middle of my leg, below my knee and I have to sort of push my feet through the grass to walk in it, and I feel that there have been cows in the meadow, that have eaten all around, but not right where I am. (Can you visualize the cows being there?) As soon as you said cows I saw them. (Are they pleasant or unpleasant?) Very peaceful, brown Swiss cows, with smiley kind of faces and soft brown noses. (All right, now do you see a bull?) I can find one. (Allright; and the bull, is it ferocious?) I feel as though I am being very, very suggestible. As soon as you said a bull I just saw a bull standing there, chewing grass, and when you said ferocious, I had the bull lift his head and start to snort. (Allright; now can you move closer to the bull?) I think I'd like him to be peaceful again, yes. (Would that mean that you move close to him or get away from him?) When I said I'd like him to be peaceful, I imagined that he was putting his head down and eating grass again. So if we can keep him that way I'll walk over there. (Allright; try to keep him peaceful as you walk over to him.) ((After a silence)) Allright. (Okay. Now look around you, has it changed any?) Right where I am standing there are cowpies where the cows have left evidence, and the grass is trampled right where we are and it's much shorter and there are some stones here. But all around the area where the cows haven't come yet there is still this tall grass. There is a circle of tall grass around me and right here it's shorter, chewed grass, and there's some foam, like slobber from a cow's mouth here on the grass too; I just saw a salt lick which I

hadn't seen before. (Okay now, do you see a stream anywhere around?) Almost as soon as you say these things, I am making it come into the picture (Very good; that's all right.) but at this point the stream just flowed on the other side of the cows. (What does the stream look like?) It's a very peacable kind of meadow with a kind of low rambling little stream going through it, the kind that tadpoles and little frogs - I played in this kind of stream when I was a child. (Fine; now try to visualize a mountain) All right. (Describe it) Well, immediately when you said this I felt that on the other side of the stream there was still more meadow and then rising right at the edge of the meadow without any foothills or anything to separate the mountain, there was suddenly a tall mountain - green where the mountain is reaching the grass, and then brown hills going upward from there. I don't want to say hill, but it's all uphill and above this level as I look out it's rockier and sort of like a quarry kind of stone and then further up than this there are more stones and a feeling that it's getting to a triangle point at the top. (Is it a very high mountain?) My feeling from the beginning was that it was not like an Alp but tall enough; looking at it in that meadow it would be a mountain, but compared to the Rockies it probably wouldn't be a mountain. (Right, now look closely and find a path that's going up to the top of it. And now let's go up to the top of this mountain.) I immediately picture a round path that went round the mountain in a funny kind of way, sort of like an icecream cone going up. So that it disappears on one side of the mountain and goes spiralling up; and as I did this I saw a castle too which was there on the mountain and I am just now visualizing it and there are towers and tall windows looking out of the castle; all around the top is a kind of stone design edge around the castle, the towers. So that this is on top of the mountain and I feel that you could climb the mountain and look down from the castle and see a large area around there. (Is the climbing easy or difficult?) I didn't climb it; I was just looking at it. (Can you start going uphill?) I am now actually picturing myself more than I had at any time before and I feel, I hike, with hiking shoes and knapsack, and an alpenstock - which I have never done. I am going up the mountain, and I don't really need the alpenstock, but I have it. I am walking up, around the first curve in the mountain. I hadn't seen this part of the path before because it turned on the other side of the mountain. (Is it easy walking?) No. Sort of energetic, not tired. (Okay, let us know when you get to the top, and if anything comes to you.) There are lots of things that I see along the way. I am picturing trees that I'm passing, and stones; I am definitely on a road, but sometimes it's not been cared for at all and it seems like a pathway. (Are there any obstructions?) No; it's just like it's been in very poor repair and there is grass that has grown into the middle of the road. It isn't all the way a brown dirt road, there are places where there have been puddles; it's dustier in some places than in others, but with rocks, sort of like the boat house road more than anything else. It seems to be that kind of a road but there are some places where a cart or a wagon or a car had gone over it and other places where it would be impossible for this to happen, where it narrows down in just a pathway. And as I am thinking about it I wonder if this is the other side of the mountain, the path on the first side was more a road, a wider road I think that's what I am evening up. (Right; now can you speed it up now til you get up to the top - say with seven-league boots or something?) Well, I just kept on walking as you said that and I started out with a feeling that I was walking faster because you wanted me to hurry but realizing that as I hurried it got harder to climb; and my pack felt very, very heavy and I hadn't even been aware of it when I started, but when you said to hurry a little I felt it. And I feel the mountain is getting narrower and I am getting higher up now. If you want me to be at the top I think I could just jump up there.

(Alright, jump up, jump.) Alright, I am at the castle, I can see the castle very clearly. (What do you see?) It is much bigger now. (What do you see all around you?) Well, I was really in the castle once, and I see a view that I once saw before from a castle and it's the same castle (Fine) and I was sitting on a terrace outside the castle and I could see exactly the same way, there was a farmer down below that was ploughing a field and during the afternoon we sat there, I can see this happening right now, how the field is being ploughed and meadows, and the farmer's field and other mountains rising all around a ring around this whole mountain and around the castle, but I am not sitting on a terrace as I was there, I am in a tower leaning over and looking and I can see a stream below. (Is it pleasant?) Very, very pleasant, there is sunshine and I hear birds too. (All right, let's get down to the bottom of the mountain again, as fast as you can go.) I don't know how I got there but I am there. (Alright, has it changed in any way?) I am, there are stones around me now at the bottom which I didn't. (pause) (They weren't there before?) I mean as I look at it I see little stones, rocks, down at the bottom, differentiating it from where the grass starts. (Alright, let's move into a forest area.) Alright. (Describe the forest) Well, I feel in the middle of the forest with sunshine, very, very high above and just a slender stream of sun coming down through the forest, filtering through the leaves of the trees. It's a fir forest and there are all evergreen trees around me and the ground is slippery with brown needles, brown fir needles and yet all around are green trees with scaly bark trees and many are very tall and the sunshine has come down, just like a very thin ray of sunshine filtering and making patterns on the ground. (Now try to find a swampy area, with lots of mud and stagnant water.) Alright (Describe it.) Well it's very everglady, it's as though all the trees have changed too, and mosquito scum is on top of the water, in green, stringy pieces and there are stumps of trees in the water that have died from the water, and partly rotted away, all through there, and the bank is muddy and the water itself is very dark in color, dark, oily kind of thick water. It doesn't smell good, I am aware of an odor and I feel it's a rotten kind of garbagy smell. (Can you pick up some of the mud and feel it?) ((Long pause)) I don't really want to. ((Pause)) Well, it is kind of clay, not really as gooky as I pictured it would be, really, I feel I am holding clay in my hand instead of muck. (All right. Fine. Now let's wash your hands, and we will move further on into the forest, to a part of it where you see a cave.) Alright. (Now you hear the rumbling of some animal as it is coming out of this cave, so you get behind a tree, so you are perfectly safe.) I'd better pick a fatter tree then. Alright. (What kind of animal is it?) I don't feel safe at all, just hiding behind the tree and waiting for something to come out. I feel that there is a bear that's in there and it's rumbling and I feel as though, well, it's a great big Kodiak bear, taller than a man, and grey, and it's poking all around. (Does it appear to be hungry?) Well, it's just walking around and has its head up sniffing the air, but it doesn't smell me, and I have a feeling as though I am invisible, because I'm quite near to him yet hasn't paid any attention to me at all; sniffing around at me, outside the cave, and starting to go to the left. (Can you let him go on down the pathway?) Alright. (Does the cave look inviting?) I could go in and explore it. (Alright, then why don't you do that?) It's really very light, there is sunshine coming in from the outside into the beginning part of the cave, and as I am going in further it's getting much darker and I really can't see anything, my eyes aren't used to how dark it is. (You need some sort of light?) I think I'd better turn around and go back where it is lighter because I really can't see anything, if I am to describe the cave it has to be where it was lighter. (Maybe we'll describe it at some other time. So let's come out of the cave and walk further

down into the forest, into a clearing, and at the center of the clearing you see a wise old man sitting there. What does he look like?) Well, I see Assagioli and that just who I pictured. (Very well) Only he has a much longer beard and it's all white instead of grey. (Now, you feel impelled to ask him three questions.) What am I supposed to ask him? (These questions that you would like to ask.) ((Long pause)) I want to know why I feel so late; why am I late? I really want to be on time and yet I'm late. (Does he talk and give you an answer?) I feel this is very ((long pause)) as a matter of fact as soon as I asked the question the man shifted his position and turned his back to me; and I don't know whether he either saw me or heard me. And I feel I have to do something to attract his attention to make him turn around and answer me but I don't know whether he even wants to ((long pause)) (Alright, do you have another question you would like to ask?) No, I really want to know, and I don't feel he wants to answer me. (Alright, so let's attract his attention.) I want to know about why I feel I am worried about being late. (Tap him on the shoulder. ((long pause)) You can't make him turn around?) I seem to have lost the picture. (Alright, let's move on then. Let's go on to the next scene. Outside of the forest, where it ends, you see a little town. ((pause)) Are you able to visualize the town?) Yes. (And a little house that attracts you?) Yes. (Describe the house.) It has a sort of; like an onion dome of a church is on this house, and it has like a secret hide-away window in the tower - actually orange with shingles, an orange shingled siding to the onion dome top of the house and little old-fashioned 18th century kind of windows and doors and a little stoop to go up to the steps to go in to this door. It's really a full-sized house but my first impression was that it was very much smaller and yet this tower is very tall on top of it, and I would like to live in this house, I like it. (Alright, is there anyone in the house?) I don't know. (Knock at the door.) ((long pause)) It's a very ((long pause)) (Did the picture fade out?) Yes, it did. Now I hear a dog barking and there is a fat lady who looks like Mrs. Gross, a lady that I know, and she has a white apron on and she is baking cookies. (Alright, can you enter into the house now?) Yes. (and describe the interior of it?) Now I go right into the kitchen, it's a very clean, neat kitchen with a big old-fashioned stove and a hood over it, the stove, and she is baking cookies. They are all spread out on the table and cut into different shapes and many have been decorated, and she still has the beaters and everything out. (And the living room looks like what?) It's a very narrow living room, and very Victorian, with a little plush reddish, purplyish, maroon kind of antique sofa and I know that sofa! (Okay, what do the bedrooms look like?) They are on the same floor. I just walked to the next room and it's Aunt Jane's bedroom. There are two beds in the room, an old patchwork quilt on the bed and the mattresses are really quite high off the floor and there are rag rugs, braided, on the floor, with an old chest in the corner of the room, it has carving on it and the date, wood carving in hearts and decorative carving on the chest. (Okay fine; now let's say good-bye to Mrs. Gross and leave her and walk on down to the church. Describe the church.) I feel it's the church in Tuebingen, which was near the street where we lived. (The outside of it is - what?) It is very medieval, grey, carved stone and steps going up to it and the doors of the church are open. There is organ music coming from the inside and echoing and vibrating all the way outside; you can hear it on the street and the choir too that's singing, and the echoes of the voices, and the quality of the music makes you feel that the stone is vibrating. (Alright, now move into the church.) The floor is very worn slate and people have been buried underneath the floor. It's very cool here, very, very cool; in fact I feel chilly. And there are some people, there are some women with dark shawls over their heads and some people crawling on their knees,

down the aisle of the church, toward a Madonna figure. They are doing a penitence as they come down the aisle of the church. (You are feeling, though, this chilliness?) Yes. (Can you warm it up a little? ((long pause)) (Do you see some radiant heaters there to warm it up?) No. (Is there one right to your left there, to throw out some heat?) ((long pause)) Now I have pictured a heater, but I am not even in the church any more. (The church changed then? Where did you go when you pictured the heater?) To a house we once lived in, where we had a heater in the bathroom, just like this. And now I am sitting on the floor in that bathroom, with the old boards; they are very wide boards on the floor. (Are you warmed up now?) No, I am chilly. (Still?) I am sitting by that heater and I am turning around and I think it isn't going to matter whether I am warm or not anymore, in that house. I don't feel it matters. (Now let us end. You feel comfortable?) Yes. (Do one other thing for me. Go back to the meadow and describe it once more.) I don't see the same meadow. I see a different meadow. (Tell me the difference.) I see a specific meadow that I know. (Alright, describe it.) This is ringed by low trees - scrubby bushes really, and then tall trees, and there is no fence at all. It is just off the road and the whole field is to my left as I am coming in. It's been a farmer's field and now it is all overgrown with weeds and different kinds of flowering plants and grass, but you can see that it was once a ploughed field. (Are you comfortable in the field?) I wouldn't want to lie down here. (What would you have to do to be comfortable in this field?) I think I'd rather come back to the road and look at the field. (Alright) I would go over to the edge and walk to the trees. (Are you comfortable there?) There is a log and I can sit down on the log. (Alright; are you comfortable now - sitting on the log, viewing the field?) Yes. (Alright; let's end there.)

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Cooper: I invite questions on this. This has been a hurried going through five or six of the situations to show, so to speak, just the bare bones of it; and of course you would see the many interesting angles that we could have explored. We could have gone into many different areas and worked out many things, but this was just for demonstration purposes. Ask Mrs. Swartley questions, if you wish. I think that she did very well, and it showed what we usually see when we use this technique. She did not manipulate some of the symbols as well as some of the patients; she was reluctant to move, but when she did confront a symbol the whole field changed.

Rouke: We have to remember the awkwardness of the situation - with all of us here. (Swartley: Yes, she is naturally very aware of my presence.)

Cooper: All this alters it considerably, but at least you have seen the bare outline. First you test them, by the means we used here - visualization, feeling and auditory capacities. In practice you take each one of them; for instance in the scene with the bull, I have a patient who is not getting along very well with her father, and when I asked her to pet the bull, she could not do it. She would get up close to the bull and the bull would snap at her - it bit off an arm, and then another arm, and finally her head. So now she was "dead" to herself, and in this state she could pet the bull. When she came back to life again - when she had put life back again into her body by some technique which she evolved - she was then able to pet the bull and get along fine. And the mother reported, within the next session or two, that the daughter and her father were getting along fine, spending a lot of time together. But at the last session, the patient was then angry with her mother, so we will have to manipulate things around and see what it is. Now are there any questions on what we have just done here?

Rouke: On the occasion when she started down into the cave, for example, we were aware of the resistance.

Cooper: Yes it got dark and Mrs. Swartley did not want to go into the cave.

Mrs. S.: I remembered a specific situation that happened to me which I think I would have talked about - of having gone on a cave crawling expedition with a group of hostellers and having a situation of being in a big cave and having everyone else wander off from me, and not being able to reach out and touch the walls, besides being alone in an underground situation which I had not really thought about in an awfully long time. I had never realized that it was that anxious a situation. I felt that whole situation and that was what I thought about. When you said, "look into the dark," I knew I would have to go back to the mouth of the cave before I could even describe what the cave looked like because it was too dark right where I was.

Cooper: I think everyone could feel her resistance at that time and the anxiety which she was beginning to feel. That was the reason I did not go on into it; we just backed off from it.

Padula: At that point you offered her a light, but she did not accept it.

Cooper: If she had accepted it, then we would have gone on with it.

Mrs. S.: I don't know that you offered it to me. obviously.

Cooper: It was ^{your} choice to accept the light, but you did not choose and I did not follow it any further.

Swartley: But you snapped up other symbols immediately - the stream, the bull.
(Mrs. S: I have the feeling if I had been told "here is a light, see if you can see the wall now")

Cooper: Yes, you probably would have done it, but it might also have brought the anxiety closer.

Mrs. S.: But I feel that I was actually remembering a situation which happened when I was a freshman in college - and I haven't really thought about this in all this time, and I was consciously remembering being in this cave and not being able to reach out and touch the walls on any side and yet having no light or person within sight of me; and actually having my eyes wide open and seeing absolutely nothing.

Cooper: To answer your question, Dr. Rouke, you offer them a light; you can have light come in from the ceiling or any way that they want, so that they can begin to see. Or have someone come with a light. Sometimes it's interesting what the patient will do to illumine the cave. They will use all sorts of different techniques and it's helpful to watch them use the various instruments, and protective devices. Then they'll finally go on. I had one patient exploring the center of the earth and the heat was so great that she was just on the verge of being burnt up. So I asked, "on what would you decide for protection?" "Well, an air-conditioned suit would do it"; and then little dwarfs came around, and she was then able to go and make the journey all the way down. I felt a little too much tension here so I decided to back out.

Mrs. S.: I am sorry I wasn't more imaginative but I really was trying.

Rouke: You will not find many people to come up with images as you did. You have a tremendously wide experience to draw on because you have travelled so much and have a world-wide source.

Mrs. S.: I just had a feeling that when he said a specific kind of symbol, I pictured what I liked. (Cooper: They were all your pictures.) Now I was very interested in this house because I have never been really in a house like this, but as I went from room to room I was aware of different rooms that reminded me and I walked into this narrow living room and I had the feeling that it was like Aunt Jane's living room - how it's so crowded in; I can't for the life of me think why this little house is important to me because I haven't been there often, and there was a couch along one side which was Bill's grandmother's couch; the first time I ever went to their house I was told I couldn't sit on it. I realized it was the same old couch.

Padula: It is interesting that you pinned on those different places; you have been in a lot of other places; why it should be that you picked on these. And throughout the whole picture, as Jack mentioned, there were certain areas that did bring out quite a bit of anxiety which then transformed themselves into a whole group of anxieties and changed the whole peaceful scene of the meadow into some place you didn't want to go in any more.

Mrs. S.: The meadow that I saw at the end was the meadow on the road to our houseboat. There is nothing unpeaceful about that, except that I almost got the car stuck in a mudhole there once.

Swartley: Each time you went back, the meadow was a little more negative. The first time you went back you were more aware of stones where there had been lush grass; and the last time (Padula: there were thorny bushes) you didn't even want to lie down.

Mrs. S.: It was a specific meadow. Padula: Yes, but why did you happen to pick out this thorny picture, this specific meadow? You've been in other meadows before. You see that's why I say this whole thing is very interesting - to realize the different emotions and anxieties of which the patients are not aware.

Cooper: To me the best feature of it is the fact that you are more or less working with the unconscious on a conscious level, which is something I have always liked to do. I always felt that with hypnosis we are working with sub-conscious or unconscious, but here we are working actually with symbols and manipulating. Many of them we have no way of understanding until we know the patient well over a long period of time. This is my second time to know Be and this was sprung upon her in the car coming in, coming up today. (Mrs. S.: Which I think was a kind of dirty trick. I really wasn't sure that he was going to make me do this until we got here into the room.) We can see that the meadow became a little thorny place, and some of her resentments and feelings are standing out.

Padula: You talked about working with dreams, the dream states. They can be very tricky because in working with dreams you are working with a lot of material which is really hand picked by the patient - if the patient wants to manipulate you a little. The patient will remember certain types or maybe very scary dreams. And other dreams the patient either will not or does not want to remember; so here at least it's almost like speaking of a waking dream, a living dream, as Desoille called it, but the danger is that it can be suggested, and it can be manipulated, if the therapist is not aware of his own anxieties and does not have them under control.

Swartley: Yes, much more so than in dream analysis. Here far more depends on the therapist.

Padula: Oh yes. Mrs. S.: In that situation about the bull, I was just looking at a bull, grazing, and then when he said, "Are you frightened of the bull?" I was very conscious of the bull changing from just eating grass to something that was beginning to snarl, expand his nostrils, and look at me as he pawed the ground. I saw the bull changing when Dr. Cooper asked "are you frightened of it?"

Swartley: But you accepted that suggestion. Other suggestions you rejected.

Rouke: In other words, this was a little key, and when it was turned the door opened, which was anxiety producing in regard to the bull. Then you were able to control it and calmed the bull down again.

Mrs. S.: But I didn't feel afraid of the bear.

Padula: This was very, very significant. I do not think there was any very deep feeling there; it was just something she had under control.

Swartley: She felt safe as long as the bull was eating, as long as he was not looking at her - as long as I was not looking at her. (laughter)

Padula: I have had some real weird cases: one person, who was quite pre-occupied unknowingly or unconsciously about homosexual tendencies, could not visualize the meadow; all that he could see was a clay desert with hordes of Mongolians riding by on steeds. This was quite something; until finally we got to the stage where he could visualize a nice peaceful meadow. And we had another fellow where, according to him, everything ^{was} fine with his wife, that "she was the salt of the earth" and so on; until we went up the mountain - at first alone, with great difficulty. Then he asked for his wife to walk with him; they got up to the top and we brought them into a nice peaceful scene, with a nice fire and they cooked a meal. But then he said "I won't eat! She doesn't know how to cook!", and then all kinds of stuff poured out about his wife; and that was where a lot of his trouble was. Then you will remember, Dr. Cooper, the married woman who had not had relations with her husband for about 5 years; and she had a lot of conversion phenomena. Getting her to the top of the mountain was very difficult, and the bedroom scene was terrible. But afterwards they reported that for the first time in 5 years they had had satisfactory relations; in fact I received a letter from them last week and everything is going fine.

Hilton: Is this phenomenon, of the meadow changing to a more barren place after descending from the mountain, a common one?

Cooper: Yes, it will change. All of these scenes will change, even from day to day. For instance, if you go back two or three days later to the meadow it may be an entirely different one - it depends what has happened in the meantime.

Hilton: Yes, but I was wondering if the ascent of the mountain always made the meadow more barren. Cooper: It doesn't. Often, after ascending the mountain and letting the patients stay there - with the view and the positive feelings of climbing and letting them absorb this - they begin, as Tournier said, to feel great, so that when they come back down the whole setting changes, the whole vista is beautiful and suddenly they feel comfortable; and then you find that their families will report changes for the better in them.

Padula: I think it was very unfair to treat Mrs. Swartley this way, because I think it built up an awful lot of anxiety - things that she was not able to resolve. You brought her into this church where she got an awful lot of significant symbolism, and then had to go right smack out into the meadow.

Swartley: The most dramatic case that I remember was a patient I worked with at St. Quentin Prison who looked for a meadow and all he got was a Death Valley type of desert. He walked and walked, looking for grass, but all he saw was the stones. So I had him turn over the stones saying: "There has to be something under one of them!" After turning over stone after stone he finally found under one of them just one blade of grass. I had him put the stone back - if we took the stone away it would wither immediately in the heat - and told him that he had to get some water to make it grow. He had a terrible time finding water, but finally did so and brought the water back, and over a period of time his blade of grass grew. That would be the opposite of what we saw today. This guy was fundamentally sick - more sick than healthy, whereas I hope my wife is more healthy than sick. I think the fact that she could get up so many negative symbols so quickly proves her basic soundness.

Mrs. S.: I am very interested in the people who were in the picture. When you said that there was a wise old man, I thought about Dr. Assagioli, and I had him sitting on a little low stool in the clearing. I was at a distance and as I came closer, you told me to ask three questions. That was confusing because I was thinking what should the next question be, and the next.

Cooper: In this setting I do not think your wise old man could have answered those questions, because they might be something that you would not even want to discuss with your preacher. In other words, I had the impression that with all of us present you could not reveal - shall we say - some 'soft' bit of your spiritual development.

Padula: Yes, it was much too personal.

Cooper: Much! So, all I wanted to show was the reaction. Now if it had just been you and I together, it would have been different. Sometimes we get the most fascinating questions and answers that you could imagine. When you have known patients for some time and they have confidence and trust in you, they often ask deeply spiritual questions; and they get answers which, to me, are incredible. They even surprise themselves with the kind of answers they get - very profound questions and very profound answers. Many patients in the scene of the church will have a profound experience. Everyone of these positive things we build upon - the top of the mountain, etc. First we try to get rid of all the "cave" and slimy material - you saw her reaction when she picked up the mud. The point is that we try, as soon as possible, to eliminate all the negative material and then build upon the positive aspect. We begin to emphasize the "peak experiences," so called. (Adkins: You mean you, as the therapist, builds?) Yes; and what I feel happens is that between the two of us - the therapist and patient - we are building a greater kind of experience - much higher for her, at a higher level of functioning.

Adkins: You mean you do not "push" the negative? Swartley: Rather than "eliminate" the negative, I would use the word "integrate."

Cooper: Yes, that is a better term; or, "synthesize" the negative, take the energy of the negative and transform or sublimate it into the positive.

Adkins: You make suggestions at times? Like the bull or the cave, which may bring out the negative; but whenever there is a negative, then do you lead away from that or - I do not quite understand by what you meant by "build on."

Cooper: Well, you take the negative energy and once it is out, you do not just let it dissipate, but you go ahead and use it in these other situations. For instance, you have the church situation, the top of the mountain, the relationship with the wise old man. You can also use a picture book and say "find the pictures," and you can also begin to bring out experiences which are of a positive nature.

Adkins: You mean that after the picture has brought out the negative, then you give them an opportunity such as meeting the wise old man where they can take whatever there was of fear and do something with it that will be of a more positive nature.

Swartley: An example of this is what you heard last month - where the patient got that very negative "child-monster" and I had her feed it. First I had her confront it, look at it, (Adkins: Yes, I remember, and she was really very frightened) and then I offered the suggestion that she feed it, and then it changed back to a normal baby. Also there was the case Dr. Cooper mentioned; where the woman saw this "blob" with an eye in it which she tried to stamp out.

Cooper: Yes, and she is still working on it; and the "eye" has now become a mirror. One part of it is cracked, and also no matter what she does with it, there is always one little part which she cannot clean up. We have been working on it for quite sometime.

Swartley: In very sick people you will often get a "thing" - either a shaggy beast or a vague blob - and the patient will want to run. The first thing to do is to get them to turn around and face it, look at it. Then I ask them to take one step toward it at a time - with the understanding that at any time they can step back. First to confront it, then to approach it, then come into some kind of contact with it. One of the best ways is to approach it on physiological levels; for example, to feed it.

Padula: But don't you believe that some of these different settings are typical of life experiences, or different phases of the life experience - such as the meadow or the connotation of the meadow? We have to remember that so many individuals have had such traumatic experiences in their early childhood that they will not go into the meadow; it would produce too much anxiety, too much fear, so then we would have to go into a swamp. But with some patients who would not go into the swamp I had them go on to the seashore, and wallow around in the wet and dirty sand until they got good and dirty, and then, after they were able to cleanse themselves and able to eliminate a lot of this anxiety, then they were able to go back into another experience such as the meadow.

Cooper: I hope this answers your question, Dr. Adkins. Adkins: Well, I have just one more question. What you were speaking about was using the same experience - the feeding example, but Dr. Cooper took her away from her particular situation to another setting.

Cooper: But only as a demonstration. Swartley: Yes, what normally I would have done in this case would have been to have her slowly face this bull - first walk away behind a fence or something, then have the bull raise its head so that she could look at it from behind protection, slowly confront it. Then, at some

point when she could not go any further, I would say, "All right, let us leave him there, but tell him you will be back; but we will leave now and go up the mountain and see if we can find the wise old man and ask him what to do next. And then come back to the bull." You can go up to positive symbols and then come back down again to negative symbolism.

Cooper: I hope that everyone now understands that what we are doing is manipulating symbols - "up and down" is the simplest way of looking at it. We try, as much as possible, to emphasize the unique self, the person, and the strength of the self; and gradually to eliminate the strength of the negative id or whatever you want to call it - to discharge the fears, sublimating the energy in a positive direction, and helping the patient to accentuate the positive and eliminate the negative. (Swartley: Re-direct the energy.) Yes, re-directing. We are manipulating symbols. Not all patients can do this. Some types will merely go through the routine, as if they were just reciting something they had memorized, and you know that they are not actually visualizing it or actually entering into it. We loosely use the term "psychopaths" to describe them - patients who do not have much capacity to relate, to inter-relate. But most of the patients I have run into do have some of these capacities. Incidentally, patients can be trained to do this, and with a little patience and perseverance on the part of the therapist you can get responses from them.

Swartley: I have only had two people - both of whom were delinquents - who could not do I.S.P. It works best on hysteric-neurotics.

Adkins: I was just going to ask about schizophrenic patients.

Cooper: They present a problem. Dr. Padula and I had a case - an hallucinating schizophrenic - we used this technique and the patient got definitely worse, so we decided this was not suitable. You will see in the Manual of Techniques that we start by bringing such patients into objective contact with reality, and so with this patient we had her begin to look at postcards for a minute and then to try to tell us what she saw. Then we taught her gradually to learn to look in windows, look away and see how many objects she remembered. Then we got her a musical instrument with which she had to concentrate in learning to read the music. That was a year ago, and how is she doing now Dr. Padula? Was she hospitalized? (Dr. Padula: No.)

Mullahy: I have one or two questions. Your principles of interpretation are largely based on psycho-analytic theories? (Cooper: Is it analytic?)

Swartley: It is more Jungian than any other one thing - I would call it a neo-Jungian orientation.

Mullahy: My second question is how long does therapy of this kind normally last? Can you generalize?

Cooper: Yes, you can generalize in this respect. In the average hysteric neurotic who is functioning and getting along all right in the community, it has been my experience that about 12 interviews does the work; and that we see these changes occurring. The beautiful thing about this is that you don't have to spend years and years with it. Most cases are shorter in duration.

Swartley: The case which we heard last month was a girl who, although only neurotic, was on the verge of hospitalization, and in about six or seven sessions was able to get a job and to break a very dependent relationship with a boy with whom she was involved.

Cooper: These things are dramatic. Padula: Yes, Dr. Cooper, do you remember the patient - Kay - who had been hospitalized for five years and had been having a great deal of difficulty? And I think it took only six or seven sessions - and that is now over a year ago and she is still functioning well.

Swartley: If it works! I would put it this way: the more traumatic the neurosis, the more specific the cause of the neurosis, the more easily it is resolved with I.S.P.

Padula: But of course you cannot depend on the method alone; you have to bring in all the other factors; you have to utilize your analytical theories, etc.; and you must know your patient first - have the patient relate to you. And this technique is a way in which you can get the patient to relate without even knowing it. What comes out has to be brought gradually into awareness. These things must be explained to the patient, because unless the patient does become aware of it - for instance, if you just use it as a method to seek knowledge or to find out what is wrong with the patient then it has not done the patient any good. It is the same as analysis under hypnosis - you get the material out, but once it is out the patient does not know it is out; therefore, you must make the patient aware of the facts, of the material that has been brought out.

Swartley: You can use I.S.P. as a diagnostic technique and never see the person again. Or, you can use it first as diagnosis and then plan your therapy around it. In my wife's case you would obviously look for trouble with male figures, and you would plan your therapy from there. The female figures were pretty positive. Another good point of departure is a dream. One patient, whom I mentioned at an earlier meeting, had this recurring dream of trying to travel by subway to Manhattan, but could not get there. She would get off one train and on to another and ride, and ride and ride, but would still always come up in Long Island. So we had her relive the end of her dream in her imagination. Then I said: "Whatever train you are on now, we are going to stay on it to the end, no matter how long we have to ride; we are going to find out where it is going!" Everybody else got off the train, but we kept going and going until she said she was alone. I explained that someone must be driving the train, so I had her go up through the train and knock on the driver's door, to see who was driving. She did, the door opened, and she gave a blood-curdling scream, similar to the one we heard on the tape last month. It was an oldish man, with horrible scars and open wounds on his face. We worked with him for a few weeks until finally she could look him in the face. She confronted him, and then fed him, until he became a person. Then at the right point, I said, "Okay, of all the people that you have ever met, who does he most look like?" She said "nobody," so I let it go and bided my time and again I asked her "Of all the people you have ever known who is the one he looks most like?" And at this point she could say, "Well it looks most like uncle so and so"; and then she remembered that this uncle had babysat for her when she was a child and had had some kind of contact with her which she interpreted as sexual. Freud's conclusion was that such experiences did not really happen; I get the feeling that more of them may happen than we think.

Cooper: I.S.P. is only one of the tools in dealing with a patient. When I spoke of 12 interviews or 12 hours - during that time I am also using other tools. For instance, I ask that the patient bring in dreams; they will have a pad by the side of the bed on which they will write down dream material. Also we do a kind of self-analysis as they go along. I will ask them to write, for about an hour, all their conscious thoughts - two or three times a week; and in the meantime work with the family. I think we have some forty "tools" which we talk about in this Manual, and the needed skill is in using the right tool at the right time - and that is what makes it so interesting.

Adkins: Would you tell us a little more about how you would actually deal with a borderline schizophrenic patient. Would you use I.S.P. at all?

Cooper: With a borderline schizophrenic, yes. (Padula: With a pseudo-schizophrenic, with someone who is maintaining some kind of contact with reality..

Adkins: Let me see if I can describe this particular patient. I use the technique of seeing husband and wife - incidentally I would not have done this some time back but a number of us are now doing it and finding it very helpful. The first time I saw them together, and since then I have been seeing them separately. The first time, when they came together, the woman was rather dishevelled - she is a good looking woman, and the problem presented was this: she felt that her husband did not understand the feelings she had about a number of different things, like sending the children to Sunday school and church. She had a very deep feeling about the meaning of all this, but he did not. She said she could not stand it any more because "he was not with her in these deep things." She was living very much in almost a dream world; but she has a good deal of contact with reality, she has a family and takes good care of the children. Does that give you an idea of the type of person she is?

Cooper: To answer your question generally, regarding borderline schizophrenics - those who are not hallucinating - we can work with this symbolic material.

Adkins: She had another symptom - gets headaches - as if her head is going to split open. Cooper: It sounds to be more hysterical to me than schizophrenic.

Padula: It would seem that what she needs is some reconstruction of her ego forces - you will have to work on that self part quite a lot. Rouke: Yes, yes, support. Cooper: Strong supportive treatment until she gains the strength. For instance, the first techniques here in the Manual, where you have them work with the postcards or pictures - working with paying attention to reality and things that are going on around them; this serves to bring them back to reality and then in time you can work some of these other techniques.

Adkins: Then you would not use this technique right away. Cooper: No, because she would not be in good enough contact; she is too wrapped up in this thing, and if she is a pseudo-neurotic schizophrenic - our understanding of this, now is that it is more of a physiological problem than it is a ^{psychiatric} psychological or one. Sometimes with small doses of some of the hydrocortisones or something of that nature you can bring a lot of these patients back to reality without even going into any kind of psychological problem - just a little hydrocortisone, although you have to be very careful.

Padula: I would prefer to use a little stellazine. Cooper: You see, it is a medical problem, and the picture that we see is what we call a pseudo-neurotic-schizophrenic, a person who seems as if he is in a dream world, and the dreaming aspect of it is much more important than anything else; it is not a real kind of world that they are in; it is hazy and they will tell you that it seems as if there is a gauze between them and the world around them. They retreat into this.

Adkins: Well I am a psychologist and I work very closely with a colleague, a psychiatrist, and I referred her to him for medication; and it is having the effects of causing her to feel very sleepy, and she is rather resisting it; but his attitude is to slowly make the doses less and to work along - there is a good deal of hysterical element in her reaction to the drugs.

Padula: That is why I suggested stellazine, which will not have that effect.

Adkins: I think he is giving her that along with thorazin. Cooper:
Thorazin will put her to sleep; that is why she is getting drowsy.

Padula: That is why she is getting drowsy, and I do not know why he would give her thorazine unless she is getting agitated. I would make a suggestion - we have excellent conferences at Creedmore hospital on Fridays at 11 o'clock. We have a school of psychology there and a large department and they work very closely with us; on Wednesday mornings at 11 o'clock we have presentation of cases - we have psychological evaluation of the cases with the entire group. Sometimes there are 1500 people there.

Cooper: I don't know whether we solved this problem, but at least we tackled it. Are there any more questions now?

Rouke: Well, after this afternoon's experience I will be ready to try I.S.P. I had not tried it before, but now I certainly will begin it, and feel a little more confident about it. The one technique I have used so far, with some patients with whom I have been working for a long time, is the "Who am I technique?" I have varied it a little, and with those that I see once a week I ask them to go home and at the same time each night to sit down and write an answer to "Who am I?" and mail it in to me. And a couple of sequences are remarkable in the changes that occurred. Perhaps at the next meeting I could bring them in and we could discuss them.

Cooper: Please do that. By the way if you begin working with I.S.P., just do one thing - always leave your patients in a comfortable place. For instance, I left Mrs. Swartley sitting on a log in the middle of the field.

Padula: I was going to suggest you should always end up with a pleasant scene; for instance, the visualization of the rose.

Rouke: I do that in connection with the projective tests; for example, I arrange the TAT cards to give them a pleasant tone at the end.

Cooper: That is my only suggestion; the rest is open.

Swartley: Also don't force anything; give them an escape!

Rouke: I shall start with patients whom I know very well. Cooper: One of my patients who is a very aggressive young man - gets into trouble with the police and so on - recently, in the process of going into the cave, was eaten by monsters at least 14 times; and he finally reached a point where he had been "eaten" enough or "killed" 14 times. Then in the swamp setting the various monsters which he killed and eliminated came one right after the other; and as he could gradually go through this procedure his daily behavior changed from an aggressive, hostile person - who would not even say "good morning" to his mother or friends; he became pleasant and outgoing. As he allowed himself to be killed symbolically, he could always restore his body. Now he is doing very well.

Padula: It is over a year since patient (?) went to Atlantic City, got a job, and is still working. He writes me beautiful letters.

Cooper: This was a patient whom it did not seem possible to rescue - a regressed schizophrenic.

Padula: Yes - he would exhibit himself, doing all kinds of things; and now he is working.

Swartley: One last point I want to make is, that if the patient already has a very positive relationship with you, when you offer them I.S.P. very frightening material can come out in a matter of minutes. You saw how quickly it went in the session we heard last month. The whole thing only lasted 12 minutes, and the scream came after about 5 minutes. Dr. Rouke, you mentioned that you were going to use it with patients whom you know well. I would like to suggest that because you know them well, unconscious material may come up so very quickly that you may not know what to do with it. The obvious thing is to do anything but panic; and then to keep steadily working on the material which is evoked. Some time I might play a tape where the situation almost got out of control; then we can see what the contra-indications are.

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(The next meeting was then discussed and March 21st was decided upon.)

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