

# *Psychosynthesis Research Foundation*

ROOM 314, 527 LEXINGTON AVENUE, NEW YORK, N. Y. 10017  
TEL: PLAZA 9-1480

REGISTERED OFFICE  
TREASURER  
602 BELLEVUE RD.  
WILMINGTON, DEL. 19809

December 1, 1965

Dear Colleague:

The third (December) meeting of the 1965/66 series of Psychosynthesis Seminars (held on the third Friday of each month) will cover "Perceptual Experience and Psychopathology", presented by Bernard S. Aaronson, Ph.D., of the New Jersey Neuro-Psychiatric Institute; also examples of the use of symbolic visualization, given by Martha Lazure, M.A., of the R.I. Bucke Memorial Society, Montreal.

As before, the meeting will start promptly at 7:30 P.M. and will be held in Apartment 16C, 560 Riverside Drive (Columbia University Faculty Building at 125th St.) New York City. The most likely parking place for cars is on Riverside Drive itself on the long bridge spanning 125th St. From the south end of the bridge steps lead directly to the Faculty apartment building.

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

Cordially,

JACK COOPER, M.D.  
192 Brewster Rd.  
Scarsdale, N.Y.  
Tel: 725-4541 (area code:914)

Time of Meeting: 7:30 P.M. prompt, Friday, December 17, 1965.

Place: Apartment 16C, 560 Riverside Drive (Columbia Faculty Building at 125th St.) New York.

Speakers: Martha Lazure, M.A., Bernard Aaronson, Ph.D.

N.B. - Please let us know if you wish to continue receiving notices of future meetings. If we do not hear from you we will assume you do not want us to send them to you.

PSYCHOSYNTHESIS SEMINARS, NEW YORK

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1965/6 SERIES

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Third Meeting: December 17, 1965

Subject:

Examples of the Use of Symbolic Visualization,  
Martha Lazure, M.A.

Perceptual Experience and Psychopathology,  
Bernard Aaronson, Ph.D.

Participants:

B. Aaronson, Ph.D.	Wm. C. Schutz, M.D.
Jack Cooper, M.D.	Mrs. Eliz. Schutz
Abdel-Moneim El-Meligi, Ph.D.	Harry Streitfeld, Ph.D.
Frank Haronian, Ph.D.	Wm. Swartley, Ph.D.
David Isaacs, M.A.	Graham H. Taylor, M.D.
Martha Lazure, M.A.	Shirley Winston, Ph.D.
<i>FRANK HILTON</i>	

PSYCHOSYNTHESIS RESEARCH FOUNDATION  
Room 314  
527 Lexington Avenue  
New York, N.Y. 10017

## Methods for Obtaining Answers from the Unconscious

Martha Lazure:

Though I think my paper tonight was officially announced as dealing with examples of symbolic visualization, the central organizing concept is really answers from the unconscious, which is a special application of symbolic visualization.

I have selected for presentation a series of a dozen or so vignettes from my casebooks to illustrate various techniques for obtaining answers from the unconscious and various uses to which these techniques may be put.

The principle of obtaining answers from the unconscious does not seem to be much discussed by Assagioli, though it is employed by others who seem to be working more or less in the spirit of Psychosynthesis - e.g., Schultz in his Autogenic Training. I remember when I first came in contact with psychosynthesis a year ago this month and spent some time with Dr. Cooper that he mentioned the topic of answers from the unconscious somewhat in passing.

In my own work I have used this concept a good deal, combining it with symbolic visualization techniques, and tonight I will attempt mainly to present a few concrete examples of its use rather than to deal extensively with the history and theory of the technique.

Briefly, the method involves addressing questions to the subject which elicit "answers" either in the form of personal symbolism (concrete or abstract) or in the form of words (which may be perceived either visually or auditorially). Some subjects may have great facility in making a sort of "simultaneous translation" of their imagery as they go along, and others will have no insight into its significance. When the therapist desires further elucidation of a symbol, he may continue his questions in a step-by-step procedure, until the material produced seems to "click" or fit together. Verbal answers may be obtained by such devices as seeing writing on the screen of the mind or on an imagined blackboard. They may be "heard" in dialogue with some symbol of the Self or part of the Self, such as a fountain, an animal, a wise old man, etc.

Many mechanisms would seem to be involved in the various uses of this method. It would appear to be related to the concepts of free association, projection, and receptive meditation, though in a complex way which I will not try to analyze tonight. Probably both the retrogressive and transcendent unconscious (or superconscious) are involved in different aspects of this method, though this again is a complicated and difficult theoretical problem.

The method of obtaining answers from the unconscious is both less structured and more structured (according to the need of the situation) than the Initiated Symbol Projection method, in my opinion. It would seem to leave more room for projection of personal symbols and to produce fewer stereotyped responses than may happen with a fairly banal standard stimulus. When using the Initiated Symbol Projection method with some 80 subjects in a research project last year, in conjunction with the other usual projective techniques (Rorschach, TAT, figure drawings), I was somewhat disappointed, in spite of many interesting experiences with it, and rather felt that the results, though they did add something, did not really justify the additional expenditure of time. For the purposes of a brief psychodynamic diagnosis, the Rorschach Test combined with figure drawings was superior and probably adequate for most ordinary clinical purposes. Though I

suppose it might be argued that the ISP method is more standardized and therefore better for diagnostic purposes than the Method of Answers from the Unconscious, I do not have the impression that the procedure of administration is very carefully standardized nor the results validated, and hence would not really consider the ISP method very objective in any case. It is my impression that the Method of Answers from the Unconscious permits a more rapid, useful and precise diagnosis or analysis of problem areas than ISP, as it can use questions which are both less rigidly structured or more focussed, according to the needs of the situation. The method of asking successive questions, each leading off from the previous answer, provides a means of reaching progressively deeper or higher levels.

This method seems especially appropriate in the diagnostic or analytic phase of treatment, though in some cases it can be used very effectively in the synthetic phases of treatment. It should be noted that sometimes there is not a clear distinction between these two phases of treatment and that they may proceed simultaneously or in alternation. This method is particularly useful in serving as a guide for the planning of more intensive therapeutic work on an emotional level, though again the distinction is not absolute and a certain degree of emotional intensity may be experienced through contact with symbols thus produced. I find it more useful than the ISP method for obtaining highly-charged personal symbolism which can then be utilized in the working-through process of therapy.

There are naturally a number of theoretical questions or objections which might legitimately be raised in regard to this method. Perhaps the most obvious one is how one can distinguish between the spurious, distorted, and wish-fulfilling answers which may come from the lower unconscious and the objective knowledge which may come from the superconscious. There would certainly be dangers in accepting all the answers thus obtained at face value since, as we all know, the unconscious has a virtually unlimited number of ways of tricking and deceiving us. It might be argued that such techniques ought to be reserved for the latter stages of therapy, for the higher levels of development after the neurotic "garbage" has been removed. I think this is the case with Schultz in his Autogenic Training. Nevertheless, in spite of these difficulties, I am convinced from my own experience that this method is valid in many cases, even when working with highly disturbed individuals, and that certain precautions can be observed to avoid the potential pitfalls.

Probably the best guide is the principle of internal consistency and coherence, as when an answer comes from the higher unconscious, there is no contradiction with other facts. This internal consistency can usually be determined by the method of successive questions and pursuing the analysis to sufficient depth. Another guide naturally is one's "clinical intuition" - whatever that means. One must rely on one's common sense as to what answers seem "suspect," too glib, banal, conforming, or which otherwise don't seem to "click." The therapist's intuitions can be further clarified and developed by his own meditation on the material produced by the patient, and the patient can be instructed to elevate his consciousness to a higher center and asked the question again if there seems some doubt as to its validity.

Without going into any further theoretical discussion, I would like to get on with some case material. I will give some examples of questions which may be used largely for analysis such as "Where am I?", "What is my main conflict?", "What disturbs your serenity?", "How do you feel about....(e.g., sex, love, a specific person)?", "What is the meaning of my symptom?", "What is the meaning of

my dream?", "What is the meaning of a symbol from a dream or visualization?", "What am I afraid of?", "What is my worst fault?", "What is the childhood source of my symptom or attitude?", "What is wrong with my relationship with X?".

I will also try to give some examples of questions which may be asked primarily for synthesis, such as: "What is my next step?", "What should you be working on now?", "On what should I meditate?", "How can I deal with a given problem more constructively?"; and I will illustrate other uses to which this technique can be put; e.g., in understanding another person's problems and how he can be helped; and in exploring the meaning of some abstract concept (e.g., love, the Self, the group).

#### Example of brief diagnosis through answers from the unconscious.

This is a 'step procedure' of successive questions. The subject is a psychologist who had had no previous experience with the techniques of symbolic visualization although she had spent many years in psychoanalysis. I asked her:

E. "Where are you now?"

S. "I see a growling tiger. He's frustrated because he doesn't know where he wants to go. He's not even really hungry. Now I see a shallow stream rippling along. It's not a deep river going to the sea. It doesn't know where it's going either."

I made the interpretation of the shallow stream as superficiality of being and relationships. I then asked her "Why do you stay on the surface of life?"

She then saw a prickly cactus - "Prickly to keep people away." I asked her "Why are you afraid to let people get close to you?"

S. "I see a prickly pear. It is a tropical delicacy, very sweet but soft and fragile inside. It could be easily hurt and destroyed if pressed too hard."

We stopped there which was after about five minutes. In spite of its brevity this was a very impressive experience for the subject who had not, in the course of her long analysis, ever come to realize the nature of her difficulty in establishing a close relationship. She has always believed that she wanted too close a relationship but she had not become aware of the way she kept people away from her.

This is a case where the experimenter intervened with an interpretation, as a short-cut to save time, though a fuller picture could no doubt have been obtained if the subject had been allowed to make her own interpretations through a series of questions about the meaning of the imagery; i.e., asking her to interpret the meaning of the shallow stream, etc.

Such techniques for diagnosis seem very promising as they enabled S to see in a vivid and graphic manner the nature of her conflicts and lead naturally into the synthetic phase of therapy.

An interesting point is that such an analysis reveals positive aspects of the self as well as negative aspects, in contrast with psychoanalytic procedures which tend to reduce all behavior to infantile roots. In this case, for example,

S reveals a positive evaluation of herself as having desirable inner contents symbolized by the sweet tropical fruit at the same time as she reveals her hypersensitivity and fear of being hurt. This may be less threatening to a patient as it leaves a positive core from which to work.

Aaronson: What was the nature of the instruction you gave to her?

Lazure: I asked her to simply see an image. It varies, but usually - if it is a subject I have worked with - I will leave it up to them, whatever method is natural to them. They either see an image, or they will see it in verbal form as writing on a blackboard or simply on the mind's screen.

Swartley: What sort of state of mind are they in? Any sort of relaxation?

Lazure: No, I used to start off with a relaxation exercise, but I find it is quite unnecessary. They simply close their eyes and if you believe enough that they are going to see something they eventually do.

Haronian: So you tell them to close their eyes and not to look for a rational answer?

Lazure: That's right - "put aside your rational mind and look for an image."

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This is another example, part of the first session of therapy with a patient. The case was referred to me by a psychiatrist who had had him in therapy for some months. The psychiatrist suggested that I remain on the superficial level and especially not try to touch the underlying castration complex which he felt was too deeply repressed. I am giving you this as an example of how rapidly deep level material can be uncovered.

We had some discussion at the beginning of the session, of the subject's problems, on a dialogue basis. Then I asked him to try to visualize. I said "Why are you afraid to express your aggression openly?" He sees himself throwing a plate at the wall when he blew up at his wife for serving him exactly the same breakfast every day for two years. He had never bothered to tell her before that he was getting tired of eating the same breakfast. So I asked him to go back to his childhood - it is a technique I use a lot to get down to a deeper source of the problem. And he sees a toy car which his father would not give to him. Then in this picture he sees his father's large convertible.

I then made an interpretation - not so much for purposes of therapy, because that would have been premature in a first session, but simply to illustrate to him that these techniques were valid and could show him something. I made some interpretation about the fact that he was afraid that he won't get what he wants, and that this is often unrealistic in adult life and can often produce conflict; for example, his blowing up at his wife after containing his anger in silence over the years, although she would probably have been quite willing to change the menu had he requested it.

I asked him what the car represented to him and he saw an image of himself driving a flashy sportscar along a beautiful highway, and he was quite ecstatic about this. So I asked him "What is the deeper meaning of the car?". He then sees the same car with the hood up but there doesn't seem to be any motor inside.

And then again an interpretation is made that he feels that he needs a big flashy car to prove his adequacy as a male because inside he feels empty; there is no motor, no power inside. Without mentioning the castration theme in an open way I referred to the fact that as a small boy he probably felt inadequate beside his father who was much bigger and had a big convertible, and he did not even have the toy car that he wanted.

Then I asked him: "Why do you feel empty inside?" and he sees a river. He says, "It looks cold and hostile; I seem to be in the water but not wet." I asked him what is the meaning of the cold river, and he replied "I see an old-fashioned alarm clock. I never liked them because they make you get out of bed."

An interpretation is made that he may feel empty inside because he experienced his mother as cold and hostile like the river and like the alarm clock which forces one to leave a warm bed. And these are images which come back again and again throughout the course of therapy. I think it is helpful to me in understanding what they mean later on. I also suggested that these early feelings may be related to his fear of asking for what he wants lest he be rejected and perhaps to his present day attempts to deny the dependency needs which he has carried over from childhood.

So really, in this first session, many of the very central issues were touched on in his relations with both parents, and as I said, it was useful in understanding later sessions. (Swartley: This "bed" is probably his mother's.) Symbolically, it would be.

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Here is another example: I asked the patient "What disturbs your serenity?"

S: I see black crows of doubt.

E: What is the deeper meaning of these crows?

S: I see hooded people in black. It is night. They are bending down in a field of wheat - disturbing some arrangement in a stealthy way.

E: What do they represent?

S: They are agents of the forces of destruction.

E: What are they doing in the field?

S: There has been seed recently planted. They are trying to interfere with the growth of the crop.

E: What do they represent in terms of your own psycho-dynamics?

S: They represent a projection of those forces within me of a sadistic super-ego. If a child makes mistakes, you can either praise it or criticize it, have faith and promote its growth or make destructive criticism. A glass can either be half full or half empty. I see myself trying to write a speech, but the ideas are strangled by the critical forces within me.

E: What is the source of this sadistic super-ego?

S: I see an image of my mother getting angry one day when I was a small boy and came home with my feet wet. She said that an aunt of mine had died from pneumonia from getting her feet wet.

At that point I made an interpretation about "getting one's feet wet" as related to the problem of anxiety at the point of entrance, the fear that initiating action can lead to death. So, such an uncovering of personal symbolism - like getting one's feet wet - can be very useful in planning future therapeutic sessions - e.g., here one could ask the subject to visualize getting his feet wet safely - and these personal symbols are probably more meaningful to the patient than a more collectivized or standardized symbol.

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Here is another example of how meditation on a specific problem can lead to insight into the nature of an abstract concept or structure.

### Symbolic Visualization in Synthesis

Background: S. had seen in a previous session of symbolic visualization a tree with ugly, deformed branches growing out of the bottom of the trunk - this in answer to the question "How do your childhood experiences now affect your life in an adverse way?" He felt that the branches should be pruned away to prevent the tree from becoming off balance and being uprooted. So in this session I asked him:

E: Try to see an image which will show you how the energy from these unesthetic offshoots can be used to contribute to your growth. To prune them away might be to destroy a part of yourself.

S: I see a Roman Coliseum, a male lion lying down with several cubs around. One or two of the cubs are more headstrong, more unruly than the others. They want to go off by themselves and disrupt the unity of the family interaction. The task of the lion is to get the unruly ones back into the fold by rolling them over - playfully but firmly guiding them back. Then I see a clearing in the jungle and a R.R. bridge across it. There are two lions now and the little ones too.

E: What does the lion in the first scene represent?

S: I get an image of a judge sitting on a court bench. It represents a regal wisdom. It perceives the younger cubs with kindly indulgence.

E: Can you see on the blackboard what term should be applied to this part of the self?

S: I see "thoughtfulness" but am not quite sure if it's right.

E: Why were there two lions in the second image?

S: The second is probably the mate of the judge-like lion. She is there to provide a more rapid, intuitive aspect, is more concerned with direct feelings yet has the same end as the more rational lion.



E: What does the female lion represent?

S: Her hair is swept back like yours, it is you.

(This is an example of how one has to be careful with this technique. One cannot accept at face value all the answers. I had the feeling that it wasn't me but part of himself so I said:)

E: Ask the blackboard if the female lion represents me or part of yourself.

S: I see an image of a fast-rotating cube. Out of the cube appear two lions.

(I interpreted this as implying the latter alternative - that they were part of one unity, himself.)

E: Can you see a word to describe the female lion?

S: "Perspicacious" doesn't seem to fit and becomes "perceptive." Now a lot of images come by. I see a goose in the Paris parks - shepherding her goslings - guiding, watching, and encouraging. Now I see a rabbi rocking back and forth in rapt expectancy as he awaits the answer of his pupil, not looking directly at the boy as he does not wish to interfere but watching in hopeful expectancy. It's as though the male lion had to do the main guiding and the female has the role of watchful accomodation. Now I see one of Leonardo's last paintings. Her smile is like the Mona Lisa - a mystery, inscrutable - looking through and beyond yet in the here and now - encouraging yet with her eye on a distant goal. She's smiling at you yet also beyond you. Now I see the lion group in an alpine meadow - part of a unit, harmonized - the cubs are no longer trying to escape. They sniff the alpine breeze and the fragrance of the flowers. They drink and bathe in an alpine lake, they seem to head off for another valley.

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Now I will give an example of the Blackboard Technique for Answers from the Unconscious which has proved quite useful. In this case it was used for dream interpretation. S reported a dream in which he saw his cat and one of her kittens going after three rats. He was annoyed because they were just snarling at the rats, arguing, but not going after them. He was afraid that the cats might be hurt by the rats. In the dream he grabbed a hose, turning the nozzle in such a way as to allow the water to build up tremendous pressure, then let the rats have it right between the eyes. But nothing would happen. The rats just stood there and stared at him. His attention was turned to one rat in particular who was growing in size and seemed to have eyes like the spools of a computer, like taperecording spools, and had a square head. When the pressure in the hose was down, he would shut off the nozzle altogether until the pressure built up again and would then start the routine again. His affect tone in the dream was one of fear for the cats and frustration. On the conscious level, he was unable to see any significance to the dream and could not identify himself with the cats. He maintained that he was not afraid for his own sake but only for the cats, especially for the baby kitten that was unable to protect itself against the ever-growing and impermeable rat.

Now this technique of dream interpretation I have found much more useful than the standard Freudian one with associations, which frequently yields seemingly irrelevant material - at least material the relevance of which is not clear. I said to him:

E: What is the meaning of this dream? (It is understood that S will either look for a symbol or see something written on the blackboard or on the screen of his mind in seeking for an answer.)

S: I see the word "protection."

E: Of whom? S: Of self. E: From what? S: From the world and people.

E: What do the rats represent? S: People. Tax people.

E: Why are you afraid of them? S: They represent authority. (And here I made an interpretation about his impotent provocation of authority figures. He was not aware how much he provoked them but without success.)

E: How can you relate to authority figures more constructively?

S: Join them. Work with them.

E: What do the cats represent? S: The blackboard says "self", though I wouldn't have thought this.

(When we discussed this before, he denied that the cats could have any relationship with himself, but then the blackboard gave him the answer.)

E: What do you represent in the dream? S: Observer.

Schutz: Had this subject had any previous experience?

Lazure: Yes. I think this session was helpful in his immediate situation where he was having a great deal of difficulty with authority figures; and in a future session we shall have to get back to this and his childhood relationship. (Question: Why?) Well, I think it is important to really work it through for this is on a relatively superficial level.

Haronian: Why do you interpret?

Lazure: May be I should not; I don't know. (Swartley: Do you mean interpret resolve symbolically?) It is not resolved symbolically here but I did attempt resolve it symbolically afterwards. I asked him to try to visualize the dream again with a more constructive ending. And first he saw the cats and the rats just co-existing and respecting each other; then he realized that this was not altogether an adequate solution. Then I asked him to visualize another scene in which he could see himself working in cooperation with someone whom he formally regarded as an authority figure. Then he saw the tax collector and he was working in conjunction with the collector towards a common goal; and he was very pleased. I asked him to visualize another image representing himself working in harmony with others, and he saw a wheel. Then I asked him about meditation - if he thought he should meditate again. He asked the blackboard, and the blackboard said "yes." What time? and the blackboard said 5 a.m., despite the fact that he dislikes getting up in the morning; and he saw one hour as the length of time, written on the blackboard. He felt very definitely that he should meditate on the symbol of the wheel, and the results seemed very constructive for him.

His dream life after that seemed more integrated. That was the first time I had asked him to meditate on his own. (Cooper: Did he actually carry on

with the meditation, and how often?) Yes, and he did it twice between sessions.

Aaronson: I wonder why you have to go back to people's childhood. I know that it is a popular psychoanalytic approach....

Swartley: I know this case. She had tried everything else and was literally forced to do so at this point. She had avoided it as long as possible. This patient was verging at times on a pre-psychotic state and there is a pattern of wanting to kill the father to get the mother, and it has had repercussions to the extent that he would not ask a woman anything because this was equivalent to him asking his mother to come to bed with him...and that was too threatening. This seems to be a clear case where she was literally driven to go back to childhood problems. My prejudice is not to go back either, but I would have felt forced back sooner than she was.

Lazure:

I now want to give you an example of the Fountain Technique. The subject that I was just telling you about, in one of his visualizations, came out into a sort of Garden of Eden; he found a beautiful fountain and was able to speak with the fountain. So I asked him to ask the fountain what was wrong in his relationship with his wife. He had a very precarious relationship with his wife - no sexual relationship, a lot of hostility, no children although he is now 38 years of age. He has no desire for children - he always spoke of children as nasty little things that will always come in and disturb your peace and would cost a lot of money; and "in any case the house is for adults" and "adults should not be bothered with little people running around. Besides, we are too old to have children."

His relationship with his wife has probably been the most positive aspect of his therapy to date. He has really consolidated this quite nicely, although there is an impotence problem which still troubles him occasionally; but at least they are getting along nicely and he feels that he loves her. As you will see in this session, he believes that he wants to have a child. This is the conversation with the fountain:

- E: Ask the fountain what is wrong in your relationship with your wife?  
S: It says nothing, really, but the lack of children.  
E: Ask the fountain to speak to you of children.  
S: They are an extension of myself - i.e. of me and the fountain.  
E: What does this mean? S: The fountain is part of me. It is my soul.  
E: Are you surprised to learn you want children?  
S: Not really. I have known it for a long time.  
E: When did you admit this to yourself? S: The fountain says not until now.  
E: Do you think your wife would like to have children? S: Yes.  
E: Would you like to imagine her here with you now?

S: Yes. We're standing by the fountain. It explains to her what it is and that she should have a child, but if she doesn't it's O.K. too. Edie (his wife) asks how she can have a child. The answer is "Go to the tropics," "the Bahamas."

E: Is this a place in space or is it a symbol for something within the heart?

S: The fountain says it is an absolute place - the geography for conception. It is both in space and in the heart. The fountain has asked us to come again. We seem to have been dismissed for the moment.

And after that I take him to the Bahamas and he sees himself swimming in the warm water with his wife. Although he manages to avoid the actual sexual scene by switching to another scene he finally sees his wife holding their child and nursing it. She wanted to nurse it with a bottle but he asked her to nurse it at the breast; and he is feeling very tender and paternal with his arms around both of them - which for him is really an extraordinary thing.

Haronian: I wonder if you could tell us what actual changes took place in his behavior following these sessions. This one for example. Is it possible that you can say something about how he felt himself?

Lazure: Well, at the next session he told me about how close he was to his wife, and how she had noticed a most dramatic change in him; how he took an interest in her now and was much more human. He is much more at peace with himself - he does not get angry any more, whereas he used to blow up at everything. The main thing following this session was the consolidation of his relationship with the wife. At present they have no plans to have children and I think it is still premature until he gets back on his feet in the job situation - he is still having great difficulty in keeping his head above water there, which is closely related to the potency problem and the oedipus situation.

Haronian: Are these very emotional experiences?

Lazure: Oh yes, this was very deeply emotional - he was choking down tears as he said this - tears of joy.

Schutz: What do you say to the patient?

Lazure: The suggestion to see a fountain did not come from me. He was the one who spontaneously produced this image of the beautiful garden and saw the fountain. He is a very intuitive sort of person.

Swartley: Historically the introduction of the fountain goes back to the German psychiatrist Happich. He used this dialogue technique. He does not explain it in much detail but he has the patient listen to the fountain. (Question: So you ask the patient to visualize the fountain?) Yes, and then hear the words coming out. (Lazure: But did he ask questions of the fountain?) I don't know how much conversation there was with the fountain or whether it was just a passive listening to it. Happich does not clarify this. After the mountain you come down to the church and after the church you come out to the fountain. (Lazure: What length of time could this be expected to take?) That also is not specified. He just sketched this out in a very brief little book.

Aaronson: What is the idea of the fountain - is that the oral aspect of it? In

the symbolic visualization, as you listen to it you bring in another one of the senses. Is that the idea?

Lazure: I think the fountain as the subject described it was a symbol of his own source - the source of life, of knowledge, of light. He called it his soul.

Cooper: It depends entirely on the patients - where they are and the relationship. If you use the Questionnaire,\*it can give you pretty much an indication of whether they are ready for any spiritual or so-called spiritual comments, and whether you are dealing with it at a purely physical level or spiritual level. You can judge as you go along as to the meanings of the symbols. With my patients at the penitentiary, for instance, the fountain would mean nothing to them at this stage. (Lazure: Would you hesitate to introduce the fountain unless the patient produced it spontaneously?) Yes, that's right; work with the other symbols. As we are thinking of it now, we make a psychopath neurotic, and we are certainly better able to deal with a neurosis than with a psychopath. Here you are dealing with a person who is pre-psychotic - may be has even been psychotic - and a person at an intellectual level of say about 130, a very bright person who is able to utilize the symbols better.

Winston: This is a symbol very frequently mentioned in Hebrew prayers - the Fountain of Life, the Water of Life. (Aaronson: Yes, it is familiar in most mythologies...in fairy tales the fountain contains the soul....)

Cooper: Yes; and an interesting thing in the ISP, if you have the patients go up or down the stream sometimes they come to a fountain or some type of spring or waterfall, where they will bathe; they are then able to move on to something else. I have had patients go right on up and explore the source, and this will bubble up or fountain up. So you can get back to this in many different ways, through the other symbols. Assagioli gives a lot of comment on symbols, and on the use of all types of symbols, in his book. Also, if you keep them in mind, the patient may pick them up.

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Lazure:

I would like to give one example of questioning regarding the meaning of a symptom. I think that you, Dr. Aaronson, said that you often did this with your patients.

Aaronson: I ask them to visualize an image, not the meaning of it.

Lazure: This patient recently discovered that he has glaucoma; he had been having headaches for a number of months and then finally had it diagnosed; and apparently there is no method of cure. (Cooper: Only temporary palliative measures- surgery sometimes helps.) I asked the patient - using the blackboard technique:

E: What is the meaning of your glaucoma?

S: I see on the blackboard what looks like a badminton bird. It seems to be a genital meaning.

E: What does the bird represent?

S: My eyes. I saw the bird heading right for my eyes.

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\*See pp. 78-85 of R. Assagioli's Psychosynthesis: A Manual of Principles and Techniques

Then in a later session, further light is thrown on this; we were discussing his fear of heights.

E: What is the childhood source of your fear of falling from heights?

S: I remember being afraid of falling off a roof at age 14.

E: Try to go farther back to a deeper source.

S: I see a chasm with a river running very rapidly, a steep slope leading to the edge of a precipice. I keep sliding down the grass and trying to hold on. Now I remember a scene when I was a boy - in my father's car down by the harbor. I'm in the front seat. Father has his car close to the river and I'm afraid we're going to fall in. I'm about four or five years old. I cried out and begged him to stop but he would laugh and say "Don't worry." He did this quite often. It was like a game for him. I don't think there was any malice though.

E: What was it within your father that made him do this?

(And here again the blackboard comes out with the right answer.) He said: "He wanted to scare me."

E: Why? S: To prove that he could see better than I could. I was smaller than he was and couldn't see so well over the edge of the window to judge the distance. He wanted to prove that he was right.

E: How else did he try to do this?

S: I used to get lickings and be threatened with being sent away to reform school. This school was built up as a real bogey. If I wasn't good, I'd be sent off there. I imagined it as a place where you got beaten every day without much food, and especially as a place that was a long way away - very far - from home. It was important to me to stay home.

E: Why did your father need to prove that he was better than you?

S: All I get is a picture of the river and the car going over the edge.

E: How did this affect you? S: It scared me and made me afraid of authority.

E: How did it make you feel about "seeing" as well, about having your own opinion?

S: I couldn't - I was shorter. I couldn't see as well as he could.

E: Do you see any relationship between this and your glaucoma?

S: Yes. I wanted to close my eyes. I didn't want to see.

E: What does seeing mean on a deeper level? S: Being aware of situations.

E: What situation are you afraid of being aware of?

S: Being at the top of a very tall building looking down.

E: Can you see a relationship between this fear of heights and your fear of succeeding in business, of "getting to the top."

S: Oh yes! (with great feeling.)

So it would seem that this symptom represents symbolic castration; it is too threatening for him to succeed because this means surpassing his father, or seeing better than his father, getting ahead of his father, and the fear of retaliation from the father because of the oedipal problem with the mother. To avoid this fantasied retaliation he "castrates" himself symbolically in various ways: through impotence in sexual relations and in business and by means of his glaucoma.

Cooper: In glaucoma it is inadequate drainage from the eye through the venous system around the edges, so it would be controlled essentially by para-sympathetic means. And the para-sympathetic drug that is used increases the para-sympathetic flow. This case is very interesting for we have something psychosomatic behind it, and it would be interesting - as you use this - to see if the pressure will disappear. The point is to catch it before the damage is done. So let us hold this in mind, you might be able to save his sight.

Haronian: Would it be practical to use this knowledge and suggest other para-sympathetic symptoms instead, symptoms to relieve this?

Cooper: With children you can sometimes do it quite nicely, according to how suggestible they are. I used to have a pretty extensive practice with these children who usually see with one eye, and the other one then usually becomes blind and eventually they lose the sight of the other too. And by means of a rapid hypnotic technique you can get them to see very clearly in the affected eye, and in a short time the ophthalmologist would be saying they are seeing normally in both eyes. It depends upon the span of attention, if they have an adequate span of attention; if you have a brain injured child whose span of attention is not very long then hypnotic techniques are of no value. But in this particular case I do not know.

El-Meligi: From a research point of view it would be interesting to read of the progress of this disease as the therapy continues - to see, say a year from now, if there is a remission.

Cooper: Sometimes there is a spontaneous remission, in which case you would not be able to judge; but the usual course is the loss of vision in one eye followed by the loss in the other. Usually they get down to 50-20 sometimes as much as 200-20; then they are legally blind.

Lazure: Even Freud fits in here very well because the eyes are a classical Freudian symbol of the genitals too, and blindness equals castration.

Swartley: Just one point here; the father was not quite as horrible as he is portrayed here - this fear of his going over the cliff was probably wishing that he had the guts to push his father over.

Lazure: ...Also at one time he wanted to be sterilized too, but this idea he has given up; but he was all set when he first came in to therapy and said "next week I am going to go and get myself sterilized." I kept urging him to postpone it because he might change his mind and now he is very glad that he did.

Swartley: Is it conceivable that the glaucoma was compensation for giving up the idea?

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Lazure:

Here is another example of symbolic visualization in dealing with another person's problems - problems of a third person completely unrelated. It was the case of a child (known to the subject) who was quite demanding toward its mother, and the subject felt that perhaps the child should be simply pushed away and learn to become more independent. On the conscious level the subject showed no awareness of the child perhaps needing more attention from its mother in order to learn the desired independence; but the higher unconscious is able to see the situation in a more complete and more constructive way.

Similar techniques could no doubt be used to evoke understanding of and sympathy with other members of the patient's environment. This is the sort of thing that Dr. Taylor and I are planning to do in a therapy group which we will start next month.

In this case I asked the subject: "Why is M (the child) impatient and demanding?"; and the dialogue continued:

S: I see him standing at the edge of a well with his hands out - always demanding something. Now the scene changes a bit and I see him with a rope and pulley which lowers a bucket into the well to bring up supplies. He feels he has to be there to make sure that the people who use the bucket know how to make the pulley function.

E: Why does he have this need?

S: I see a pair of skis crossed and then there is only one ski there. This seems to mean that the child's parents were in disagreement before their separation - crossed like the skis - and then after the separation the child was left with only one parent.

E: What can be done to help him?

S: The well scene comes back. He has been taught by his mother to operate the machinery by himself. He must learn to signal to himself when he has a need and meet this need himself - not to depend on someone exterior. I see an image of someone in a plane who is anxious unless he can be the pilot himself. He must also know that his mother is loving and reliable, but only call on her when she's really needed. He must fly his own plane but she can be a sort of co-pilot to help in a squall.

E: How can this independence be taught to him?

S: I see his mother kneeling over a sandcastle with him, talking with him as they are working. She can show him how to do things for himself and tell him that he's older now and can do more things.

Lazure: In this case the result was that the subject had a much more positive and understanding attitude toward this child whom previously he had considered to



be an annoying little brat.

Haronian: I am very much impressed by the way you interpret these symbols and keep the ball moving. It takes a lot of skill.

Lazure: If you are not sure of an interpretation you simply ask for further clarification and then they will see another image that will clarify the meaning of the previous one. You say "Can you see another image that will clarify the meaning of this?" Or you enquire "What is the deeper meaning of this?"; and they always come up with the answers themselves eventually.

Cooper: This is the essence of the whole technique. You do not necessarily have to use any of the standard symbols; the idea is that the patient is the one who is telling you what is going on. You may suggest, but they may take your suggestions negatively and say "No". So, you manipulate and move until you get to what you feel is a little safer ground. They will correct it again if it is wrong. You remember the boy I mentioned last week, who stuffed down dirt to block the volcano he found in the center of the earth, but when he came up and went to see "the wise old man," the old man would not answer his question until he had done something about the volcano - because he knew it would not hold. So you get the answers from the patients as you go along, and this is what Martha Lazure has shown.

Haronian: As I listened I was thinking about what I have learned about Desoille, which would suggest that the interpretations can be avoided almost completely, at least during the session; and what Martha is doing is within the session, switching from image to interpretation and back and forth; and yet it does not seem to make much difference really.

Cooper: Yes, and the therapeutic process goes on. In other words, in the therapeutic process that we are studying and working with there is this moving and manipulating that must be part of some kind of ongoing process; it must be a continuing, expanding process.

Haronian: If it doesn't make any difference if you use this process that Martha is following, the switching back and forth, or if you stay strictly on the symbolic level, then what is crucial?

Cooper: Well I think we can see that this is the longer way around, injecting an interpretation; but it may not be. I do not know. (Haronian: It may be a shorter way.) Yes, it may be; it all depends, and we would have to match case for case, analyze some of the material and see what we could do with it; but we do not know yet.

Haronian: The crucial factor is the therapist.

Swartley: When I do it, it breaks the spell. If I interject an interpretation, the relationship dries up; but if Martha does it, it does not.

Lazure: I find it stimulates the process. (Cooper: Each man to his own!)

Swartley: I don't know which comes first, the chicken or the egg, but I know that if I do it and interject an interpretation I shut the situation down. On occasion I will decide that it is worth it and I will do it knowing what will happen - and it does. May be they are picking it up from me!

Haronian: Suppose the next time you do it you say to yourself a day in advance, "This time it is going to work - I am not going to put an unconscious hex on it!"

Swartley: Well it helps to know that someone else can do it, so now my prejudice is less secure.

Isaacs: The question that I was going to ask - re Maslow's self-actualization as a creative process - if we regard this therapy and this use of the symbols as a part of the creative process, in which the subject is getting a greater grasp of himself by the means of these symbols, how about the possibility of an incubation effect? In creativity the answer does not always occur immediately, so what I am interested in is the timing of this, of patients who do not immediately interpret their symbols, who come back the next day with an interpretation. Or does it keep moving rapidly?

Lazure: Some patients do not seem to have much facility in interpreting their symbols, others interpret simultaneously as they go along; they will grasp what even a very abstract symbol means. But if they have no idea and you do not know yourself, then you have to keep on asking questions as to the meaning of this symbol until it comes, until something 'clicks'.

Swartley: The point is: can those who cannot do it immediately do it the next day?

Lazure: I would not think so, but I do not have enough experience to judge.

Haronian: Have you ever tried it without interpretation?

Lazure: No, but I would be interested to try it. It may be because I was in analysis for a long time and have got into the habit of interpreting; it might work just as well without it.

Haronian: Take the convertible situation which you mentioned earlier; the man has an image of himself with a toy car and his father with a nice real convertible; and then you slipped into some interpretation of what this means. Now another approach to this, and I do not know how effective it would be, would be to avoid interpretation altogether and to say to the man: "Your father is taking you for a ride in his car; imagine this; and now you are ten years older, you are seventeen and you have your driver's license. Imagine your father saying, now you can drive and I am going to take it easy and smoke a cigarette." Just have him imagine all this, then ask him "How do you feel?" See if he can accept this and if not, why not; and what can he accept in the form of rapprochement with his father. But all without interpretation.

Lazure: It might work just as well; I should try that method too.

Haronian: Of course, it might not fit with the 'chemistry' that is going on between you and your patient. This struck me as being more consonant with what I have read about, and what I have tried to do myself.

Taylor: I think what is important is whether interpretations are valid or not.

Haronian: May be that is more important than anything else. Of course, I am interpreting when I offer that kind of suggestion, but keeping the interpretation on a symbolic level. (Aaronson: The interpretation is really inside of you.) Not intellectually, but I am sharing with the patient on this symbolic level whether I am aware of it or not.

Lazure: I find that interpretations engage the patient's interest, and curiosity as to what it all means. They have that advantage. And perhaps understanding is more complete if it is intellectual as well as emotional.

(end of discussion)

## Perceptual Experience and Psychopathology

### Introduction by Dr. W. Swartley:

I asked Dr. Aaronson to present this material to you for a variety of reasons, one of which is that it is new; it has been given at a variety of conventions but not yet published apart from convention reports. I feel that there is a direct relationship between this experimentation and the kind of therapy that Martha Lazure has just been describing. I know that Dr. Aaronson has not yet had time to think that through, nor is he going to attempt to present that aspect tonight but I wish that he and everyone else in turn would think about it - how this research might be integrated into a therapeutic session.

Dr. Aaronson: Each one of us as individuals is very much alone. It is something that we tend to ignore pretty much because our whole culture - most of the cultures of the world - are designed to promote senses of commonality and community. Each one of us, as a person, is alone, not only in terms of the contents of our consciousness, the nature of our experiences, but how we filter our experiences; yet we tend to ignore this. To cite an example: I am certain that there are people in this room who are nearsighted; and you who are nearsighted live in a very different world to the world I live in.

We found from rough questionnaire types of studies that people who are nearsighted often have trouble in social relationships; because apparently it is very important to see the face of the person one is talking to. The nearsighted feel left out if they are caught without their glasses, and many of them withdraw. Those who get glasses after being nearsighted for a long period of time develop acute anxiety because the comforting cotton wool of the world has been ripped away and things are too clear, too sharp. Some who are nearsighted, when they go into a place where they would naturally be expected to be without glasses, and where sounds may reverberate, get depressed or anxious because the sounds get lower and louder.

I have a problem; my eyes happen to be both off in slightly different directions, they average out at 20/20; but this gives me better depth perception. I have to wear glasses if I ever go to see Cinerama because the illusion of depth perception becomes much too intense.

So each of us perceives the world, filters the information from the world, in different ways. (Schutz: Have you found anything about far-sighted people?) I have not really checked it. The material I cited on nearsighted people were just pilot studies, but we expect to follow them up. Some of the people I talked to wore heavy horn-rimmed glasses, and they all saw the world with a frame around it, which they became very aware of after I asked them if their glasses made any difference.

There is a study which found that nearsighted people tended to check fewer adjectives in describing themselves on a questionnaire. In fact the conclusion was that you could predict that a person would become nearsighted on the basis of who checked fewer items on such a questionnaire.

We have been engaged -  $2\frac{1}{2}$  years - in a line of study in which we have been trying to investigate the implications of perceptual anomalies on behavior.

We have investigated many different kinds of perceptual anomalies; we have investigated the effect of color on mood, and found that people have stereotypes of colors that fit an activation hypothesis. We asked people to check off on an Adjective Questionnaire, purporting to describe personality, the adjectives that describe the colors; and then another group of people rated those adjectives for amount of activation, and we found that red is most activating, with the activation dropping all the way to blue, which is a tranquilizing color; and purple is in between. Black is most activating of the achromatic colors, grey least. We found that stereotypes are most marked for red; they drop through orange, yellow, yellow-green; and then with green there are no consistent stereotypes. Green, of course, is probably the most ubiquitous of colors; it is found everywhere in nature. And with blue-green you begin to develop stereotypy again; it rises to blue, and then at purple - which again is the mix - it drops again, representing the extremes of the spectrum and the contrasting ways in which people respond. Purple produces the most variant responses of the colors, and people either love it profoundly or hate it. Even people who wear purple often hate it.

We have also investigated sound: high pitches, low pitches, loudness. We have spent a lot of time investigating the dimension of depth - visual depth - and time. Tonight I am going to concentrate on time and depth, and use as illustration a man who happened to be a painter, who made paintings under the various conditions of time and depth, and show you slides of them. (Many of Dr. Aaronson's comments on the slides have not been transcribed as without the pictures they would convey nothing. However all general comments on the effect of the particular experiment have been excerpted under the relative situational headings. Ed.)

He is a 22 year old college student who wanted to be a painter. He came to us as a subject; we reviewed him, selected him; then we began to train him in posthypnotic suggestion. (One of the things we do is to have our subjects go under to a word which they do not remember.) When he was thoroughly trained and we decided that he was ready to go, he went home and had a dream in which I appeared, and informed him that he had done so well that he could now remember the word; and he woke up, remembering the word; and all of the conditioning was gone.

So we started very slowly again - apparently we had moved too quickly with him - and gradually we worked through a number of problems. One of the procedures I have always used is - this was long before I knew anything about guided daydreams - to send our subjects into various visual situations. One of my favorites is to have them go through a mirror. In this case I decided that I would try to engineer some instances for him; and the first place I sent him to was the Temple of Isis. Now he was very strongly attached to his mother, who had died; hence Isis. And Isis accepted him and blessed him, and when he was in the Temple of Isis he also heard the music of the spheres. Later on in the training, we had him paint without knowing what he was painting until it was finished. He was trained to have amnesia while the painting was being done. After it had been completed, then he was made aware, or he automatically became aware at the point at which it was finished. This slide is of a painting of the 'music of the spheres' made under posthypnotic suggestion. Notice the much greater purity of the hypnotic painting.

He hated his father so I decided that he needed much more positive father images, so I sent him to the Palace of Horus where Horus accepted him. Horus was perceived by him as a golden man and a black bird - but simultaneously; he said that they did not alter, did not move back and forth. And while he was in the Temple of Horus he also heard the 'music of growing things'. This was an experience I suggested to him.

Then we had him reproduce the "music of growing things". This is the first one, under hypnosis; notice the rhythmic quality. This next slide is a conscious attempt; third slide is again under hypnosis. Incidentally he broke down into music by Debussy at this point. Here again you will see the same wavy lines which appear in all of them.

After this he was ready and we started our hypnotic situations. (To summarize our procedure: In the major conditions, the subject first completed the Q-sort and took a battery of perceptual tests. The posthypnotic suggestion was imposed, and the behavior was allowed to develop for a period of two hours. During this period the experimenter interviewed him. And it was during this period that our painter made these pictures. The subject was then taken for a ride in a car over a standard course. At the conclusion of the ride, he wrote an account of how his day had been. He was then interviewed by an outside observer who was a trained clinician who knew that the subject had been hypnotized, but did not know what, if any, condition had been imposed. After the interview, the subject took the Minnesota Multiphasic Personality Inventory (MMPI), retook the Q-sort and the perceptual battery, was reinterviewed by the experimenter, and then the posthypnotic suggestion was removed. The subject was then interviewed again by the experimenter about what his day had been like. The simulator also was required to make an entry in a secret diary about what he tried to do with the suggestion and how it had affected him. The total procedure takes eight hours.)

The first situation we ran with him involved depth perception. We instructed him: "When you open your eyes the dimension of depth will be expanded." Incidentally, our very first subject was perturbed at the thought of expanded depth; he did not have any idea of what we meant so we now use as routine "the perception of depth will be expanded as it does when you look through a stereoscope." And for any subjects who have not looked through a stereoscope you can always instance three-D movies, Cinerama, etc., and tell them that is what 'depth' will be like.

We had this subject paint during all these situations a standard view, seen from the window of the experimental room. You will see this scene in various ways, as he saw it. Part of the changes in the scene were partly due to the movement of the seasons, but part of them are changes in his own perception, and I think they are quite obvious.

In our experience this condition of expanded depth produces a series of experiences which are positive, and somewhat like Aldous Huxley's experiences in The Doors of Perception. In fact, this subject remarked of his second trip "riding in a car was like taking a wonderfully exhilarating roller coaster ride to everywhere; the landscape was at once a gargantuan formal garden and at the same time a wilderness of irrepressible joyous space. Even now I feel dumb-struck and preposterous in trying to describe this perceptual miracle which has somehow been given me. My feelings and perceptions are unspeakable; however, some of them are paintable."

Colors are crisper, sounds are sharper, smells are more intense, food tastes better under these conditions of expanded depth. The characteristic change is in the direction of heightened creativity; and the personality test shows this change - heightened creativity: much more response to pattern in the world, a sense of pattern, of things belonging where they are. Most subjects report that this is a mystical, religious experience.

Cooper This is similar to what is recounted in Bucke's Cosmic Consciousness - the color, the stereo vision, etc., so this data of yours substantiates much of what Bucke was talking about.

Swartley: They are in this state for eight hours, but how long does the personality change hold up?

Aaronson: There are changes that persist afterwards - indefinitely. All our subjects have been benefited by going through this. This particular man was our subject for a year; his painting became very much improved as a result of this experience. His normal painting had very little depth before.

Under the "No Depth" experiment. Under this particular condition colors are dulled, sounds may be mislocated or dulled; all our subjects have shown some loss of tactile sensation, and taste is changed. Our subject lost interest and involvement in the world; he became withdrawn and showed all the general signs of an acute schizophrenic. We have had other subjects and each one of them under "no depth" shows signs of acute schizophrenia - or some form of schizophrenia. (Question: Is this a transient reaction?) You can terminate it when you terminate the hypnotic condition. As regards the paintings there is a general primitivization that occurs. We have recently had a subject who is a minister go through this "no depth" and during the drive in the car when we came to the top of a hill he crossed himself. This he felt was specially heinous since he was a Presbyterian; but he said that the crossing of himself had great meaning. He had to do this every time he came to a hill or a curve in the road.

Cooper: This reminds me of when we were in Italy with Dr. Assagioli and he had us do drawings. One day my wife set out to use just the darker colors, with darker paints and crayons; and in a very short period of time she was not worth living with; and it was very definite that she went right down into an area of very disturbed reaction. She had to paint wildly with brighter colors for two or three days before she could get back up again to an upper level.

Swartley: This schizoid phase is measured by clinical tests and by observers?

Aaronson: Yes, we have interviews by outside observers. Let me read you a report for this particular test. "The first time he had a sense that everything was flattened out which he attributed to excessive fatigue from final exams...colors, shapes and sounds all seemed less intense. He reported a loss of sensitivity to touch...he became bored, withdrawn and hostile. He said that he used his experience as a painter to help him orient himself in this altered world." The outside observer reported a bored withdrawal; and the second time, the same responses as before - "the subject became bored, apathetic and withdrawn, showed little affect; he did not appear hostile but he said that his environment had become alien and people around him de-humanized."

Another subject in this same situation - in fact our first subject - "became afraid to move, colors seemed faded and sounds dulled; some loss in tactile sensitivity was observed; he developed a steppage gait and his movements became stilted and manneristic. On the ride he reported that lines did not seem to converge; he was afraid that the car would crash into distant houses with large wall masses showing, although he did not seem to notice isolated trees growing nearby; every hill seemed a cliff into which we were going to crash; he had difficulty estimating speed; left alone in a room for an instant he became terrified as he lay on a cot because the walls and ceiling were closing in on him."

Schutz: I am not quite clear on the procedure; what did you tell him?

Aaronson: I told him that when he opened his eyes the dimension of depth would be gone; that's all - a posthypnotic instruction. We also routinely take our subjects for a drive over a standard course; we ask standard questions at standard intervals about how things look, about how fast the car is going. And the route is set so that there is a great variety of scenery, from mountain to plain, from the cultivated to bare land. They are given two hours in which they can do anything they like; they are then taken on the drive and then write an account. They are then interviewed by an outside observer and then take the MMPI. They are then put through the battery of perceptual tests which they had been given earlier when the condition started and another Q-sort of emotion words. They are then re-interviewed by the experimenter; the situation is taken off from them and they are re-interviewed once more (Question: Do they do this whilst they are hypnotized or under post-hypnotic suggestion?) Under post-hypnotic suggestion. There is probably not much difference between a post-hypnotic and a hypnotic situation (Question: There is just one suggestion given and then all the rest of the eight hours is when they are in this state?) That's right.

As a control for this, we had to make sure that this was not produced by disturbances of clarity of vision; so we had two kinds of conditions - clear and distinct vision. We instructed them: "Everything you look at will be clear and distinct" ; and in blurred vision "Everything you look at will be blurred."  
(Slides shown in illustration.)

Most of our subjects, all except one of them, have responded positively to the "Clear and Distinct Vision": sounds are brighter, tastes are sharper. One subject responded by seeing the part as well as the whole and developed an anxiety reaction. He kept on breaking things down into parts, and everything seemed like an overly clear photograph.

"Blurred Vision" has been a positive condition for every subject but one. (Question: What do you mean by positive?) They liked it; and most of them reporting on the "blurred vision" situation talked in terms of "a water color day" or an "impressionist day"; and one of the interesting things about this is that Impressionism did not arise as a movement in art until after the Industrial Revolution, when the use of coal polluted the air and broke up light.

Now we wondered if our results were due to something else, may be it was any strange experience, so we incorporated the suggestion "Everything you look at will be in all dimensions twice as large (or half as large) as it normally is." This is the painting for "Twice as Large". Under this condition he became very upset, very anxious; he was especially very upset by girls being so 'giant'. Other subjects have also responded with a period of great anxiety. Now this subject then went to sleep and had a dream that he was standing in a cathedral, and as he stood under the nave he gradually grew bigger and bigger until he was as big as everybody else, and when he woke up he had a magnificent time and a glorious experience. Our other subjects have grown up without the use of a dream, and ended up with a "glorious experience" as they became as large as the things around them. They also became aware of themselves as people and their bodies as growing; it is a very profound experience.

Under the diminished size, "Half as Large", which is the next slide, he was initially quite upset; he felt there was marked distortion of body image, he felt

much smaller than he was, and yet at the same time he was much bigger than the people around him; so he got tired and took a nap in which he had a dream in which he was standing on a large plain and little woodsmen were chopping at his legs. When they were finished he was the same size as everybody else and was at peace in his miniature world. And one of the things that always appears in this is that when the subject is in tune with his world, when there is no distortion of a single relationship, he can manage to get along with it; and this experience we have had now with a number of subjects. As soon as he is able to enter into tune with that world then his alienation disappears. It is probably interesting that Swift had to choose Lilliput and Brobdignag to express alienation. It is somewhat more difficult to express alienation when you are dealing with an adult in an adult world; in fact, probably the most major recent work of alienation is the book by Salinger which is the story of the little boy. Most of the recent works involving alienation deal with a child discovering himself, finding out that everybody is no good. In fact, it is when you are not co-equal with your world that this sort of situation can come in; and while there is a distortion in body image which is certainly a part of it, I am much more impressed by the relationship of quality and "fitting in" with the world.

Swartley: Did this adaptation take place in addition to the dreams?

Aaronson: Yes, they take place spontaneously - gradually. However these situations are likely to produce a schizoid kind of mentation, although the subject will report it as positive. There was one whom Dr. El-Meligi saw yesterday, who still experienced anxiety; although he felt he was in keeping with his world he felt that his thoughts and ideas were trivial. He was anxious and the MMIP profile suggests a veiled obsession, an obsession that has burst into schizophrenia.

Lazure: Do you get grandiosity when the subjects get larger?

Aaronson: With some, but not especially. Now we tried something new today - when I had LSD this summer I noticed that depth was expanded and distance was diminished so as a further control today I ran a "diminished distance" (we have not yet run an "expanded distance") and we got a paranoid schizophrenia - almost at once. The person at first assumed a foetal position and he reported later that the edges of the room became rounded and looked vaguely like an egg to him. Then he came out and became extremely paranoid, accused us of stealing his air, then managed to criticize everybody around for one thing or another - he did not like my tie, somebody else's socks, etc. (Question: What was the suggestion?) That "Everything will be half as far as away as usual". All our subjects are so-called 'normals'. Our present subject today is a minister. He then went and hid everything sharp or anything that could be used as a weapon so that I would not use it on him. Then we agreed that we could trust one another and he brought it all back, and at that point his mood suddenly changed and he started showing markedly compulsive behavior, and he had to clean up the whole room, he could not tolerate dirt anywhere and he spent a great deal of his time making everything neat and tidy - he even invaded my office and later in the re-cap pointed out that that was only a beginning; he would have gone on to clean up the whole world!

I felt that it gave me a great deal of insight into this particular kind of compulsive dynamic, and what it means.

We have one more kind of condition - that of time. Time can be treated in two ways: it can be regarded as a rate or as a series of locations. We speak of time "flying" or "dragging" or time "flowing". All of these involve, in a sense,



the notion that time is moving. Generally we are stationary points when we say this, although in fact all of us do move along in time. For all of us at various times, time moves at a different rate of speed: when we are deeply involved with something, time may fly - before an exam or when we are waiting for something fantastic to happen, time may drag. For a schizophrenic it is possible that time may stop; in fact, our studies have led us to a general feeling that schizophrenia may be the psychic analogue to death.

Now for the time series we have two kinds of conditions. For one of them we set a metronome to beat at the rate of one beat per second, and we tell the subject under hypnosis that it will always beat at that rate, and after he is brought out it is speeded up to three times as fast, or slowed down to two-thirds as slow; or we will let it go on at the same rate or stop it all together. Then we have another set of conditions under which we express the same thing by telling a subject "Every time one second passes for everybody else three seconds will pass for you"; or "Every time three seconds pass for everybody else one second will pass for you"; or, "Time is stopped; there is no time."

Then we have a movement series: we tell the subject: "Everybody and everything will seem to be moving at three times its normal rate of speed." This is just in case time is a perception of movement; or we suggest that others will move one third the normal speed, or that nothing will seem to be moving. Now when we speeded up time with this subject he became very manic, alert, and this particular painting was done with 'magic marker' because he could not be bothered with water colors which were too slow. He became enamored of our director who is a hypo-manic. In fact our director provides a diagnostic test of how well the condition is taking; when our subjects are under slow time they cannot stand him and when they are under accelerated time they love him! He thought all of us were very slow and was very impatient with us because we were very slow and walking around as if we were under water. We have had this same experience with everybody without exception. In the case of this particular subject he said that I was like his Quaker uncle, speaking slowly and deliberately and he expected me to opine something any moment. On the drive he felt that my car was running poorly and that we were not going fast enough.

Some of the effects you might anticipate from a knowledge of the physics of sound - such that sounds might get higher - did not happen. This is a conceptual condition.

Now when time was slowed everything became heavy and dull; he became bored, withdrawn. Others who have run a series of these conditions reported depression, but we did not get depression; we would get the bored withdrawal very consistently with this slowing of time, and almost a searching for some sort of nasty thing to do just to keep active - the sort of feeling you are in when you have not had enough sleep and you are cranky, cross and impossible to live with. This is the sort of situation we get with the slowing of the metronome. Our data show there is a movement here in a schizoid direction in all subjects under this condition.

Now when we stopped the metronome with this subject he kept on hallucinating the beating of the metronome; however, other subjects become immobile or show a tendency towards immobility and move in a schizoid direction. Now when we told him there was no time he became extremely upset, depressed and schizophrenic. Every subject did so under this situation, with the exception of a simulator who

got into a state of timelessness which is possibly the other version of "no time" (Question: What is the simulator?) A simulator is one who is supposed to pretend that he is hypnotized, he is given the instructions and then attempts to live it; everybody else thinks that he has been hypnotized. Incidentally, all our simulators show evidence of going into an hypnotic state.

Schutz: . . . Did you ask the simulator if he had lost the sense of depth perception?

Aaronson: He managed to pull out of it. You can do this; I have tried it. I was wondering about it in my car one day and suddenly instead of my car riding over the road, the road was flowing under my car - until we came to a rapid halt! So it is possible to do it yourself. As a matter of fact our simulator came out of the depth experience with the feeling that depth was an illusion.

Under the "no time" condition all our subjects reported distortion of space. This particular subject felt that he could walk through walls, neither he nor the walls would be in any way changed. He said "I felt as if I was dead and everything was a memory of something which was not." As the day progressed he became more and more paranoid; and when he came out of the condition he said that he realized what the patients must feel living in this kind of a world. And all the data, all the evaluations, suggest marked schizophrenia.

Now when time is left unchanged of course nothing much happens. When, without the metronome, you tell somebody "time is going fast" it produces a happy state; the state is less driven than with the metronome. There is less of the feeling of a manic episode and more a feeling of euphoria.

When you slow down time, for most subjects it is uncomfortable - except for subjects who come from the South and they report that "everything is like a lazy Southern day." This subject however came from New Jersey and did this painting under those conditions. (Few slides shown here.) When movement was speeded up he felt all set for a party and had a magnificent time; and when it was slowed down he felt relaxed, calm and tranquil. No personality changes.

When movement was stopped for him, when he came to he started calling my name and then perceived me as being dead. I got up from my chair, and he continued to pluck at the sleeve of some phantom; then he ran to get Dr. Haronian, only he could not see him, and he found he was all alone. We were afraid he might run down the stairs and get into trouble so we grabbed him; but all he could feel were invisible hands touching him. He reported later, incidentally, that everything was deathly still. He headed back into the experimental room and he was able to see, as we were able to ascertain, a drumstick rise in the air and strike a cymbal, and this terrified him. He ended up curled in a foetal position on the couch in the experimental room with everything possible piled on top of him. This whole experience only lasted about twelve minutes.

Lazure: Did they report any effects of these unpleasant experiences?

Aaronson: Yes, they report that they were strengthened. My own guess is that what we have here is a procedure for psychic disorders like inoculation for physical disorders. Where you go through controlled stress and can experience yourself in relationship to these things and then know how to cope with them, you develop coping reactions. Our best result was one subject who, from flunking out

at a State Teachers College, went through to ending up in the fraternity for which you need to be a Phi Beta Kapa before entering, and is now a graduate student in psychology on a full scholarship. He also showed a 20 point jump in I.Q. He shows this marked increase and he is doing very well and is probably our most successful graduate. But it is a good experience for all our subjects.

We then raised the question "What if we consider the place names of time - time as a category?" So we ran a series in which we told our subjects that time is divided into the three categories of Past, Present and Future. The instruction was: "When I wake you up there will be no Past" - or no Present, etc.

I started with "No Present", because it seemed to me that eliminating the Present and leaving the Past and Future would be a very positive experience. In Hebrew, in the Bible, where God defines himself to Moses, He says "I am the one that was and will be"; and of course eliminating the Present leaves the "was" and the "will be". Our subject unfortunately had not read the Bible; he developed a text book catatonia - you could put his arms and legs in any position you chose and they would stay there, if you opened his eyes manually they would stay open and if you closed them they would stay closed, if you moved them to half open they stayed half open. Finally with great difficulty we got him to stand up, and when a breeze came in to the room he toppled over - we were standing around him and were able to catch him.

He later described it as a "state of unbeing like death" and he did not want to go into this again therefore we could not invoke with him the additional conditions involving the Present.

Now our simulator responded to this condition with a seeking for involvement, a tremendous desire to experience and to have more and more experience. It is really the opposite side of the same coin. In the secret record which he kept for us of the experience he attributed his condition to having read Ginsburg's poem "Howl" earlier in the day. He wrote: "rather than die howling I would want to effect some spectacular form of transfiguration and ascension that would leave those on the ground below gaping in astonishment at the glorious blazing visionary who burned himself up because that was the only way to ease the pain of existence. A magnificent flame-out by a jet-age Christ, as it were."

He reported feeling unaccountably sleepy although he had plenty of sleep the night before, and he did not understand it. He was clearly going into a self-induced hypnoidal state from living out the suggestion.

This, incidentally, I think is part of what happens when you produce a guided daydream in terms of the hallucinated figure in the daydream; your subject is acting out and living out, and going into a hypnoidal state. Almost all of my patients report feeling very similar kinds of feeling to what you get in light hypnosis, that is, by the end of a daydream. In fact, this is one way of inducing hypnosis, especially in recalcitrant subjects, where you have them imagine themselves hypnotizing somebody else; and he does everything that you, the hypnotist, suggest that the person hallucinating the hypnotizing is doing. After a while the hallucinated person disappears and there the subject is - hypnotized!

When the Past was eliminated, so were inhibitions. The Past is the place in which you learn those discriminations which are necessary for meaning, and discrimination involves learning not to respond, almost more not to respond

than to respond. In fact, the question that parents raised most commonly is "How do I get my kid to behave?" and the term "behave" means to do right - don't do a lot of things you might otherwise be tempted to do. And this is lost when the Past is eliminated. You are then more likely to act out; and in fact our data suggests a strong increase in acting out. Our subject - I had a colleague at the time whom our subject did not like, but he would never have referred to him this way normally - he kept on saying: "That pansy down the hall - what is he called? I cannot think of his name - he is a faggot!"

Also he did not know the words for things, he just lost a lot of the meanings of words. We have found this too in simulators; although our simulator responded with a sense of liberation - he hated his Past, so he felt liberated. So your simulator maintains a contact that your hypnotic subject does not, and since the past had no more influence on him he felt happy and could do as he pleased.

Winston: Was this the Past up to the beginning of the session or was this continuous so that every minute was a fresh beginning?

Aaronson: I do not know, we did not investigate that.

Lazure: The simulator then will be in a very similar position to someone in the Initiated Symbol Projection?

Aaronson: Yes, the state of the simulator in this condition was that of someone who had successfully completed therapy - the Past no longer influences the present, and this is what you do when you are destroying transference, for transference is the influence of the Past on the Present. When transference is there you are no longer responding to things as they are.

Hilton: What were your instructions to the simulator?

Aaronson: "To act out the instructions, to live it. It is a conscious thing but his personality is changing. I recently presented some of this at a conference of the Society for the Scientific Study of Religion, and somebody pointed out that the simulation conditions were exactly what happens in Christian Science, which I told our simulator about since his mother is a Christian Scientist. But quite clearly this is very much of what happens; this is, in fact, what you do in many techniques of mystical training - you practice to enact a particular kind of role, take a particular stance towards the world, until you can take it whenever you want to.

"No Future". When we eliminated the future, we expected that this would be a horrible situation; but in fact we found that for this subject it was an extremely pleasant situation. This is a man without too much ambition but with a need to support his wife and meet certain deadlines; but in the condition of "No Future" there were no more deadlines! Anxiety lives in the future, anxiety comes from the future; you are not afraid of things happening now; you know they are not happening now but they might happen. So this subject was not afraid of anything, and he went into a happy mystical state in which everything was part of an immanent present, expanding glowing Present, and everything was magnificent. Now our simulator responded in this situation with a pleasant and inert response. He had no goals any more, and he missed his usual goals. We have also tried this on someone who is an extremely ambitious guy, and he was upset when we removed the

Future, because he had no place to go. So it depends on the balance of motivation; but quite clearly anxiety lives in the Future.

One of the things arising out of this is that with my patients I have been stressing to them very strongly to live in the present, and that at any moment they can alter, they can determine themselves, the kind of future they will have. I usually ask them, if they are prisoners of the past, "Why should you be?"

El-Meligi: Isn't that the condition in the Chinese culture?

Aaronson: Well, it is the condition of almost any quietist religion; it is the message of Jesus. Jesus and Buddha both taught the movement into an extended Present.

"No Past nor Future". When we eliminated the Past and the Future together I assumed that this would be a positive condition; since eliminating the present and leaving the Past and the Future was negative we presumed that the reverse would be positive, although if you follow the theories of J.W. Dunne on the organization of time, it should not be, because time is a series and when you eliminate those two terms you destroy the series; and in fact what we got was the catatonia that we saw before (with "the Present"). The only difference was that this time there was some greater waxy flexibility; this was comparatively mild.

Lazure: Could you say anything more about the effects on your simulator under the different conditions?

Aaronson: I cannot point to any single condition because we are running a whole series and it is not a single condition after which you can stop, look and see. But clearly you have to look at the stance you take towards the world in each condition. It takes a long time to train a subject and to work them through. But you can evaluate a long-term effect of going through a series.

"Expanded Past". The instruction to the subject was "When I wake you up the Past will be expanded." When we expanded the Past, if you were talking to the subject about something that he was interested in, he related well and easily; if you were talking to him about something that you were interested in, he would not relate at all - very much as very old people do, which suggested to me that we had a basis for an experimental disengagement, for a disengagement theory - which you will know, I am sure, is the leading theory of psychological aging at the present time; i.e., as you grow older you become interested in less and less and you will not relate to people outside your areas of interest.

"Expanded Present" and "Expanded Future". When you expand the Present you get a 'living up', and this is a very happy state, reported by the subject as "mystical". When you expand the future the subject feels a triumph over death, a kind of euphoria; deadlines are unimportant because there is plenty of time in which to reach them. Here you get the flow of time entering in. (Question: Does he feel more youthful, infantile or anything?) No, he just feels that he has lots of time to do anything he chooses. This was also true of our simulator.

"Expanded Past and Future". With the Expanded Past and Future all of our subjects become overwhelmed; they feel as if they are a point in time; they become very obsessive and they seem to be surrounded by a sea of ghosts. Those of you who have read Leon Feutchwanger's "Power" will remember the recurring

images that everyone is joining hands with their fathers and so on and engaging in a huge dance; - this is the sort of situation that is produced and you feel as if you were being overwhelmed by all of time.

"Expanded Past and Present". In the Expanded Past and Present they don't become overwhelmed, they feel as if what they are going through is the result of all of history; they have an acute sense of history and how it is contributing to the world.

"Expanded Present and Future". The Expanded Present and Future in both subjects produced a happy state, but in our hypnotic subject it went along fine until Dr. Haronian interviewed him. He reported he had been getting under more and more tension and when he came out from the interview he began pinning obscene slogans to people's backs. He then went down to the lavatory and returned with huge ribbons of toilet paper with which he proceeded to festoon all the doors. Later on I noticed that he had painted a picture on the mirror in the lavatory and went into a fairly typical manic episode. He reported this as a happy mystical state. But he was clearly showing all of the signs of a manic condition.

Now what I feel that our general research indicates is that the way you perceive the world determines very much the kinds of experience you have. It is available to be altered if you choose. Specifically, I feel very strongly that schizophrenia is a psychic analogue to death; in fact, according to a study by Osmond the proportion of suicides among schizophrenics, where the diagnoses are known, is considerably higher than you would expect by chance and considerably higher than any other diagnostic group, including depressions. When you give a condition of "No something" it throws the subject out of alignment with the ongoing world; this is going to throw him more than anything else. If he can in some way maintain his involvement he may develop a neurotic episode but he isn't going to be thrown. In an ablated condition of any kind he is going to be thrown, but if he can maintain some kind of stance that enables him to handle it then he can use the condition creatively. I have always been impressed by the episode in Jung's Autobiography - that at least once in his life he had a schizophrenic psychosis which he handled by swinging with it.

At least in my experience in handling daydreams, if you allow a subject to run away from the image of which he is afraid, that image will grow and get larger and dominate him. And in the same way, if you move with something that is bothering you, allow it to take hold, you will eventually come through.

Swartley: I remember how Jung described how he would see his anima walk through the door; he considered running, and then thought better of it and told her to sit down.

Aaronson: And this makes the big difference. Quite frequently this moving with a situation is extremely important.

El-Meligi: How would you apply it in the case of a phobia?

Aaronson: Well, I did that with a woman recently; I had her keep thinking of it and then I had her induce the phobia whenever she wanted to so that she could become aware that she could make herself afraid whenever she pleased. And then I asked her: "Well then, why are you making yourself afraid?" She had no good

answers so she stopped doing it.

I have done this with compulsions too. First of all I have them be compulsive; for instance, where you have an obsessional counting. "First notice whenever you do this, tabulate it for me"; and then later: "It is probably no fun for you to keep counting the same numbers all the time; why don't you vary it for yourself and see if you can make it more interesting, and try not to repeat the same set of numbers each time. So that if at one time you are counting from one up, make sure that the next time you count from a hundred back down; and the time afterwards you count by threes, you try the odd numbers." And eventually they forget all about the counting because it is too laborious.

Lazure: Have you tried this with someone with a compulsion to pay meticulous attention to detail?

Aaronson: No I haven't, but this is a technique which I took from Milton Erickson. He does this all the time, he is in my opinion one of the world's greatest therapists.

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END OF SESSION.