

# *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

January 1, 1966

Dear Colleague:

To avoid our January Psychosynthesis Seminar clashing with another conference on existential psychiatry the meeting will be held on the second Friday, i.e., January the 14th.

The theme of the meeting will be the Will. Frank Hilton will present the approach of Robert Assagioli, M.D., and the writer will give experiences with the Will Technique in the clinical situation.

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, January 14, 1966.

Place: Apartment 16C, 560 Riverside Dr. (Columbia Faculty Building at 125th St.) N.Y.C.

Speakers: Jack Cooper, M.D. Frank Hilton

Subject: The Will and Will Training

PSYCHOSYNTHESIS SEMINARS, NEW YORK

---

1965/6 SERIES

---

Fourth Meeting: January 14, 1966

Subject: The Will and Will Training

Presented by: Jack Cooper, M.D. and Frank Hilton

Participants:

Jack Cooper, M.D.  
Mrs. Rena Cooper  
Frank Haronian, Ph.D.  
Phil Heggen, M.A.

Frank Hilton  
Harry Streitfeld, Ph.D.  
William Swartley, Ph.D.  
William Wolf, M.D.

PART ONE: "Fran".

PART TWO: Outline of Roberto Assagioli's views on  
the Will, by F. Hilton

PART THREE: On Will Training by J. Cooper  
Discussion

Psychosynthesis Research Foundation  
Room 314  
527 Lexington Avenue  
New York, N.Y. 10017

PART ONE

---

NOTE: It was originally planned for Doctor Cooper to present his patient "Fran" in the middle of the session, but as she arrived early, the seminar opened with her personally giving her own experience. This proved to work out very well for it highlighted the will and the fact of there being various phases or aspects of the will. Ed.

- - - -

Jack Cooper, M.D.: Our patient tonight is "Fran" and she has been good enough to come up to see us and tell us about herself, because the subject tonight is "The Will." So we will now ask her to speak.

Fran: It is difficult to know where to start, although the idea of me sitting here is itself unbelievable. I was hospitalized for over 5 years with what was termed everything from chronic undifferentiated schizophrenia to psycho-neurosis anxiety, and it was a part of a complicated family situation which I chose to react to very unfavorably. It was triggered off by a very unfortunate marriage; and then seven years after that I had cancer of the breast, when I finally just disintegrated. I lived outside the hospital but was unable to leave my home for a period of a year and a half - agoraphobia and claustrophobia. I was on over 40 pills a day of various kinds, and finally I was taken to Hartford Retreat Hospital; then I went to Mercywood Hospital, Ann Arbor, Michigan - this was all consecutive, but I did go home for a period of eight months with a psychiatric nurse in constant attendance and with intravenous Nembutal shots. I tried to take care of my family, couldn't do it; and went back to the hospital - the New York Hospital in White Plains where I was given shock treatment and put in tubs, and I did not react favorably at all. I was terrified and became more so. I was scared of what they would do, but all this time my aim was to outwit psychiatrists, and to put them down. This was all I wanted to do and it was more important than anything else. And then I finally prevailed on everybody for me to come to Regent Hospital where I thought that I might be able to conquer the phobia if I were in a situation where I could walk. Then I could not go more than a quarter of a block without screaming, but I wanted to try because otherwise it looked as if I was going to spend the rest of my life in the hospital.

And at that point I met Dr. Cooper - about  $2\frac{1}{2}$  years ago - and he began working with me five days a week for quite a while; then three and now once a week. I was able after eight months of treatment to move into my own apartment which was ten blocks from the hospital. And now - Dr. Cooper no longer lives in the city - I am able to go to his home in Scarsdale, by train. It has become easy in that I know that Dr. Cooper is "on the other end." and this is a brand new experience for me; in fact, quite unbelievable, for I am a very anxious person.

But I am accepting the fact that I am this way and I can function with these limitations, and I have hope for more - and I am so grateful to Dr. Cooper.

Dr. Cooper: Can you tell us something about what started you moving out from the hospital - the willingness?

Fran: Well, I always thought that will meant that you were going to do something even if it killed you; and the harder you tried the more hurt you were; it was resolution - a sort of pounding your fist against a wall, and it was this kind of thing that finally got me in the back wards in the hospitals.

Dr. Cooper: Give us some of the settings there in which you were resolved to beat the whole program, when you were under restraint.

Fran: When I went into White Plains they promised me that I would not be in a locked ward; this was fully understood and put into writing and promised by the doctors. I got there and the first thing I saw were a bunch of keys and a very sterned face resident said: "This is it. We lock up all our patients for a ten day observation." I knew, obviously, that the worse I reacted the lower I would go in the ward system, but I did not care, pride was more important and I said: "Do you expect to solve my problems with locks and keys?" So he pushed a buzzer and three nurses came out and helped the other one who was bleeding from the mouth! I didn't care; I knew what I was doing - I was in contact with reality, but I didn't care; it was a victory.

So I went down under observation in a cell-like place, where a large negro woman sat in front of the door and the doctor would come in. There was one whom I thought quite feminine and he said; "You really want to be a man"; and I answered "So do you! I wonder who will make it first!" You can imagine his reaction; he was quite furious; so that was strike one for me. He went out with his hair standing on end.

Then they put me in tubs - to relax me, and I would scream for three or four hours in terror and my legs were all cut up from absolute irrational terror, and my hands and wrists were all swollen from scar tissue. I thought that if I could hurt myself enough it would be a counter irritant to the anguish, and so I would not go to pieces. And I was always aware of what I was doing but I knew no way out of it. Finally I saw Dr. Cooper and I thought "Oh Lord, here comes another idiot psychiatrist - the ninth; so we will see what he has to say." And I just walked in there - I always have a very arrogant controlled manner - I had been on top of many situations, of course. Dr. Cooper said "If you are that angry why don't you use a phone book - tear it up?"

(Later comment by Dr. Cooper: This was not the first session but after several interviews; a day when she came in in a violent temper.)

Fran: I looked at him "Are you crazy - you can't behave in that manner," but he said "If you don't, I will", and started ripping up the directory, so I joined him and we had a whole mess of paper. That was the beginning.

I found that Dr. Cooper would neither hate me nor love me; I wanted a reaction and did not know what to do. Also, I did not know how to talk except intellectually; and he would just sit there and say "point A"; "good morning Louis Nizer," and things of that nature. I remember one day I went in and told him I was going to kill myself - with sleeping pills. This was Friday, and he answered "Well, if you are in Monday we will discuss it!" And I felt "Oh my God - I will show him"; but at any rate, what Dr. Cooper did mostly in the beginning was to have me practice this "willing" as opposed to resolution, being willing. This is hard to put into words; it is being willing to start from where you are; willing to have no particular goal in mind; willingness to be in the moment.

And I would start out and go maybe one or two doors from the hospital, and look in a store window. Dr. Cooper told me to do this, and to memorize the objects on display and then turn away and see if I could remember them. Also little exercises like following an instrument in a band or in a recording - say trying to follow the clarinet through it. Or try to concentrate on one thing; and be willing to accept that by the standard of society I am a failure and a very limited person; but yet in a sense I am not limited - at least I believe so. I am willing to see things as they are and I am trying to live one day at a time, and am not trying to prove anything any more.

Cooper: That was the beginning, and from there Fran was able to move out from the hospital - she even took an elevator one day, and went down into the subway; and then was able to extend her journeys from 42nd to 23rd. She was able to do this by utilizing these techniques - relaxation, etc. - that are mentioned in Psychosynthesis, and eventually to move from hospital into her present apartment. Then she was able to join AA - drinking was also in the picture - not serious but it was there. In defiance she might take down 8 oz of gin at one time, but we will discuss that part of it later.

Wolf: What was the effect of the 8 oz? (Fran: Just drunk!)

Haronian: Did it knock you out ??

Fran: No, just very belligerent. Dr. Cooper also said "If you are going to be a drunk, be a good one!"

Cooper: Do you have any questions you want to ask Fran? The main thing is that the opening wedge in this case was the "willingness," as opposed to the resolution aspect of will. She has been working on "resolution" - even today just dressing, getting her hair fixed, etc., still requires a tremendous amount of work on her part. But now she is more willing to do some of these things in ordinary living.

Wolf: Was the AA work done simultaneously with the therapy?

Cooper: It was one of the few programs which would tolerate Fran. It was after about four months; first she went to a Charm school and then to AA, but irregularly. (Wolf: You sent her there?) Yes, I encouraged her to get into these various programs. She would try it; she was willing to give anything a try. At the present time she is on medication: a small amount of Vistaril, Noludar for sleep, and Dexidrine. At the present time a combination of Vistaril, Dexidrine and Noludar - although it is almost in token amounts. But without Vistaril she gets pretty giddy, petit mal seizures. How many shock treatments did you have, Fran? (Fran: 27. I had a normal E.E.G. until after shock, now it is disrhythmic.) The combination of the Vistaril with the Dexidrine - 2½ three times a day; and 300 of Noludar at night. (Fran: This I have not been taking.) Good!

Haronian: Are you working?

Fran: Well, I am going to hit the pavements next week to see if I can get a job. I have been out of hospital exactly two years. During that time I have gone to AA and have finally done some speaking there. I have worked in some political campaigns, which I enjoyed very much - I worked in Lindsay's campaign where under a captain we went and rang doorbells and that sort of thing and asked people questions. I have also been a voting booth inspector.

Streitfeld: You see this "willingness" as being opposed to "resolution"?

Cooper: No; it is really part of the same thing, but this we will discuss later. The thing is that here was this girl who, as far as we could see it, was working on resolution, and the resolution aspect of will only. But then we began to talk in other terms: that there are other aspects of will - "what about trying willingness, and practicing it?" And as regards some of the techniques, do you remember, Fran, when I demonstrated standing on a chair? This is an example of the quiet strength that willingness gives.

Fran: Dr. Cooper told me it was very important to realize two words "unwillingness" and "inability", and that it was very important that I distinguish between these two - to recognize things that I was unable to do. I had judged myself as being unwilling to do them; and this seemed to take a tremendous amount of pressure off me - but I was not quite as able as I had liked to think I was; like being a wife and a mother - maybe I was not cut out to do it! I have a 10 year old boy and an 11 year old girl - they live with my husband in Long Island.

Hilton: In one sense, Fran, your "resolution" was a saying "No" and your "willingness" was a saying "Yes"?

Fran: Yes; and in accepting - I demanded perfection in this - "I will do it if it kills me," "I will lick it" - and I couldn't possibly. And another thing is the spiritual aspect which helped me terribly much. Dr. Cooper has a book called "The Universe in Forty Jumps," and I used to look at this and think of my place in the Cosmos - which sounds kind of nutty. But when you are walking down the street and you think you are going to scream, you think how important are you really, when you think that if something happened to the sun you would not even know it for eight minutes. This gives you a fantastic feeling of openness, of getting away from your own importance.

Cooper: This is the book referred to by Dr. Assagioli; it is by Boecke - The Universe in Forty Jumps; it is published by UNESCO.

Streitfeld: What was it that you said about cancer?

Fran: I had a radical mastectomy in 1957 when I was 26 years old. So far there has been no return. It was that that kind of 'pushed me over the edge'; if it hadn't been that perhaps something else would later; but I took it very hard.

Cooper: After that type of cancer surgery the pectoralis muscles are painful; she was used in the hospital as an example of how a person can lift the arm (up, over and back Ed.). This is usually regarded as impossible.

Fran: I had to do it, just to defy the surgeon. That was because I was not willing to have this thing happen to me. But now I am willing to accept it, as I suppose anybody would. (Haronien: How old were your children when this happened?) One aged 1 and one aged 2. But the doctor just called me on the phone and said: "You have cancer"; so I said "Oh, how long do I have to live?" - great laughter and so on - but it hit me very much later. But now I have become willing - "Why should I be exempt from it?", although, of course, I am not happy about it.

Streitfeld: I take it there was no discussion of past history?

Cooper: We took her where she was, and when she would start detailing all that had

happened in the past we would say "that is very interesting but what are your problems today" and in that way keep bringing her up to date, up to the present rather than keep detailing some of the things she had been through.

Streitfeld: Fran, there were a number of exercises you were asked to do?

Fran: Dr. Cooper is very keen on exercise, so I have done a great deal of walking and now I do sometimes 50 blocks a day, just miles and miles. And I used to think I was very ugly, but Dr. Cooper would tell me to walk down the street and act "as if": "Walk down as if you felt fine and ten foot tall!"; and that is not hard for me because I am 6 foot 1. He also wanted me to practice swimming, but I am still too shy about the scar. I also do a lot of isometrics - I have a very bad temper, impatience and intolerance; so I will pull in my stomach muscles when someone is talking, and I am "willing" to do this. Also it is a good gimmick because through it you can take inches off your waist!

And thinking of other people as children of God and not about the outer manifestations of them, helped me very much. My hatred of women was so violent that I would not speak to them; when I was drunk I used to hit them and yell very abusive language, but now, although I still have trouble with this, I consider that this is just their appearance.

Cooper: A little while ago her mother came to visit her and said "This is the Fran of old, rather than as she was in hospital."

Haronian: Did you cry much?

Fran: Yes, sobbing; but it was self-pity - not a real release at all. Yes, I did cry quite a lot. (Swartley: Was this during therapy or other times?) Yes, but the only thing I wanted to do was to get the therapist to like me; it was not real sorrow and it wasn't really sorrow over anything except if he would not show enough affection. I wanted to try to make him into a father or a mother or a good parent, and when he wouldn't do that then hate would come out.

Swartley: Fran, you obviously have a great mass of will power which you use destructively. Do you feel that you are using the same will power, but in a different direction? Or (Fran: Yes) have you stopped that?

Fran: I am converting it; it is like a double-edged sword. It is energy; Dr. Cooper explained that all this is energy - the hostility, etc., which by habit patterns had been used negatively, and one has to try to use this for good; to try to take this terrific energy and try to do something socially acceptable with it. And this is what I am trying to do. I am qualified as a teacher, and now that I can travel a bit I would like to go down to Livingston Street in Brooklyn and get my license. As you can see I love to talk, and if I can use this in teaching, instead of yelling at people, it will be far more rewarding I should think.

(At this point Fran left the meeting. Ed.)

#### BRIEF COMMENTS ON "FRAN"

Cooper: I was Director of this small mental hospital at 61st St. and she was a patient there. I would usually see her five days a week - usually in the

mornings or the evenings as she was resident there. In the first five or six months, until she left the hospital, there was a very close contact, an hour's session per day in which she did most of the talking - challenging, fighting and everything. Then, gradually, as we let her run down, we were able to get her to begin to relate in a better way. We began slowly pulling in some of these simpler techniques given in the book "Psychosynthesis." Then as she began to see that they worked she became more confident in them; and, in fact, we practically went through the whole book with her. We used all the techniques in it, plus a lot I don't know yet how to evaluate; she mentioned some of them - seeing people as spiritual, and things of that nature, which gave her an entirely different viewpoint and outlook on the society around her.

Haronian: What is your diagnostic impression?

Cooper: The predominant symptom is chronic anxiety. The best diagnosis is pseudo-neurotic-schizophrenic reaction. There is an organic overlay problem here which we are taking care of with medication, plus this neurotic character pattern. Psychological studies show this tremendous resolution aspect, and how she is holding herself together by sheer force of will. It was as if she was concentrating her whole energies on maintaining her integrity.

Wolf: Did she ever get large doses of Niacin? (Cooper: Oh yes. And at the present time she is on a fairly intensive dietary regime.) No, I mean did you give her large doses, say 500 or 600 mgrms of Niacin per day? (Cooper: Yes, we tried Niacin along with thyroid extract. I like to use the two in combination. We tried this but without too great a success.)

Haronian: There were never any great hallucinations?

Cooper: Never; and never has there been at any time any sign of a psychosis. Even when she was under large heavy doses of Amytal and was addicted to it and actually had to be taken off it, there was no evidence at any time of any psychotic reaction. She has always been intensely in contact with her surroundings.

Haronian: I had the impression that she was a girl who, before this happened, had been very athletic.

Cooper: Yes - skiing, dancing and all the other athletic sports.

Haronian: Despite her height she is by no means a gawky person, and she looks as if she has considerable skill in handling her body. (Cooper: She was up to nearly 200 lbs for a while; and then we had her on a high protein diet - this so-called ketogenic diet, which helps tremendously in therapy. She pared off a lot of weight and is about 155 lbs now, and stays pretty well in that range. She could carry a larger weight.)

Streitfeld: Apart from her body image, which she must have because of her height, endocrinologically she must be fascinating to you, Dr. Wolf. Think of her jaw for example, a pro-magnon quality to it, the long limbs. All this shows this determination, this resolution.

Cooper: She was an ideal patient with whom to discuss the will. As she described it to me, she was in this tub, with all these people around, and yet she



was still screaming, still struggling to such an extent that she was abrading the tissues.

Haronian: Yes, it was interesting when she described doing that; & she bit her hands in order to dispel the anguish. The physical pain was used as a way of suppressing her psychological anguish.

Cooper: Yes; and in her childhood she was taken from her family - her mother and father separated when she was fairly young. Then she was subjected to a court trial in which the judge decided that she should go with the father; but her will was so great, even at that time, that she refused to eat and refused to go with him. She got herself down to just a few pounds and became physically ill as a result of this determination, and finally got her way and went with her mother. Even in early childhood was this strong will, this strong willed individual. And the family background: a very prominent family, bankers, a number of prominent citizens and her grandfather is very much the same way as she is; and you can see this resolution, this will aspect, running strongly through the whole family pattern. She has one brother who looks very much like her; he is carrying on as an executive here in New York City at the present time. Her mother is a chronic alcoholic; it is a terrific problem. And now at this point I suggest we turn it over to Frank Hilton and then we can come back and discuss this case later.

- - - - -

## PART TWO

---

### Frank Hilton:

I met Roberto Assagioli way back in 1937, and have had the privilege of an increasingly close friendship over the past ten years. As Administrator to the Psychosynthesis Research Foundation I have necessarily worked closely with him on preparing his writings for publication; in particular, the final shaping up of the material in his recently published book - Psychosynthesis, which involved reading and re-reading his writings and transcripts of his discussions of the techniques of psychosynthesis. And I remember only too well how the section on the will had my wife and I groping again and again for the exact meaning his writings sought to convey.

What I have to say is very largely lifted verbatim from the book, and this for two reasons. First, I want to present as true a picture as possible of Assagioli's viewpoints; and secondly, some of you may not have read the book or may have read it quickly; so, if I present the key points on the will we shall be in a better position to follow Dr. Cooper's clinical presentation and also be able to discuss the subject more easily.

By way of general introduction, and in recognition of the negative and reductive thinking characterizing much of psychology I would stress the essentially positive approach of Roberto Assagioli to all human problems and therapy in general.

Incidentally, I think that much of this same quality is seen in Eric Erickson; and in his recent book Insight and Responsibility is a passage which has relevance to both this overall positive approach to psychology and psychotherapy as well as to our specific theme of the will and the training of the will. Erickson says:

"We recognize an inner affinity between the earliest and deepest mental disturbances and a radical loss of a basic kind of hope; and an affinity between the relation of compulsive and impulsive symptoms and a basic weakness in will. Yet, we are not curious to know what the genetic or dynamic determinants of a state of hope or of a state of controlled will power really are. In fact, we do our tortured best to express what we value in terms of double negatives: a person whom we would declare reasonably well, is (described) as 'relatively resistant to regression,' or somewhat 'freer from regression' or 'less given to ambivalence' than might be expected.

And yet we know that in a state of health or of mental and affective clarity a process of order takes over which is not and cannot be subsumed under the most complete list of negatives. Some of this process we call 'ego-synthesis' and we gradually accumulate new observations under this heading. But we know that this process too, in some men in some moments and on some occasions is endowed with a total quality which we might term 'animated' or 'spirited'. This I certainly will not try to classify. But I will submit that, without acknowledging its existence, we cannot maintain any true perspective regarding the best moments of man's balance - nor his deepest tragedy."

Those of you who are fairly familiar with Assagioli's writings will, I think agree that he is far more daring and definite in his affirmation of the source of what Erickson calls this "animated or spirited total quality." Assagioli no doubt would attribute it to the self, the willing self, in control of psychological mechanisms, or, in the comparatively more rare cases of spiritual psychosynthesis, to the capital S Self.

But to turn to our specific theme, in modern psychology the attempt is made to eliminate the necessity of including even the concept of the will, and to regard decisions as the result of opposing forces of mostly an emotional nature. This is the standard deterministic concept of the parallelogram of forces, so to speak, and it is the Freudian conception. However, the concept is not consistent with human experience.

The will can be truly called the unknown and neglected factor in modern psychology, psychotherapy and in education. Without attempting to analyze the causes of this surprising state of affairs - such as the reactions to the former over-emphasis of the inhibition aspect of the will or the many resistances encountered to the training of the will - Assagioli draws attention to the paradox that the very fact of the central position of the will has been the cause of it being ignored; that is, the will is the function which is most directly related to the self. Rank has gone so far as to say that "the human being experiences his individuality in terms of his will, and this means that his personal existence is identical with his capacity to express his will in the world." Because the individual generally is not aware of his self, consequently he is just as unaware of the direct function of the self, the will.

Personally, I think that the will - as distinct from the various psychological drives - is, paradoxically, both rejected and accepted by most therapists. Rejected on the basis of their orthodox - and perhaps fundamentally behavioristic or dynamic psychological training which they did not dare to question if they wanted to have their doctoral theses accepted. And yet in their practical working approach to their own lives, to those of their family and particularly their children, they accept the existence of the will, or behave as if they took for granted that the will exists in others.

Incidentally on that point I have another most interesting quotation here from Erickson's book "Insight and Responsibility" which I mentioned earlier. Perhaps later if there is time I will read it to you in full. Sufficient for our immediate purposes is the following:

"For true hope (here Erickson is speaking on the theme of hope) for true hope leads inexorably into conflicts between the rapidly developing self-will and the will of others, from which the rudiments of will must emerge. As the infant's senses and his muscles grasp at opportunities for more active experience, he faces the double demand for self-control and for the acceptance of control from others. To will does not mean to be willfull, but rather to gain gradually the power of increased judgment and decision in the application of drive. Man must learn to will what can be, to renounce as not worth willing what cannot be, and to believe he willed what is inevitable. Here no doubt, is the genetic origin of the elusive question of free will, which man, ever again, attempts to master logically and theologically. The fact is that no person can live, no ego remain intact without hope and will."

To return from Erickson to Assagioli, the latter makes a comment which is very much in line with what I just read to you. Assagioli says: "there are commonly two very one-sided conceptions of the will. The first is that of checking or inhibiting by sheer force, analogous to the taming of wild beasts. The second concept is that of pushing by force, analogous to a man trying to move his automobile by pushing it from behind." (p. 126) Because of its aptness this analogy of a man and his automobile is frequently used by Assagioli to illustrate various points in his discussions of the will. He sees the will or the willing self - besides being a genuine, independent energy contending with the drives - as the organizer or coordinator of the drives, using them in a sense from another level or dimension. The will, therefore, can be, when freed, a supra-ordinate force - if it does not let itself be dragged down to the level of the contending drives.

It is impossible to grasp Assagioli's teaching on, and the use of, the will without grasping what is basic to psychosynthesis - the self. That is, to quote from the book, "the self is the point of pure self-awareness; it is often confused with the conscious personality, but in reality is quite different from it. This can be ascertained by the use of careful introspection. The changing contents of our consciousness (the sensations, thoughts, feelings, etc.) are one thing, while the 'I', the self, the center of our consciousness is another." (p.18)

Incidentally, at this stage we will not consider the capital S Self and spiritual psychosynthesis and so avoid confusing our understanding of the will. In any event it is probably truer to say that just as there are not really two selves, a lower self and a capital S Self, there are not two wills. That we may touch on later in the discussion.

The will is, curiously, rarely recognized as the central and fundamental function of the self. And where the fact of the will IS accepted it is depreciated as being ineffective against the various drives and the power of the imagination, or it is considered with suspicion as leading to self-assertion (the will to power). But the latter is only a perverted use of the will, while the apparent futility of the will is due to a faulty and unintelligent use. The will is ineffective only when it attempts to act in opposition to the imagination and to the other psychological functions, while its skillful and consequently successful use consists in regulating and directing all other functions, including imagination, toward a deliberately chosen and affirmed aim.

Preceding the recognition of and the possible development of the will is therefore the factual realization of the "self" of which the will is a function or potential function. Assagioli is fond of emphasizing what he calls a fundamental psychological principle which he formulates as:

"We are dominated by everything with which our self becomes identified. We can dominate and control everything from which we dis-identify ourselves." (p. 22)

I think most of you are familiar with the Exercise in Dis-Identification given in the book, which is at once a means of proving this principle for ourselves and also as a means of leading a patient towards a recognition of the fact that he has a central point of selfhood from which he can begin to control and integrate his emotions and drives, to choose what he will do and what he will become. Choice is inevitably linked with this question of the will.

In reality an analysis of the will reveals various phases or stages which we will come to presently but in general our aim and interest - for the practical

purposes of the development and the training of the will - is in the complete effective, successful, volitional act,...the total will in action.

To prevent us getting side-tracked into hair splitting theories and definitions, it is useful to remember that it is not necessary to have an exact conception or theory of the will in order to train it, nor to discuss which of the various phases of the will is more essential or specifically of the essence of will. Just as we do not really know what electricity is we know it is there and that it can be used. If we cannot grasp what electricity is, or define it, we certainly know what happens when we press a lightswitch. And although Assagioli does not draw the parallel I myself think that in some ways we can draw an analogy between the self and a dynamo; the dynamo has a potentiality of producing electricity, and the self has the potentiality of the will. Perhaps that analogy is misleading for a dynamo is a machine and the self is not; the self is the willing user of the mechanism of the personality.

The purpose of developing the will is self-evident, because the will is needed first to decide upon and to persist in, to take the needed time and trouble in, the use of any other technique - and, of course, for the whole work of psychosynthesis. Because of this it is easy to see why Assagioli lays such great stress on the technique of the will, describing it as "the basic one, which helps and even makes possible the use of all the other techniques."

The prior and most immediate step is the will to train the will. Those patients who say that they have no will, do in reality have some will for it is a direct function of the self, but a function that is largely latent. Such people have to learn to use their small 'capital' their modicum of will, in order to strengthen and build it up to where it becomes a valuable asset - at least sufficient for each particular stage of the psychosynthesis, although there is no limit to the usefulness of an increasingly potent will.

At this point I should like to clear up something which perhaps I should have stressed earlier, to repudiate any erroneous conception that might possibly develop to the effect that psychosynthesis is returning to the old 19th century conception of the will, which overlooked the important unconscious motivating factors. However, since psychosynthesis evolved out of psychoanalysis, it is quite obvious that no such exclusion is intended and that Assagioli is fully aware of the very complex motivating factors which operate below the level of awareness.

As he says "the training of the will should be preceded by the exploration of the unconscious, which includes as one of its most important and useful aspects the uncovering of unconscious motives and the rationalization of them, in order to make them acceptable to the conscious ego. This is, of course, one of the most valuable aspects of psychoanalysis and we take it fully into account in the process of psychosynthesis." Incidentally Assagioli was one of the pioneers of psychoanalysis in Italy and a tribute was paid to him on this account at a recent psychiatric conference in Milan.

The consideration of motivation is for the most part the uncovering of unconscious drives; but after they have been recognized we must not fall back into the mistakes of 18th century psychology of condemning or suppressing those drives. The function of the will is to utilize them and ensure their cooperation in the attaining of the chosen purpose.

Although, as I have said, it is not necessary to have an exact conception of the will in order to train it, it is necessary for the therapist - and for the so-called normal individual who is seeking to develop his will - to recognize the five phases or stages of the will, all necessary for its complete and effective expression. As Assagioli says, "the will is not only and simply 'will power' according to the usual conception" and goes on to list five stages, each of which can be developed through appropriate techniques. With a particular patient some phases may be present, another may be weak, or one may be non-existent - "Fran" (Dr. Cooper's patient) is an example of this, which we can discuss later. The five stages are:

First - motivation - goal - deliberation.

Second- decision.

Third - affirmation or command.

Fourth- planning.

Fifth - direction of the execution of the plan.

Taking now each of the stages, the first involves, purpose, intention, motive, valuation, deliberation. He says that "since we are dealing with the conscious will the element of purpose or aim is the first essential, for without a conscious aim there can be no pure will. After having decided on the aim comes the intention to attain it and the evocation of motivation. That motivation inevitably implies valuation. And valuation is unavoidable and even essential, for true valuation implies a scale of values, which in turn is the expression of a concept of philosophy of life and of the world....It is evident that the purpose or aim towards which the will is to be directed must have an intense positive valuation, or what Lewin called 'a positive valance'." (p.128)

Following valuation comes the point of deliberation, of consideration, of weighing. In any particular situation it might seem that there is not much to deliberate, and that the choice should inevitably go to the highest conceivable aim or purpose, but the purpose or aim must not be only of high value but must also be attainable, for we can visualize very high aims but which realistically we recognize are unattainable under existing psychological and environmental conditions.

Incidentally, this points up the confusion in people's minds that psychosynthesis is always concerned with Self Realization in the religious sense, with a spiritual psychosynthesis; but as we pointed out in a Newsletter last year: for average man the aim is the achieving of a personal psychosynthesis, a balanced effective functioning as a useful human being. But for some, however, a recognition of the self and the achieving of integration is not enough; they have potentialities of growth towards the capital S Self; the goal is a spiritual psychosynthesis.

The second stage in the use of the will is that of decision. This is a difficult stage because it involves choice and goes counter to the strong tendency existing in all of us 'to have our cake and eat it too'. In psychoanalytical terms, it could be called the following of the pleasure principle - which is irrational. The making of a deliberate choice implies instead the use of the reality-

principle, which is a principle of relativity - the principle that one cannot have all, but must choose between alternatives. In the older psychological writings on the will this point was expressed in a negative terminology of renunciation but for theoretical and especially for practical purposes it is much better to place the emphasis on positive terms of preference. But, of course, the difficulty in making a voluntary decision is that the individual, either clearly or obscurely, realizes that decision involves responsibility. It is an act of freedom which inevitably involves responsibility; and, of course, indecision is one of the outstanding symptoms of all patients in a state of depression.

The third stage in the act of willing, which should closely follow decision, is affirmation. This involves several factors: first, faith - not simply belief but a living dynamic faith or rather an assured conviction. If this is lacking then affirmation can be made on the basis of a willingness or decision to attempt, to take risks, to adventure so to speak. The act of affirmation consists of a command or declaration made to oneself and the intensity or psychological voltage of the affirmation determines the degree and the extent of its effectiveness.

In many cases, of course, it is necessary to repeat, or rather to renew, the affirmation at intervals in order to enhance its potency and overcome opposing factors.

The fourth stage is planning, the organizing of activity according to a clearly outlined program. This requires a pre-visualization of the various steps or stages that will have to be realized between the starting point and the ultimate goal or realization of the purpose. In some cases the ultimate goal will, of course, be distant but there will be several intermediary aims which will lead successively to it. And I think Jack Cooper will probably refer to this in his experience with patients in the use of the will.

The fifth and last stage of the total act of the will is execution. Here are needed two of the outstanding qualities of the whole will: first, the dynamic power of the will, one-pointed driving energy; and secondly, persistence or endurance. Of course, the perfect will combines the maximum of dynamic power and the maximum of persistence or endurance; but typologically we find that some people have more of one quality than the other. Also, some tasks require more of one aspect than the other; for instance, tasks of less strenuous nature but of a more protracted type call for the patience and persistence aspects. Therefore, it is a subjective question not only of which quality of the will is prevalent in the person, but also which is more needed for the particular task or aim. Obviously this will govern where we put our accent in the training of the will.

Incidentally, the persistence aspect of the will is needed for one of the most effective techniques, that of keeping a clear mental picture or image steadily in the focus of attention. The power of sustained images is enormous and, of course, is involved in the Technique of the Ideal Model.

That covers the main points Assagioli presents in regard to each of the five stages; which leads us to the practical procedures in the training of the will. On this I will only mention what was said earlier: the first aim is to train the patient's individual "capital" or active quota of the will itself. I.e., to train the will to will more effectively. With "Fran" it was a case of redirecting the will; with many patients it is a case of training what little will they have.

The first step in this procedure consists of mobilizing the energy of the existing drives in the patient, and directing those energies to the aim of developing the will. This apparent paradox of mobilizing the existing drives to develop the will to control those drives, will be clarified as we go into the methods of will training. However, here we are moving towards the clinical situation which Jack Cooper will be covering, so before handing over to him I will just summarize by saying that all of what we have covered so far tonight ties back to the self, and the desirability of the self learning to observe, control, change and integrate the psychological contents.

I wonder if this does not call for looking at patients in a somewhat new way and also explains why in psychosynthesis the process essentially involves cooperation between therapist and patient to a degree not found in psychoanalysis. The therapist awakens the patient to the fact of his self, of his will, and the possibility of developing and using it not only in therapy but in his everyday life.

To the so-called normal person too the will is obviously of the greatest importance - individually and socially; and Assagioli believes that one of its greatest values is in its use in the transmutation and sublimation of the 'bio-psychic energies, particularly of the sexual and of the combative or aggressive drives.

This whole question of the will, choice, and self-responsibility reminds me of Steinbeck's novel "East of Eden". Perhaps you remember where the wise old Chinese servant quotes to his American employer the Hebrew word "TIMSHEL" - "Thou mayest", telling him that he has the inevitable privilege to say 'yes' or 'no' to a situation, yes or no to life. And I think this is what "Fran" is learning.

Perhaps the training of the will may bring to patients - to people generally - the fact that they too can say to themselves "Timshel"-"Thou mayest"!

- - - - -



### PART THREE

---

Cooper: Any questions?

Wolf: I don't think Dr. Assagioli goes into the fact as to where he feels the mediating factor lies; I am thinking as a physiologist because this happens to be my training. In other words, where do you feel that the mediating point of the will would be? Is it a composite thing, a totality, a working together; or is it something like, say, the ascending reticular formation. I don't know whether anyone has worked on this but it could be an interesting question: just where the will is, and if it could in some way be modified - physiologically.

Cooper: Possibly; we have this rash of pre-frontal leucotomies - Watson, Freeman, etc.; and this seems to reduce the will aspect of being. So, may be it is related to the frontal configuration in some way, because we have found people for instance with intractable pain who, as soon as they had the pre-frontal leucotomy, would say: "Yes, I still have the pain but do not mind it so much" - as if their will to have something done about the pain had been reduced by the pre-frontal leucotomy. Also I remember one patient Freeman presented, who was suicidal - every week iron and all sorts of things had to be removed from her stomach and this went on for many years; but finally after a pre-frontal leucotomy she was quite willing to put up with her desire for suicide - at least there seemed to be a reduction of the will-to-die. So possibly it is linked to the region of the cerebral cortex.

Wolf: The thought comes to my mind: can you speak of a degree of will? For instance, this man you spoke of who had the leucotomy and did not mind the pain; therefore this could be an evidence of a reduction in will expression; but it might be thought of in terms of bio-genetic development. In other words, how does this whole thing develop - that is, our will, which is mostly a human trait? Will is not so much an animal trait; but then of course you can say, "What is the will"? If I go for food, is that a will action? This is the point; where would you draw a descriptive line of will? In other words, is it a reaction; is the reaction will if it is a purposeful one - not just a chemical thing but a purposeful thing? Where do you start? The reason this happens to interest me is that I have been working on the problem of "What is consciousness?" and if you try to figure this out you get into a lot of trouble - I have about 25,000 pages on that question - which means it's nothing, obviously, because otherwise you would not have to write all that! But the two in some way must be related - the degree or complexity of consciousness that is in the human, which is specifically human; and the degree of will. It seems that there must be some sort of parallelism there.

Haronian: That is one of the unsolvable mysteries - consciousness!

Heggen: Fran showed some strong characteristics of will, which you helped her to reorganize and use more effectively. But would you use this technique with a person who has a very weak will or prefer some other technique?

Cooper: Let me answer that in this way: at the present time I am working in the Penitentiary setting in which I see a rather interesting phenomenon. It is the will of the correction officers versus the will of the inmates. I don't think that I have come across a case where I have to think in terms of a weak will as such;

but it is as if you can put the will on a scale from zero to one hundred and somewhere along the line you may have a 10% or a 20% or a 30% will. It is a strength in itself. Even if you have a muscle which is practically gone it is always capable of a certain contraction and certain movement. Our attempt would be to strengthen the movement, so we would have to work with these unwilling people just in the same way as you work with someone with weak muscles. Their unwillingness is a sign of strength also.

I continuously see this battle around me in terms of will; not in terms of what he is willing, is ready to do, but in terms of pushing against something that he cannot do anything about. So we stop that negative part of it and move him around into this other area of willingness. I am sure that did not answer your question but it's the best I can do at the moment. May be we don't see weak willed people yet.

Heggen: Is it a question of learning to discover what is already there or to recognize a capacity? Fran spoke of two different kinds of attitudes; she discovered that as opposed to being resolute there was another type.

Cooper: Right; and we were able to discover this other aspect of her willingness, of her will, one day when I demonstrated to her what could be done. She was always talking about "the tyranny of the should" that she should do this, she should do the other. She was continually asking: "Should I go back to my husband?", "Should I go back to my children?" So I asked her "what are you willing to do in this instance - are you willing to stay in the hospital, etc.? Let us see what you are willing to do rather than what you are supposed to do, what you feel you ought to do."

Haronian: What you are saying then is that you are trying to get the patient to identify and be willing to do what they have to do?

Cooper: No, I don't think so, because the next step was to tell her: "Do something for which you have no necessity whatsoever to do." And I stood up on a chair to demonstrate - something to start this "willing" process, to be willing to do something for which there was no necessity at all.

Hilton: I think Fran is covered by four lines here in the book, Psychosynthesis: "We frequently find a strong personal will at the disposal of the most intense predominant drive, and this occurs so frequently it may explain and perhaps justify in some measure the curious lack of recognition and the very existence of a personal will, because it is often disguised, masked with a dominant drive." So we have in Fran someone who does have a will of a certain kind; and was it not a question of redirecting it to another purpose? But on your specific question, Phil, about a person who has apparently no will at all, Assagioli does give two or three exercises and he tackles it from two angles - one where you sit down and imagine all the disadvantages that accrue through the lack of will, lack of firmness, of decision, or of being unable to carry through; and you fully experience in imagination the sense of frustration and shame because you do not have a will. Then you follow it with an imaginative picture of what would happen if you had firmness, and the will to follow through. In other words, here is a building up of motivation. In one sense it is a variation of the Ideal Model.

Heggen:(?) Would you say then that as soon as you have the power of discriminating between two different directions of activity you gain will power?

Hilton: No, but when you see the two opposing pictures - of what you are and of what you could be if you had will - then this is giving you a motivation and a goal, to develop this potentiality within yourself. Assagioli asserts that it is there, as a potential.

Cooper: The way I help to reveal this thing to people is to get them to feel the strength that comes as a result of a simple little exercise which they can do, an exercise of doing something daily which they do not have to do. They go through the business, as I described it to Fran, "Just stand on a chair for 30 seconds, once a day. There is no need to stand on a chair; it is silly; but stand up there and give it a work-out for seven days and then see what happens as a result of this exercise. Then write it down on paper and give me the results of it." Rather than stand on a chair, she took a match box, dumped the matches out and then put them back in the box one at a time. She did this about three or four times and then began to feel that here was the first act which she had actually planned, one which there was no great necessity for her doing. She suddenly began to feel a sense of accomplishment - not of anything of any great consequence such as building a building or anything of that nature, but just the carrying out of a planned, purposeful act, on a daily basis.

Now a lot of my patients would want to do this at meal time, but I would say "no." They would want to cut out part of a meal, etc., but I brought it back to simple things; and they would begin to feel a sort of pleasure or a source of power in just setting out and deciding to do something and following through with it - and the simpler it is, the better.

Haronian: An awareness of self, with intention, and an ability to carry through that intention in the meanest, smallest and most inconsequential task. But as I listened to you I thought of myself saying to my patients "Next time you think of doing such and such, think of doing this or that instead"; and then I realized that what you are talking about is kind of a pre-step to this; it would lead in to exactly the sort of thing that I am trying to get my patients to do. It would be an easier step.

Cooper: It is a much easier step; and one in which, after the third or fourth day, they can feel this sense of accomplishment, of willingness; and from there on out it is fairly easy. They have felt what it is like to have the feeling of accomplishing something which they themselves decided on doing, which they themselves are putting into operation, and they themselves are working on it. It is pure will. Then they can select any task that they choose; their will has to select any task. So this is primary, and then from there we are able to go on - for instance, with Fran, of having her walk down the street, look into the store windows, be willing to concentrate on certain things. Then, instead of just being willing to sit and listen to music - with its emotional aspects and so on - she was willing to pick on one instrument and follow that instrument through, at first only for a few minutes. From this she progressed to where she was able to move out of the hospital; and you saw her today even further progressed - getting her to come on the train out to my office in Scarsdale, and through a tunnel incidentally. This required an excessive amount of this will strength; she has not yet been able to do it on her own, but requires a companion to be with her, to support her; but she has built up to this from nothing. I don't think you could have had a more unmotivated person than she was, but yet there was tremendous strength in it.

Haronian: She exudes the feeling of strength and energy, of vitality - just to be with her and speak to her.

Cooper: I would like very much to work with this technique with weak willed people - if I can find one! I am having a devil of a time finding one.

Heggen: I wonder if you could use this in narcotic or drug addiction?

Cooper: Yes, this is a technique we are using at the penitentiary. We have people with tremendous ambition; they have these goals which they dream about but which are unattainable. I sit there and listen to them talk about their goals and I do not think that even a superman could do some of the things which they feel that they must do. And in the ISP work the mountain is always unattainable for them; they cannot climb it. So in the ISP we have them either cut down the size of the mountain or in some way receive aid in climbing it. One man said he could easily go up the right side of the mountain but not the left side. So we helped him up the right side, and then he was able to make the left side also. Now this achieving of the ambition symbolically took the pressure off them, and when they came back down from the mountain they would not have this psychological inner pressure of this tremendous ambition. They are becoming people who are more willing to come into therapeutic conferences or group therapy and enter into relationships as far as work is concerned. It is amazing to see how now they are gradually exercising this little modicum of will, and they are beginning to see now the strength that they can gather in making decisions and in following through - without this ambition knocking them down. We trim the mountain down to their size, and then fit them into work programs, and we are getting a tremendous amount of work out of them. We have 34 drug addicts at the present time, and the correction staff just cannot believe the difference in these men. Before, they were a continuous source of trouble, getting into fights, trying to bring in drugs, etc., and now the officers do not see any of these kinds of difficulties around at all. Our psychologist, Mr. Potter, has been most helpful in doing the Initiated Symbol Projection work in addition to doing a lot of group therapy. But I would love to find some weak willed people here; I don't think America is made of them.

Haronian: What is a weak willed person? (Cooper: I don't know.) The old concept of our constitutional psychopathic inferior?

Hilton: I suppose you are not likely to get weak willed people in therapy. Would they not be people who just meander along and vegetate?

Cooper: We are treating almost half of the penitentiary at the moment - out of 250 odd we have 105 under our treatment program. But there is still an untapped segment which we have not hit yet. There are about 3,000 individuals as recidivists, and they make up about 67% of the penitentiary population. We are making big dents now in this return.

Wolf: And you are utilizing this technique of the will?

Cooper: I am using all these techniques, and am training the staff in them. We have two social workers, a psychologist and myself. And now if we can begin to work on the disabled ones - we have about 15 disabled people - we will see what we can do; they are certainly unmotivated individuals as a general rule, and may be we can begin working with some of these. But the secret of it seems to be in utilizing the Initiated Symbol Projection technique.

Incidentally, when Dr. Assagioli sent us the paper on Sublimation of

Sexual Energies for review, I did not like it until he changed the business about the evocatory imagination and the use of it, the ISP kind of thing; because it means that with this we are now able to begin making inroads into this resolution. You cannot imagine how strong these men are in defiance. Just as with Fran, they are dead set to break every law which they possibly can. The man who preceded me was a psychoanalyst and he did not seem to make the inroads into them or to be able to understand them or to work with them in the way we are working with them at the present time. So we think that we are moving, working with this aspect of will in the imagery, the imaginative aspect of it. The psychologist Potter is really pleased with it; he can see the difference because he has been there a long time, three years before I came into it, and can see the techniques as we are using them compared with what was being done before. Interest and enthusiasm have been developed in using these techniques and they are trying them out wherever they can.

Swartley: I have a question. As Frank was reading I got a sort of feeling that will is a product or concept of contact with the self, and contact with the self is normally the culmination of a process of development, during the process of which you get in contact with what we can call the lower parts of your self; so that contact with your self is a sort of capstone, on the top. And if that is true to any extent I am wondering how you can make use of will in people who don't have that base of contact with other parts of themselves.

Cooper: Well, that is Phil Heggen's question again; and I do not know the answer to it. In Fran's instance the breakthrough came after she was able to feel the strength of making a decision and following through - putting the matches back in the box or some simple procedure; then she began to use the Exercise in Dis-Identification or Self Identification. I pointed out to her that she was not her body. We used the physics idea: "What is the body?" It is made of water. "What is water?" It is oxygen and hydrogen and so on; and I also showed her this book "The Universe in Forty Steps" - the pictures as seen through a telescope on one side and as through a microscope on the other. The result is pretty much the same thing whichever way you go. You finally wind up with the stars in the universe, the sun and the galaxies, and in a symmetrical pattern; and when you go the other way in magnification, you end up with atoms and molecules in a kind of symmetrical pattern - at the other end of the scale. Fran seemed to grasp this idea that the body, as such, is shot full of holes; that it is actually energy - go 100 miles from this planet and we actually have no weight, we only have weight in relation to the planet earth we are sitting on. She was able to grasp some of these things and was able to recognize them, that she had a body but it was not she, that her body was only some kind of energy mechanism, and was not Fran. Then she began to recognize that she had emotions; the emotions were part of the body, came about through the physiological process of the body - the adrenal cortex, etc., which she became conversant with; and she recognized that the body had the emotions. So she could begin to say "I have emotions" and she could observe them and become detached from them rather than having to participate in them. When she would get into a fight she could see herself, see the body fighting but she herself as an observer not really involved. Then the big test was to dis-identify from her mind, because her conception of herself was that she was a "brain" and that her mind was the most important aspect of her being. And when we finally got her to appreciate and understand what mind is, what consciousness is and what are the things that occur in it, then she was able to dis-identify even from her mind. She began to recognize "Yes, I have a mind and can even observe my mind in operation."

I also have a tremendous amount of material from Fran on the "Who am I?" technique which developed as we went along. Fabe Rouke of Manhattan College (who died last year) introduced us to this and I immediately tried it on Fran. She wrote in answer to "Who am I?": "I am a willfull stubborn proud person. I realize that the aforementioned traits are on the earth level; I am not those traits; I am perfect love, wisdom, intelligence, etc., as a child of God, but right now I am blinded by earth thinking and these personality defects. I am so willfull that I want to have my cake and eat it too. I want to stay married so that I do not have to face the guilt of ending it all and yet I want the freedom of an unmarried woman." And she goes on like this over and over again, showing us that she is practicing dis-identification. But we were not able to do any of this until after we started with the simple thing of the matches, with the strength of the will aspect, after she began to be "willing". For instance, when she went into the subway she said "I am willing to put up with the misery that my body will feel, the adrenalin flowing through it, knowing that it is only my body operating; and I am going to watch it." She developed what we can call a scientific attitude and was thus able to go down into the subway.

Streitfeld: What is that "Who am I?" technique?

Cooper: They write up the answer to the question each day, or as frequently as they are willing to do. I ask them to mail it in. And this again is a willingness, another part of the will in operation; because for a long time Fran was not willing to do any writing whatsoever; and certainly to go to the trouble of picking up stationery and to write the "Who am I?" out, address an envelope and get a stamp - this was much beyond her capacities at first. Gradually as she sent in these replies sometimes she would come in before the letter had arrived and would eagerly say "Did you get my letter?"; and you could see the pride which she had in having sent it.

Haronian: To reduce your willing technique to the ultimate, it seems to me that if you were dealing with an immobile catatonic you might ask them to blink their eyes ten times, or something of that sort.

Cooper: I don't know; Assagioli veers away entirely from schizophrenics, and we wonder about this. Here again the question is "Is this girl psychotic?"; although I never saw any evidence of it. All I see is this intense phobic, anxiety, compulsive type of reaction, and no evidence of detachment, so I cannot answer clinically.

Haronian: Something that came to my mind as I listened to you: the notion of asking a patient to do such a thing as empty out a matchbox and then put the matches back in one at a time is closely allied to compulsive behavior. And when I think of that, then compulsion after all could very well be thought of as restitutive in some way of the personality. What are they doing? They are restoring or controlling the sense of alienation that the person has because of his obsessions. Compulsions might be seen therefore as exactly the same thing as what you are asking the patient to do.

Streitfeld: But this is not compulsion.

Cooper: Well in Fran's instance the way in which we were able to get her moving again was to point out to her that what she was looking upon as a disease process was actually a process of healing. She had never looked upon it in those terms;

she had thought only in terms of, "This is a sickness and I must get rid of it," instead of "This is a process of healing." As Frankl mentions, in the paradoxical intention state he says to them "Go ahead, make your hands sweat; go ahead, scream." This is similar to the tearing up of the phone book, etc. Also the release therapy of David Levy and the other men who have contributed to this kind of thinking, of actually allowing patients to express and to move. I told her "Go ahead, see if you can make your hands sweat more, as you are walking down the street; recognize that this is a healing process - that you are going faster because of the energy that is inside you." She could grasp this concept, and she put it into practice and it worked. But nothing touched her until we opened the little wedge by doing the little foolish thing of putting the matches back into the box; and then we could carry on, adding more and more things from the book or anywhere we could find them.

Haronian: Would you say that you were introducing a compulsion therapeutically? - because it is so much like what one does as a compulsory neurotic; and I am offering the hypothesis that a compulsive neurotic uses compulsions to control ego alien obsession. Now, if you think that is no good, fine; but do not say that it is not a compulsion without seeing what I mean by using the word compulsion.

Streitfeld: But in a compulsion you are driven to do something; you have no power of choice.

Haronian: Right, but this is the opposite.

Hilton: Isn't the difference between "compulsion" and "impulsion"?

Haronian: No, this is something that is done intentionally. But it is also the quality, the behavior is repetitious; viewed from the outside it is compulsive behavior, but in the patient who is asked to do it, it is something that is not ego alien, it is something that is intentional. He says "I will play as if the doctor is right, I will do it." The behavior as viewed from the outside is exactly the same whether it is what you asked Fran to do or is what a compulsive neurotic would do. That is the point.

Wolf: Of course, you take the guilt feeling away from her if you do this as a healing thing; it is no longer the same thing as if she did it as compulsion.

Haronian: The idea that came to me as I listened was that the spontaneous compulsion that a neurotic develops may be an attempt, a perverse attempt, to do exactly what Jack says the patient should do in order to control the panic that occurs when the ego alien obsession takes over.

Cooper: This has been backed up too by Bernie Aaronson's work in which (through post-hypnotic suggestion) they set off a compulsive reaction in normal people, and then watch how they handle themselves. That is the impression I got when Bernie was talking.\* What Bernie was doing was setting off classical psychiatric reaction patterns and apparently he was achieving this in normal people. Of course, we can set up a psychosis by keeping someone awake for 36 hours or putting them in sensory deprivation for three to five hours; then you get hallucinations, etc. - and possibly with LSD. Aaronson was setting off compulsions, depressions, paranoid reactions. (Haronian: I do not remember compulsion - although he produced everything else but.) As he described it, the normals reconstituted rapidly, so it is obvious that the healing process would start almost immediately.

Haronian: Another thing to support the argument that I suggested before is that don't we usually speak of an obsessive compulsive neurotic as decompensated when his obsessions are much more potent and demand much more of his attention than his compulsions do? His compulsions are almost a kind of half-baked therapy.

Cooper: It is an incomplete healing; it is like tuberculosis, the attempt on the part of the body to encapsulate it which does not quite succeed without some kind of help. In some instances it does, but then in a lot of instances with factors we don't understand the body doesn't quite make it, and what we call TB is actually the healing process of the TB. The psychic mechanisms must be similar to this. Anyhow, I used this idea with her and she liked it and it fitted in with her Smith College intellectual background.

Haronian: Jack, I would like to make one more point about this: psychosynthesis, from what I have understood, always tries to stress the positive value of even the most unpleasant and painful type of symptomatology. If there is any truth to this particular interpretation of compulsions, then it seems to me that this is another way of presenting to the patient the valuable side of something which to him is an unpleasant thing.

Cooper: Yes, giving them another attitude towards it, giving them a sense of achievement.

Haronian: Even if it isn't true, if it seems plausible to the patient it will build up his self-esteem.

Cooper: I don't know whether it does or not, but I remember one of the things that happened in working with Assagioli: if I completed a simple drawing I could see the analytical implications but he would also say "let's go a little further"; and he would then add another dimension of thinking beyond the analytical. And I do the same thing with the patients' drawings - one can see easily all the sexual symbols, etc., but there are other aspects to it; there are other things in it which you probably may not have seen at first. So you bring this to them and they see it with a sense of value. (Hilton: They look at it in a wider field of reference.) Yes.

Hilton: The point you made, Bill - could we kick it around a little more? The point about the realization of the self as being the sort of capstone. I wonder about that, because when you raised the question I immediately thought of this "Who am I?" technique. With Fabe Rouke's cases, each week as they wrote out their answers they went deeper and deeper and nearly always finished up with "I am an individual, and I can change this or I can change the other." They had a sense of self. At first they would say "I am a miserable so-and-so" or be blaming everyone else, and then they would begin to say "No, I am an individual"; which I think is another way of getting at what we arrive at in this Exercise of Dis-Identification.

Cooper: Right, and you could read that into Fran's productions. She starts out: "I am a jerk, a no good, a willfull so-and-so" and then gradually moves on to where she begins to see herself as something entirely different. (Hilton: Because in the early stages she was identified with her emotional states.) Yes, to the extent that she was identified with them she was caught.

Hilton: This is the whole key to this problem of the will, I stewed over these five phases of the will for weeks until I saw what Assagioli was driving at. It



is not until you get back to this self that you can see how these different phases of the will act. With Fran, she had this drive but not the capacity to weigh, to evaluate; she is slowly getting that for now she can stand back. Earlier she had this impulsive drive with which the self was identified; but now she is beginning to stand off from that and beginning to develop the weighing, the discrimination, the goal, really Assagioli's Stage One: "What am I going to use this drive for?" And Jack has given her another goal to which she is beginning to swing this dynamic aspect of the will. This is what Roberto is saying: that sometimes one of the phases of the will is prominent, another one may be weak, and another one completely missing. And if you have not the deliberative side, the weighing side of the will, then you are going to tear yourself and other people apart because you rush into action, and frequently use this dynamic side in the service of a major drive - maybe a sex drive or an aggressive drive.

Wolf: With this technique do you use relaxation?

Cooper: Yes, very early on. I actually teach them and demonstrate to them relaxation techniques. I usually start with relaxation techniques. In Fran's case it was difficult to get through to her, to actually have her practice these things, but after working with the willingness, relaxation is now part of second nature to her. As she pointed out to you, she uses isometrics, which is an alternate contraction and relaxation of muscles or another way to relax.

Swartley: I have another question: how much analysis did you do in the whole process; how much traditional analysis was necessary? How much do you know of what her mother did to her and so on?

Cooper: I wish I could have brought the full record. Long before I got to her she was under some of the best analysts in the country and they could not touch her in any way. There are histories that I have seen - psychological studies, examinations, everything. She knew all the language, all the verbiage of psychoanalysis; and, as you saw tonight, she gave an illustration of how she handled one of the psychiatrists - the one with the effeminate side. This is the way she dealt with all of them; she would give them the history, all of the necessary background and information, and then turn right around and use it as a weapon to break them up. At one point she told me "All I seem to live for is to be interesting to psychoanalysts!" And when I presented this case in England, at the Psychosynthesis Discussions in 1964, one of the analytically oriented people gave me quite a time with the psychoanalytic aspects of the case. Well, my answer to him was that the analysts had had their opportunity and got nowhere.

Streitfeld: Was your tearing up of the telephone book in the initial encounter?

Cooper: No, this was one of the things she remembered first; some of the material she gave us tonight was out of context. It happened weeks after I had been working with her. But this is something that stuck in her mind, for up 'til that time the interviews were a matter of keeping her from screaming. There was continuous agitation, she would wander all over the room - and I remember vividly the day it happened, she was up in the lounge of the hospital with a priest - she and the priest were very close; he was also a patient, an alcoholic. She had reached some kind of an impasse with him and was just furious, boiling; and I happened to see her when making my rounds, so I tossed her the telephone book and said "Here, tear this up!" but she threw it back down in her temper. So I tore out a few pages and she followed suit. The room was quite a shambles! But, as I said before, this was the first opening in which we actually communicated; there was involvement.

Up to that time it was just a one way thing; she was testing me, was trying me out in every way. I have done a lot of child therapy and this was exactly like dealing with a child; it was at that level. She had regressed right back, not regression as we usually think of it in a schizophrenic sense, but regression to this childlike behavior, total dependence on her surroundings.

Haronian: Very clearly you were accepting her symbolically, her rage; and this astounded her - the authority figure making his rounds and he says "I can be enraged."

Streitfeld: She was tearing, releasing some of her rage, some of her tension.

Cooper: Actually a demonstration of the acting-out process. I used to do this with children all the time. We would line up tin cans in the playroom, and I would be the first one to shy a ball at them, which made a delicious noise. As soon as they found out that this was okay by me, then away they went, and every session would end with tearing up a considerable amount of toys. I would have to go out and try and find some more toys for them to break up. But these were opening wedges with them. So I used this traditional child guidance approach with Fran and it worked.

Wolf: If you have a patient who does not have a whole psychoanalytic dossier, do you use psychoanalytic techniques in conjunction with this?

Cooper: Oh yes; you cannot get away from it; you must include it and deal with it, but as soon as possible we try to get out of the traditional idea of going into childhood. We try to bring it back to the Now: "We know what your past is; now what is your problem today?"

Wolf: I wonder whether you have to go through all that the analyst does, which takes a very, very long time; or whether you can even cut it shorter, or practically cut it out.

Cooper: I don't think you can cut it out, but you can certainly reduce the amount of time. Were you meaning to forget it entirely?

Wolf: Well, perhaps just as it comes up perhaps.

Cooper: May be that is what I was trying to say - that we deal with it as it comes up; I do not sit there and try to find the analytic interpretation.

Wolf: But you do not go through the technique that the analyst does - the free association, etc.?

Cooper: I modify this. I ask many of my patients to do this in the privacy of their own bedroom, an hour before they go to sleep at night, to write out their thoughts, free association writing; but "Do not show it to me, tear it up and flush it down the toilet." Yes, and I very much want to have their dreams. And if they will do this regularly it is amazing how quickly you can go ahead into psychosynthesis, since you don't even have to bother with it. They have written reams and they have destroyed it; symbolically they have got rid of it. Then a dream, which comes usually the following morning, sometimes during the night, helps me to understand more, and I can also see what the healing process has done through this written material. So I am sneaky about that - it is a little trick that I work; but I was never able to get Fran to do this. She would not participate in

this kind of thing, but I have other patients who do. (Hilton: Did she do the ISP?) She did it but the records show that she did it so fast - I think I went through the twelve symbols in eight minutes; she just ran straight through it and it was of no value; and I did not attempt to go back to it.

Swartley: I still haven't got an answer to my question. In analytic terms what is her problem? Did her mother do most of the harm, or what?

Cooper: No, it is definitely a father situation, the anxiety comes as a result of the relationship with the father. She has a dominating, dictatorial type of mother who finally went into alcoholism. Some of the early childhood experiences were something like this: Fran as a child can remember playing with something, and her mother would say "Go do the dishes!" So she would get up and start to do the dishes and the mother would shout at her "You are not doing them right! You cannot do anything right; you are a willful stubborn child!" (This comes out often in the records.) Then in school the teacher would say "Fran do this, do that" and she would try to do it and then from the teacher would come the same sort of thing: "You are a willful, stubborn child, etc." She is living out the image which was placed in her. The father could do nothing: he had to finally leave the family pattern and there was a divorce. This is the weak father, you see. When Fran went on a hunger strike (after the court decision awarding him custody of Fran) she could wrap her father around her little finger. And this is the best way that I can construct it analytically: her reaction to "Why doesn't father go ahead and make me do these things, motivate me?" There was the anxiety and the guilt over the father figure. From all that I have read in the records that is what most of the analysts come up with.

Swartley: Why this intense hostility against women?

Cooper: The father wouldn't take mother in tow, put her in her place; and so Fran has to do it herself, and she actually puts women in their place. Some of the dialogues she has had! At one time when she first went into A.A., if there was a woman speaker she would sit in the back of the hall and mock, raise Cain; talk about how silly they were, and would even get into fights - because of the fact that her father would not assert any authority, and she had felt that she herself must play this role out against women. All these women were symbolically her mother.

Haronian: But who played that role in her life, who belittled women? Was there any one?

Cooper: The major trauma from this standpoint was when she found out that her mother was promiscuous. This was a very bad situation; she remembered it vividly - Fran was about 9 or 10 when she discovered her mother in some type of sexual operation, may be douching or something of this nature right after she had come in from a date, slightly intoxicated. So at an early age she felt very definitely this antagonism, which brings up the anxiety, mobilizes the anxiety because of her having to step into the place of the weak father and be the strong masculine person, and finally kick her mother to pieces.

Haronian: Did her father attack the mother?

Cooper: No, the mother attacked the father. The father tried desperately by means of the court to get the children into his custody because the mother was promiscuous and a drunkard; but even this he could not do. Fran was assigned to the father by the court and she went, but then went on a hunger strike.

Haronian: Did she want to be with her mother?

Cooper: Well, this is how she expresses it, but actually the thing was she was now playing the role of the father, working on the mother, trying to dominate her in any way that she could and to bring her down - to try to make the mother act as a mother should be by playing the strong willed father, the paternal side.

Haronian: She was acting in the way she thought her father should act?

Cooper: Yes, she was taking the role of the father.

Haronian: But not the way the father really acted?

Cooper: No.

Haronian: So she was behaving with the assertiveness of her mother and saying "Now this is the way father should behave!" is that it?

Cooper: Yes, that is it.

(Tape ended here. Ed.)

- - - - -