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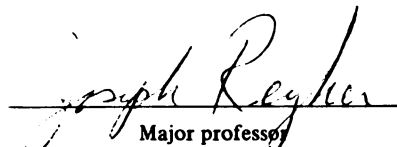
THE USE OF FREE IMAGERY, NON-DIRECTIVE  
INTERVIEWING, AND SELECTED DRUGS TO  
LIFT POSTHYPNOTIC REPRESSION

presented by

Grey R. Larison

has been accepted towards fulfillment  
of the requirements for

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Major professor

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## ABSTRACT

### THE USE OF FREE IMAGERY, NON-DIRECTIVE INTERVIEWING, AND SELECTED DRUGS TO LIFT POSTHYPNOTIC REPRESSION

By

Grey R. Larison

The major struggle that takes place daily in a psychodynamically-oriented psychotherapist's office is the client's struggle with his own resistance toward uncovering and re-experiencing those infantile feelings and thoughts that have produced his current discomfort. This resistance can take the rather mild form of conscious suppression and avoidance on the client's part. In good therapeutic relationships, such conscious resistances are overcome quickly. The same is not usually true if the resistance is unconscious in nature and due to the intrapsychic activation of repression. When therapy seems to have ground to an unsatisfying halt, reached a rather unrewarding plateau, or the client begins talking about terminating prematurely, it is due to this heightening of repression. The task then becomes one of breaking through this repression, and "working through" the conflict that underlies it.

The conceptual basis for the present investigation was Reyher's formulation of repression as a pattern of excitation and inhibition in the brain which functions as a negative feedback mechanism (Reyher, 1964; Reyher and Basch, 1970; Sommerschild and



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Reyher, 1974). Being a neurophysiological process, we contended that the inhibition represented by repression should be influenced by the disinhibiting effects of certain drugs at the time the repressed aim and objects of sexual and aggressive drives are stimulated. The use of these selected drugs in conjunction with a psychodynamically-oriented uncovering technique should significantly enhance the effectiveness of that technique and, thereby, shorten the time required in psychotherapy. We viewed our task as being a search for a drug that would selectively depress the process of repression in the CNS, or sufficiently increase the client's drive level, so that periods of peak resistance, anxiety and symptomatology could be passed through quickly.

After searching the scientific literature on drugs, we specifically chose to compare the effectiveness of four different, medically-proven drugs: d-amphetamine, amobarbital, meprobamate, and alcohol. These drugs were all administered orally in minimally effective doses.

Free imagery was the therapeutic technique of choice in this project, because it was designed and has been used over the years specifically for the lifting of repression. Its efficacy was compared with the more widely known non-directive interviewing technique used by Client-centered therapists.

The research model that we used was Reyher's posthypnotic conflict paradigm (Reyher, 1958, 1962, 1959; Larison, 1973). Fifteen years of ongoing research in our laboratory has demonstrated that this paradigm is a reliable and valid method for hypnotically implanting a

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conflict which the subject then posthypnotically responds to in his own characteristic way. The intensity of this intrapsychic conflict also tends to spontaneously induce the negative feedback mechanism of repression. That is, the subject now reacts to the implanted conflict as if it were a natural conflict, and defends himself against consciously experiencing the conflict by repressing it.

Forty-eight normal, male subjects were hypnotically implanted with a paramnesia and posthypnotic instructions that were designed to arouse intense oedipal impulses during an interview which followed each hypnotic session. Two such experimental sessions were conducted with each subject by one of our four undergraduate interviewers. Thus, each subject was exposed to both a free imagery and a non-directive interview. Subjects were concurrently assigned to one of six drug groups and received the same drug treatment during each experimental session.

Each posthypnotic interview was tape-recorded, and a transcript made of it for later scoring. Our dependent variable was the Index of Awareness, which gave us a good ordinal measurement of our subjects' level of awareness for the oedipal conflict and the impulses that had been hypnotically induced within them. Based on this Index, no significant differences were found in the effectiveness of free imagery compared to non-directive interviewing, or between the different drug groups.

This lack of differential effectiveness between drug groups was particularly surprising in light of the literature on alcohol and amphetamines suggesting that these drugs lead to an increases expression

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of affect. An a posteriori analysis was performed using only the "affect" component of the Index of Awareness. It was found that free imagery does significantly increase the level of affect expressed by subjects relative to their non-directive interviews. There was a significant between-groups effect which suggests that amphetamine may increase the level of affect, while the depressant drugs decrease it. This is congruent with other recently published reports in the literature (Kaplan, 1974). The possibility that we used inappropriate drug dosage levels is discussed further, and recommendations for change are made.

In summary, our empirical search for a therapeutic technique, drug, or specific combination of the two, that would significantly reduce the time necessary in psychotherapy for the uncovering and resolution of repressed, intrapsychic conflict was unsuccessful. We did find that the use of the free imagery psychotherapy technique and low dosages of amphetamine significantly increase the level of expressed affect, but this increased affect was not appropriately integrated within the time span of two therapy hours.

Approved by: Joseph R. Larison  
Date: Nov 7, 1974

THE USE OF FREE IMAGERY, NON-DIRECTIVE  
INTERVIEWING, AND SELECTED DRUGS TO  
LIFT POSTHYPNOTIC REPRESSION

By

Grey R. Larison

A DISSERTATION

Submitted to  
Michigan State University  
in partial fulfillment of the requirements  
for the degree of

DOCTOR OF PHILOSOPHY

Department of Psychology

1974

TO MY WIFE, JAN,  
AND  
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## ACKNOWLEDGMENTS

I would like to thank some of the people who have so greatly influenced my own personal and professional development here at Michigan State. Dr. Joseph Reyher has been a good friend, inspiring model, and patient mentor over these years of graduate education. I owe much of what I am professionally to this exciting and inspiring man. Thanks, Joe!

Each of my doctoral guidance committee members played important roles in my education. In no small way, Dr. Robert Zucker taught me what it is to be a clinician; Dr. Norman Abeles helped me to be more genuine as a person; and Dr. Lionel Rosen widened my professional viewpoint and helped expand my clinical and research skills. Each of these men also spent hours consulting with me on this dissertation, reading drafts and supervising its conduct. Thank you all.

Special thanks goes to Robert Wilson who spent hours helping me analyze my data, and teaching me much of what I know about statistics. His cogent comments and suggestions on proposal and dissertation drafts have also been greatly appreciated. To a good friend, an excellent clinician, and astute researcher--thanks, Bob!

Four undergraduate students in psychology really made this research possible. They spent weeks learning the interviewing and hypnotic skills, and then applied those skills most proficiently. Thanks goes to Paul Oliphant, Jon Bastian, Al Must, and Jay Oshansky.

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Thanks also goes to Don Brand who helped score the 94 transcripts generated by this investigation and gave much personal encouragement to me as I struggled to complete the project. I also want to express my appreciation to Drs. Alan Barnes and James Thomas who provided the medical support needed for such a study. And finally, thanks to all those people whose little fingers typed the transcripts of our 94 interviews: Jan, Vivienne, Sue, and Grey T.

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## INTRODUCTION

Around the turn of the century, the writings of Sigmund Freud were beginning to have a significant impact on the thinking of philosophers and medical doctors in this country. In particular, his concepts of repression and an unconscious process drew considerable attention and experimental interest on the part of academia. While great effort was expended in an attempt to demonstrate these Freudian concepts in the laboratory, in the main, these efforts failed to convince experimental psychology of the validity of Freud's concepts, and clinicians regarded the whole endeavor as being somewhat artificial and contrived. This persistent failure to convincingly demonstrate repression and the workings of the unconscious in controlled laboratory settings led behavioral scientists to reject Freud's concepts as being scientifically meaningful, and shifted their attention to other theories whose concepts were more easily amenable to being experimentally tested and manipulated. As a result, professional interest in the study of basic Freudian concepts waned while practicing psychoanalytically-oriented clinicians continued to use an unverified theory as the basis of their psychodiagnostic and treatment procedures.

### Posthypnotic Conflict

In 1958, Reyher designed an investigation to test a number of hypotheses concerning perceptual defense and perceptual vigilance

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phenomena. Under hypnosis, he implanted a paramnesia (a false memory) designed to arouse anger and motivate his subjects to destroy important property belonging to an authority figure. After being given a hypnotic amnesia for the paramnesia, the subjects were awakened and presented tachistoscopically with cue words designed to arouse this intense anger and destructive impulse. Much to Reyher's surprise, none of his initial subjects carried out the posthypnotic suggestion to destroy the property but, instead, they spontaneously reported a wide variety of psychopathological symptoms. This appeared to be a laboratory demonstration of the spontaneous repression of an aggressive impulse, and suggested a new experimental methodology for exploring the motivating force of internal impulses and the repression that often opposes their conscious expression.

Starting her work at about the same time as Reyher, Bobbit (1958) also found that hypnotically implanted paramnesias followed by a hypnotic amnesia could lead to verbal and motor disturbances on word association tasks. She found that the degree of such disturbance was curvilinearly related to the degree of "repression," where "repression" was defined as the inverse of S's awareness of the hypnotic paramnesia. While this study does not conform precisely to the experimental paradigm that Reyher was later to propose (Reyher, 1962), and the equation of hypnotic amnesia with the natural phenomenon of repression may not be justified, Bobbit's study did add further hope that a clinically relevant experimental procedure for studying psychodynamic concepts might be at hand.

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Following the vivid and unexpected results of his first investigation, Reyher (1961) ran a separate investigation with five good hypnotic subjects simulating the hypnotic trance. They subsequently failed to produce psychopathological symptoms when presented with appropriate posthypnotic cue-words. These results led to Reyher's paradigm for determining the clinical relevance of hypnotically produced psychopathology (Reyher, 1962):

First, the induced processes must in no way include cues of how E expects S to respond in terms of the dependent variables. Second, the induced process must produce other processes and behavior: that is, it must be response producing. Third, some of these responses must satisfy criteria for the identification of manifestations of psychopathology. Fourth, some of the Ss must be asked by a co-experimenter to simulate hypnosis, unknown to E, in order to determine the demand characteristics of the research. Fifth, E should phrase his suggestions in the passive voice to reduce the possibility that S will act out a role (p. 345).

In 1967, Reyher reported a replication of his original study with essentially the same results having been obtained. These included: significant correlations between his index of awareness (an inverse function of the relative strength of a S's repressive forces acting against his activated drives or impulses) and the frequency and type of symptoms observed; experimental Ss reported a wide range of pathology while simulators reported virtually none; and a greater autonomic arousal (as measured by galvanic skin response) was observed for experimental Ss than for simulators. These findings led to the conclusion that hypnotized Ss respond to the posthypnotic activation of an hypnotically implanted conflict as if it were a natural conflict. In the immediate context of these initial investigations, Reyher had brought to "over-whelming" intensity and emotion (anger toward an

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authority) which was consciously unacceptable to the subject. Reyher hypothesized that posthypnotic activation of this painful affect and its attendant impulse reactivated infantile experiences of anxiety and distress that were previously experienced under similar conditions of impulse expression. It also activated a defense mechanism that was learned for handling such unacceptable impulses; i.e., intensified primal repression and the subsequent repression from consciousness of heavily cathected mental material. It is during this short interval between the sudden activation of a repugnant impulse and the intensification of the repression against it, that a portion of that impulse's drive energy finds expression in the form of anxiety and other psychopathological symptoms (such as a headache, nervousness, feelings of suspiciousness, etc.).

Reyher (1964, 1969a and 1970) proposes a negative feedback model for understanding the relationship between drive, repression and psychopathology. In the light of this model, and in keeping with Freud's view of repression as being highly specific, variable and mobile (Freud, 1915), repression is seen as a physiological function which can take on a wide range of values in strength. This leads to Reyher's postulation that the symptoms observed in this type of experiment, and in therapy as well, are a function of the strength of repression that is acting, and not specific to the particular impulse that has been repressed.

Perkins (Perkins, 1965; Perkins and Reyher, 1971) conducted an investigation following Reyher's experimental model and confirmed the earlier findings. He used TAT scores for hostility as a dependent

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variable and divided his Ss into "good" and "poor repressors." Good repressors (those who experienced no conscious awareness of their underlying posthypnotic conflict) were found to rely on the autoplasic defense mechanism of increased repression under increased impulse activation, in contrast to poor repressors who tend to switch to alloplastic conflict under the tension of high impulse activation. Sommerschild (Sommerschild, 1969; Sommerschild and Reyher, 1973) introduced a second paramnesia condition designed to arouse sexual impulses aimed at an oedipal object (an older woman). Since these Ss could not be given a posthypnotic suggestion to act upon the sexual impulse, they were told that they would be compelled to talk about their aroused feelings whenever they recognized a cue-word. Sommerschild found that mere verbal expression of one's hostile or sexual impulses to E was as pathogenic as had been the destructive impulse in Reyher and Perkins' investigations, and that the sexual paramnesia tends to be more pathogenic (or stressful) than the anger-aggression paramnesia.

At this point, Reyher, Perkins and Sommerschild had clearly demonstrated a fruitful technique for studying such clinical phenomena as repression, psychosomatic symptoms and unconscious processes, under controlled, laboratory conditions. In an effort to make this technique as unambiguous and simple to use as possible, Veenstra (1969), Karnilow (1971), Wolfe (1971) and Larison (1973) turned to the task of determining which experimental variables were sufficient for producing spontaneous repression and psychopathology. To briefly summarize all of the existing evidence to date on this subject, it

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appears that the following variables are sufficient to the model (Larison, 1973 a, b):

1. During hypnosis, E tells S . . .
2. a paramnesia . . .
3. that arouses intense affect in S . . .
4. which is directed toward an inappropriate or threatening object (e.g., anger toward an authority figure, sex toward an oedipal figure).
5. This affect's subsequent arousal is associated with a specific posthypnotic cue(s) . . .
6. and is combined with an impulse to act in an ego-alien manner.
7. The affect and impulse are aroused suddenly (sudden activation of drive) . . .
8. in the posthypnotic session (posthypnotic arousal).

It appears that we now have a well specified method of experimentally inducing an intrapsychic conflict within normal subjects. As far as can be determined, these Ss act upon those induced affects and impulses, and deal with the resulting conflicts just as they would with naturally occurring drives and conflicts. The purpose of the present research is to experimentally induce the same general conflict in each of a group of subjects; and to then "treat" each S with a psychotherapeutic procedure in an effort to successfully uncover and resolve his induced conflicts. Specifically, we will be comparing the uncovering ability and efficiency of two different psychotherapeutic techniques, free imagery and non-directive interviewing with and without the aid of facilitating drugs.

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### Therapeutic Approaches

Emergent Uncovering is a psychotherapeutic approach that uses spontaneous visual imagery (i.e., "free imagery") as a way of activating and expressing repressed drives and conflicts. As one can easily see, Emergent Uncovering grew out of a need that was quite different from that of the posthypnotic conflict line of research. Instead of inducing a controlled conflict situation with its subsequent, spontaneous production of repression, Emergent Uncovering was developed to uncover existing conflicts and to increase drive levels through the activating properties of imagery. That is, Emergent Uncovering produces visual images that not only continually serve as a vehicle for drive expression but also as an activator of those underlying drives.

Emergent Uncovering has been the principal subject of a parallel line of research dating back to Reyher's 1963 paper, "Free Imagery: An uncovering procedure" (Reyher, 1963, 1969; Reyher and Smeltzer, 1968; Reyher and Morishige, 1969; Morishige, 1971). The necessary conditions for producing the lifting of repression and other associated phenomena of Emergent Uncovering are:

1. The client (or subject) is situated in a vis-a-vis relationship with the psychotherapist (or experimenter) and is asked to close his eyes;
2. the client is asked to describe only visual images, feelings and bodily sensations; and
3. the psychotherapist attempts to desensitize himself as a source of anxiety by utilizing nondirective techniques (Reyher, 1963).

Clinicians and researchers using this method found that their clients' (or subjects') images were often accompanied by a resistance

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to proceeding with the imagery, and by symptomatology. The uncovering of previously repressed material is, in itself, a stressful process. The experienced resistance, anxiety and symptoms were found to increase in intensity as the visual images became progressively more depictive of underlying conflicts. That is, as the visual imagery continued to stimulate the unconscious drive, it began breaking through the client's repression and became symptom producing. Ultimately, the chain of visual imagery would lead to undisguised depiction of the underlying drive, accompanied by emotional abreaction; and, thereafter, that drive and its associated imagery would no longer be anxiety arousing or symptom producing (Reyher, 1969).

To summarize, we now have a reliable method of inducing a posthypnotic conflict which when activated leads to the spontaneous repression of its associated drive. Further, we have a therapeutic technique that promises to be a reliable tool for gradually lifting such a repression, thereby allowing us to study concurrent changes in autonomic arousal, symptomatology, resistances and drive levels (Burns, 1972). It remains problematic as to how long one must utilize Emergent Uncovering in order to lift the repression associated with any individual person's psychodynamic conflict.

Emergent Uncovering has received its most important and extensive use in the consulting rooms of practicing psychotherapists, rather than in the laboratory. In that clinical setting, to lift significantly the repression of a particular client means to persevere with the free imagery until that client's repressed conflict is uncovered, he experiences an emotional abreaction to it, and he is able

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to reconstruct his values, attitudes and behaviors in such a way as to allow the symptom-free expression of that drive when it is subsequently activated. We know that this process can take years of intensive psychotherapy to complete.

A second therapeutic approach that is widely espoused by clinical psychologists today is the Client-centered Therapy of Carl Rogers (1951). Much of the theory that lies behind this therapy revolves about the construct of the self, with explanations about the self being made in terms of learning theory and the dynamics of interpersonal relationships. The development of verbalized and emotional insights into one's intrapsychic conflicts is seen as having a relatively small place in Roger's therapeutic philosophy. The central "hypothesis" of this philosophy is that the client has a sufficient capacity to deal constructively with all those aspects of his life which can potentially come into conscious awareness. The counselor must only create an interpersonal situation in which material may come into the client's awareness, and to meaningfully demonstrate that he accepts the client as a person who is competent to direct himself.

This general philosophy or attitudinal orientation is one that is shared by clinicians who differ widely in their choice of therapeutic methods. It is the implementation of this philosophy that varies so greatly from therapeutic "school" to therapeutic "school." Client-centered therapists see it as being their function to assume, insofar as they can, the internal frame of reference of the client, to see the world as the client sees it, to see the client

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as the client sees himself, and to communicate to the client an empathic understanding and acceptance. To quote Rogers (1951):

The counselor says in effect, "To be of assistance to you I will put aside myself--the self of ordinary interaction--and enter into your world of perception as completely as I am able. I will become, in a sense, another self for you--an alter ego of your own attitudes and feelings--a safe opportunity for you to discern yourself more clearly, to experience yourself more truly and deeply, to choose more significantly" (p. 35).

As the therapeutic relationship develops, the client experiences a feeling of warmth and safety as he finds that whatever attitude or feeling he expresses is understood and accepted by the therapist. From the security of this basic relationship, the client can then begin exploring those vague feelings of guilt, hostility, shame or whatever, and to use his alter ego (the therapist) to gain a clearer perception of these initially inconsistent and anxiety-creating feelings that is necessarily therapeutic, but the fact that the therapist "perceives the contradictory aspects (of the client's feelings and attitudes) which have been denied to awareness and accepts those too as being a part of the client . . . (with) . . . the same warmth and respect" (p. 41). The fact that the client, who has experienced through another an acceptance of both the consistent and inconsistent aspects of himself, can now adopt a similar attitude toward himself is what makes his relationship with his therapist therapeutic. The client learns to perceive himself with a new acceptance and respect.

Unfortunately, as in the case of Emergent Uncovering, this complete process of discovering the "true self" and learning to accept and respect it, can take years of therapy to complete.

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### A Central Problem

In most cases, "years" of psychotherapy is too long a time and too costly a project for the patient of average motivation and financial means to endure. A number of "supportive" and "brief" psychotherapeutic methods are now available, but they seem to resolve a patient's current conflict by strengthening the repression and coping mechanisms of the individual so that the threatening drive is again kept well out of conscious awareness. Such treatment will hold the patient over until such time as that drive is strongly activated again or the repressive forces wear down, either of which will again result in experienced anxiety and symptoms. We believe that an uncovering procedure which leads to the discover of past "bad" (i.e., irrational, superstitious, no longer appropriate, etc.) learning and to a subsequent ability to express and accept one's genuine drives and feelings openly and without anxiety, guilt or shame, is the treatment of choice in most cases. Therefore, the central question becomes one of whether or not there is any way we can speed up the process of uncovering psychotherapies.

The conceptual basis for the present investigation is Reyher's formulation of repression as a pattern of excitation and inhibition in the brain which functions as a negative feedback mechanism (Reyher, 1964; Reyher and Basch, 1970). Being a neurophysiological process, Reyher contends that the inhibition represented by repression should be influenced by the disinhibiting effects of certain drugs at the time the repressed aim and objects of sexual and aggressive drives are stimulated. The use of these selected drugs in conjunction with a

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psychodynamically-oriented uncovering technique should significantly enhance the effectiveness of that technique and, thereby, shorten the time required in psychotherapy. We view our task as being a search for a drug that will selectively depress the process of repression in the CNS, or sufficiently increase the client's drive level, so that periods of peak resistance, anxiety and symptomatology can be passed through quickly. Another way of stating our goal is this: is there a quick-acting pharmacological agent which if administered when a client's intrapsychic conflict becomes intense will swing the drive-repression balance toward a solution of continued drive expression? The popular and scientific literature suggests a few possibilities.

#### Potential Pharmacological Agents

Alcohol has been used for centuries as a socially acceptable drug for taking the edge off from people's anxieties and inhibitions so that they might interact more easily with one another in social settings. Because the first few drinks seem to loosen a person up, make him more outgoing and active in a group, alcohol has often been viewed as a stimulant in those settings. However, most of the pharmacological effects of alcohol are due to its presence in the brain where its mode of action is that of a CNS depressant. The paradoxical stimulant effect that one experiences after the first couple of drinks appears to be due to the fact that alcohol depresses the brain's inhibitory centers first, or faster, so that one's inhibitions are lessened. This effect is manifested by a feeling of confidence and power, an easing of tension and anxiety, a lessened self-consciousness and even a sense of euphoria (Sardesai, 1969). Changes in brain amine

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levels and metabolism have been closely correlated with behavioral and emotional changes induced by many of the "psychotropic" drugs (Davis et al., 1969; Schildkraut and Kety, 1967). We also know that alcohol is rapidly absorbed into the brain within seconds after it appears in the blood; and that peripherally there is a distinct interaction between alcohol and the biogenic amines (Davis et al., 1969). Because we find high concentrations of biogenic amines in the hypothalamus and the limbic system generally (a system which is involved in the experience of emotion), we can speculate that alcohol would have its primary and fastest effects on that system. Pulling all of this information together, we might hypothesize that a moderate dose of alcohol would sufficiently disinhibit a repressed client without significantly depressing his overall drive level, to thereby tip the drive-repression balance of conflict toward a solution of continued drive expression (i.e., to continue to "work through" the conflict).

Roy R. Grinker and J. P. Spiegel in their well known book, Men Under Stress (1945), document the usefulness of a second drug, sodium pentothal, for lifting material that has been either consciously suppressed or unconsciously repressed due to the traumatic experiences of their patients (World War II combat flyers). Again, they report that in almost every case, the same material and emotional release could have been obtained by straight psychiatric interviewing without using the drug at all. However, since they, as military psychiatrists, were very short of time for individual treatment, they turned to the use of sodium pentothal in conjunction with interviewing in order to speed up the therapeutic process. Pentothal was used after a therapeutic

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relationship had been formed and usually after therapy had come to a halt due to strengthened resistances. It was found that "the time under narcosis is the important factor . . . deeper levels of the personality speak later in the pentothal interview after resistances are overcome, even though narcosis is then lighter" (p. 390). After such a pentothal interview, the patient was encouraged to recapitulate the material which he had remembered and abreacted to while under narcosis. This was usually possible without further, extensive intervention by the therapist. In summary, sodium pentothal can be used to stimulate the memory of past traumatic experiences and an emotional abreaction to that memory. Subsequent interviews, interpretation and working through can then be used to "consolidate" these gains, to make them more lasting.

The pharmacological mode of action of this sodium pentothal is not explicitly discussed by Grinker and Spiegel, except to say that pentothal, as a fast-acting, short duration barbiturate, tends to depress the nervous system and, thereby, lower one's level of anxiety. In psychological terms, Grinker and Spiegel describe the therapeutic process this way:

Under the influence of the drug and during the process of abreaction, although not fully conscious, the ego, devoid of the stress of anxiety, synthesizes some and often much of the important isolated and pathogenic material into its main body. It is as if the emotions or the memories had been separated from the active ego forces as in a hysterical dissociation, because they had been too threatening to the ego's stability or productive of terrifying and unendurable anxiety. Under pentothal the ego can accept the relatively smaller doses of anxiety, decreased by the sedative effect of the drug . . . for all of these reasons, the ego-alien abreacted emotional experiences can be synthesized and reaccepted by the ego (p. 393).

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Grinker and Spiegel call this therapeutic method "narcosynthesis" for it stimulates not only the process of recapturing unconscious ideas and emotions, but also the synthesis of these related ideas and emotions that have been separated by the process of dissociation.

Unfortunately, narcosynthesis as described above requires the intravenous administration of large doses of a potentially lethal drug. The necessity for close medical supervision and administration of this drug at such toxic levels makes the method entirely unsuitable for use by clinical psychologists and social workers, or even for psychiatrists who practice outside a hospital setting. It is not reported whether or not a non-toxic dose of barbiturate in combination with more potent uncovering techniques might not produce just as dramatic a result as narcosynthesis.

Psychiatry now has available several groups of psychotropic drugs that can be used to effect a change in psychopathological behavior and affect toward a more "normal" pattern of functioning. These are often grouped according to their empirical effect on patients with different psychological disorders: anti-psychotic (phenothiazines, butyrophenones, thioxanthenes, rauwolfia alkaloids, lithium carbonate), anti-depressive (tricyclic iminodibenzyl derivatives, monoamine oxidase inhibitors, stimulants), and anti-anxiety agents (glycerol derivatives, benzodiazepines, diphenylmethane derivatives). Hess formulated a conceptual scheme that explains how and why these various medications affect the central nervous system (W. Hess, 1938, 1949; cited by Fischer, 1971, 1972; and Biel, 1968). He postulates an ergotropic (excitatory) and a trophotropic

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(depressant) center in the hypothalamus, both centers being controlled by two mutually antagonistic neurohumoral agents. Ergotropic activation denotes the arousal of behavioral activities that are preparatory to taking some positive action. This arousal state is characterized by increased sympathetic activity and an activated psyche (anxiety, fear, anger). Trophotropic activity results in a behavioral withdrawal characterized by a decrease in sensitivity to external stimuli and sedation. Increased parasympathetic activity accompanies the observed decrease in somatomotor activity. During ergotropic and trophotropic arousal, "alterations in autonomic activity are not confined to the visceral organs, but induce changes in cortical activity" (Gellhorn, 1968). There is a good deal of evidence favoring norepinephrine as being the ergotropic neurohumoral agent, but the identity of a corresponding trophotropic agent is still in doubt (Biel, 1968). Perhaps acetylcholine, or a very similar neurohumoral substance, is the mediator of this trophotropic function, just as it is norepinephrine's antagonist in the autonomic nervous system.

If we accept Hess' model as being a reasonable one, then we can look at how the various psychotropic drugs effect CNS levels of norepinephrine and acetylcholine. Biel (1968) and Schildkraut and Kety (1967) summarize much of the research that is available on this issue. Amphetamine is a stimulant that was, at one time, frequently prescribed for cases of mild depression, where catecholamine production and/or release seems to be decreased. (Amphetamine is seldom prescribed today for continuous daily use because of its tendency toward tachyphalaxis.) Amphetamine stimulates norepinephrine production

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and its release across neural synapses and, thereby, produces CNS activation (the ergotropic center is stimulated and brought back into balance with trophotropic activity). There is much evidence that suggests a marked central cholinergic dysfunction (i.e., there is too much of it relative to norepinephrine levels) in those patients who suffer more severe psychotic depressions. The monoamine oxidase (MAO) inhibitors and imipramine (a tricyclic derivative) both produce an increased level of norepinephrine (NE) by decreasing the metabolism of NE at neuronal receptor sites and by decreasing the re-uptake of NE by the neuronal cell bodies, respectively. By increasing the CNS levels of norepinephrine, the system returns to balance with existing levels of acetylcholine, and the patient moves from depression to a "normal" state. As the Hess model would predict, excessive dosages of anti-depressant medications will produce agitation and psychotic-like symptoms. That is, too much medication can tip the norepinephrine-acetylcholine balance in the direction of too much norepinephrine. Pfeiffer (1959) points out that most potent anti-cholinergic agents of the muscarinic group will, at some dose, become psychotomimetic in effect as well.

The anti-psychotic medications such as the phenothiazines present us with a more complicated picture in terms of the ergotropic-trophotropic balance. Reserpine blocks norepinephrine from becoming attached to receptor sites at a synapse, which allows it to be quickly oxidized by monoamine oxidase. If the patient has a norepinephrine imbalance (i.e., too much of it), then smaller dosages of reserpine can return the system to balance. Furthermore, much larger doses can

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produce a depression as norepinephrine levels are forced too low. Lithium salts are used in treating manic-depressive psychosis and also produce their effect by increasing the rate of intracellular deamination of norepinephrine, which lowers its concentration at adrenergic receptor sites. This treatment dampens the overactivity and agitation of the manic phase of a manic-depressive psychosis, but does little to effect the depressed phase. Phenothiazines seem to be very complex with both excitatory and depressant effects. The administration of these drugs produces a mild sedation and sleep, and with chronic administration, an anti-psychotic effect (fewer hallucinations, delusions). However, what is happening in the CNS in terms of the norepinephrine-acetylcholine balance is not really understood. For example, at different dosage levels, Thorazine can display first an anticholinergic, and then an anti-adrenergic action. What is clear is that the psychotic, whose behavior suggests an excess of ergotropic arousal, is quieted down to a more "normal" level of arousal by the continued use of phenothiazines.

The glycerol derivatives (meprobamate) and the benzodiazepines (Valium, Librium) seem to be CNS depressants and probably of the cholinergic type, i.e., by increasing acetylcholine levels rather than decreasing norepinephrine levels (Biel, 1968). Research with meprobamate demonstrates that it is a centrally-acting muscle relaxant and sedative. It is generally considered a depressant of the brain stem and limbic system. Therein lies its usefulness for treating anxiety and agitation (ergotropic symptoms)--its ability to quiet the system down (a trophotropic function).

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Hofman (1968) reports on a final group of drugs that have enjoyed a long and colorful history of use by mankind specifically because of the CNS excitation, or "highs," that they produce. These are the psychotomimetics (LSD, peyote, hashish, marijuana, psilocybin, etc.) which even in relatively small doses can produce intense CNS excitation with attendant hallucinations, disorientation in time and place, color changes, and sensory hypersensitivity. Pharmacologists are undecided as to whether hashish are actually a CNS stimulant, or depressant, or both. The other psychotomimetics are clearly stimulants. Several of these drugs (especially LSD-25 and psilocybin) have been used in the past as adjuncts to psychotherapy. Leuner and Holfeld (1963) believe that the loosening of the psyche that takes place under the influence of psychotomimetics, followed by emotional abreaction, deepens the self-understanding and insight of patients in psychotherapy. Unfortunately, the federal government has declared these drugs to be dangerous and has made it illegal for anyone to use them.

For a summary of these various drug actions and how they fit into the ergotropic-trophotropic continuum, see Table 1.

A second line of research activity has taken this ergotropic-trophotropic distinction into the realm of human experience and one's interpretation of that experience. Fisher (1971) and Fisher and Landon (1972) start their work from the premise that one's experience consists of at least two parts: the programmed cortical and subcortical activity that is laid down genetically and given shape very early in life; and the symbolic, cortical interpretation of that programmed

TABLE 1.

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TABLE 1.--Classification of various psychotropic drugs by behavioral effect and CNS action.

Continuum	Ergotropic ← → Normal ← → Trophotropic	
Behavior	psychotic ← aroused ← ecstatic ←	tranquil → depressed → sedation
Neurohumoral agent	norepinephrine	acetylcholine
Drug affects on agent; increase	amphetamine MAO inhibitors Psychotomimetics (some) Tricyclic derivatives	phenylcyclidine meprobamate Valium, Librium barbiturates
decrease	barbiturates Reserpine lithium carbonate phenothiazines (?)	Tricyclic derivatives (?) phenothiazines (?)

activity. Under the normal, or slightly aroused conditions of daily life, the symbolic interpretation remains essentially independent of the underlying CNS-ANS activity that it interprets. This allows man maximum freedom to interpret and appropriately react, or interact, in his daily environment. With rising levels of ergotropic or trophotropic arousal, however, one's interpretation becomes increasingly dependent upon the subcortical stratum that generates arousal. That is, as one becomes increasingly hyperaroused or hypoaroused, his attention becomes increasingly focused on what is going on inside himself rather than what is going on objectively in the environment. Apparently, then, an increase in ergotropic arousal produces a restriction in one's

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repertoire of available cognitive interpretations; which can be observed as a decrease in the variability of EEG amplitude, a breakdown of space and time constancies, and in intensification of inner sensations which is accompanied by a loss in the ability to verify them through voluntary motor activity (Fischer, 1971). The same thing happens as one becomes more hypoaroused; external stimulation is gradually excluded and one's attention is focused inward, continuous trains of alpha waves begin to appear with the dominant frequency of the wave pattern shifting lower and lower, and the space-time constancies again become disrupted.

Therefore, as one moves along a continuum from normal to hypoaroused, the balance of one's mode of interpretation shifts gradually from being primarily objective and oriented toward reality testing, to one that is subjective and narcissistic in nature. This balance could be theoretically expressed as an objective/subjective ratio; and, presumably, each ratio would appear on both the ergotropic and trophotropic sides of the continuum. Furthermore, as these ratios change from one that denotes an essentially objective mode to one that denotes a more subjective mode of interpretation, the means of communication also shifts from universally agreed upon conventions of language and concrete communication systems to the use of more idiosyncratic symbols, images and art.

Figure 1 summarizes some of Fischer's views on the ergotropic-trophotropic arousal issue. At either end of the continuum we find the label "Self" which Fischer uses to denote that the person is entirely turned inward with all of his attention focused on what is happening inside himself. There is no longer any attempt being made

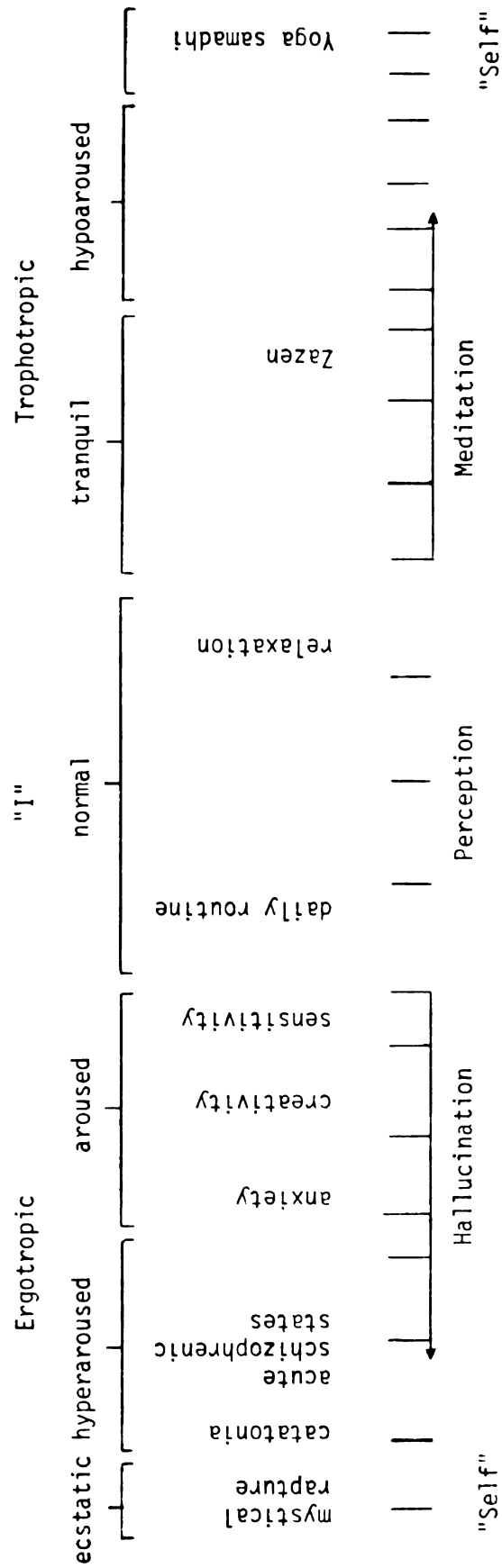


Figure 1.--Varieties of conscious states mapped on a perception-mediation continuum of increasing ergotropic arousal (left) and a perception-mediation continuum of increasing trophotropic arousal (right). These levels of hyper- and hypoarousal are interpreted by man as normal, creative, psychotic, and ecstatic states (left) and Zazen and samadhi (right).



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by the "Self" to validate his experience, or his interpretation of it, against what is objectively happening in the environment--his response is entirely subjective. At the top of the figure, or in the middle of the continuum, you see the normal state of arousal which Fischer calls the "I." "I" represents one's objective interpretation of himself in his environment. The key word for describing this state is "objectivity," for in the normal setting of daily activity and interaction, one becomes oriented outward toward his environment and spends little or no time in subjective reflection. The two mutually exclusive continua between "I" and the two "Selves" are the perceptual-hallucination continuum of increasing ergotropic arousal, which includes creative, psychotic and ecstatic experiences; and the perception-meditation continuum of increasing trophotropic arousal which is characterized by increasing tranquility, depression, and the Yoga state of samadhi. Combining Fischer's work with that of the pharmacologists that we reviewed earlier, it appears that the normal ergotropic-trophotropic (norepinephrine-acetylcholine) balance becomes disturbed in either direction, a person's cognitive interpretation of his experience will change in certain predictable ways depending on whether he is becoming hyper- or hypo-aroused. His mode of interpretation also changes from that of objective, reality-testing to that of a purely subjective, inwardly oriented focus.

Fischer also suggests and presents some evidence for the idea of "state dependent learning," or speaking perhaps more directly to our concerns, "state dependent memory," taking place as one moves along *this* ergotropic-trophotropic continuum. For example, Fischer

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suggests that if a person experiences an early trauma which arouses him to a state of intense anxiety and panic, the subsequent memory of that trauma may be dependent upon him being again aroused to that same level of intense anxiety and panic. Thus, it may be that those experiences and affects that we call "repressed" and "unconscious" are but bound to a particular level of arousal; and, thus, can only be evoked by inducing (naturally, hypnotically, or with the aid of drugs) that particular level of arousal again in therapy.

#### Hypotheses for the Present Investigation

The present investigation will use Reyher's method for producing posthypnotic conflict in order to evaluate the effectiveness of several psychotherapeutic procedures in uncovering and resolving that conflict. These procedures will consist of free imagery and non-directive interviewing used individually and in combination with several selected drugs. The ideal dependent measure to use in this study would be the number of sessions required for each psychotherapeutic procedure to achieve complete uncovering and conscious resolution of the implanted conflict. However, even with the relatively limited intensity and scope of the conflict to be used here, such a complete resolution could be expected to take many therapy hours. Therefore, we will approximate the overall efficacy of our individual treatment procedures, by measuring the level of awareness for the implanted conflict that can be achieved in a single 50 minute session.

Emergent Uncovering has been shown to be a potent therapeutic approach for discovering and elucidating repressed conflicts in psychotherapy clients (Reyher, 1969). It was created as a method and further

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developed with this specific function in mind. Free imagery is merely a technique included within the Emergent Uncovering approach that is used for bringing forward repressed material. Client-centered therapy, and its use of the non-directive interview, on the other hand, was developed and is currently used most frequently in counseling relationships, wherein the client is seeking help with relatively minor personal adjustment problems rather than profound intrapsychic difficulties. Therefore, we would expect the use of free imagery to prove more effective in this investigation than non-directive interviewing.

Based on the psychopharmacological literature reviewed previously, we also expect some, or all, of the drugs used in this investigation to enhance the effectiveness of the psychotherapy procedures. We are unable to predict just how effective any one of the drugs will be, or whether their effectiveness will vary across psychotherapy approaches.

Specifically, our research hypotheses are these:

Hypothesis 1: Treatments that use the free imagery technique, with or without additional drug administration, result in greater levels of awareness being achieved than do treatments that use non-directive interviewing.

Hypothesis 2a: Specific drugs enhance the effectiveness of free imagery and non-directive interviewing in achieving greater levels of awareness for hypnotically induced conflict.

Hypothesis 2b: Specific drugs interact selectively with the psychotherapy approach used in achieving greater levels of awareness for hypnotically induced conflict.

Several other exploratory questions could be of interest:

(1a): Are there any significant overall differences between the levels of interviewer performances?

- (1b): Do specific interviewers interact selectively with the two psychotherapy techniques used to stimulate greater levels of awareness in their subjects?
- (2): Irrespective of the treatment used, does the number of exposures to the posthypnotic conflict, or the time in "therapy," result in greater levels of awareness being achieved?

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## METHOD

### Subjects

The decision to undertake research should rest upon a considered judgement by the individual psychologist about how best to contribute to psychological science and to human welfare. The responsible psychologist weighs alternative directions in which personal energies and resources might be invested. Having made the decision to conduct research, psychologists must carry out their investigations with respect for the people who participate with concern for their dignity and welfare (Ad hoc Committee on Ethical Standards in Psychological Research, 1973).

### Subject Selection

Forty-eight male volunteers were selected from among the undergraduate student population at Michigan State University. About two-thirds of these students had previously participated in research involving the use of hypnosis,\* and agreed to participate in this investigation when contacted by phone. The final third of our Ss were selected from among a group of volunteers who were enrolled in an introductory psychology class.

Each potential S was screened psychologically by means of an open-ended interview conducted by the principal investigator. The primary purpose of this interview is to assure the absence of any obvious emotional disturbance or psychopathology, before proceeding further in the study. Special emphasis was placed on evaluating the

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\*An ongoing research project under the supervision of Dr. Joseph Reyher, Department of Psychology, involving the collection of normative data on the level of hypnotic suggestibility.

S's family history and pattern of adjustment. This was particularly important because of the theoretical possibility that the hypnotic induction of conflict could be potentially dangerous if that induced conflict happens to dovetail with existing emotional conflicts in an emotionally unstable individual (Reyher, 1958). However, once these unstable individuals have been screened out of the S pool, the short and long term risks of psychological injury to the remaining Ss is minute. Over the past 15 years that research on posthypnotic conflict has been conducted at Michigan State University, there has not been a single adverse psychological reaction reported by any of the approximately 170 Ss who have experienced this type of stress.

After passing this initial psychological screening, each S was given an individual session of hypnosis. The main objective of this session was to determine S's ability to experience posthypnotic amnesia and to successfully execute posthypnotic suggestions. Since a person whose psychological defenses are unstable is usually unable to perform more difficult hypnotic tasks, this initial session gave us a second, incidental, method of screening our Ss psychologically. Those Ss who were able to enter into the hypnotic relationship found this initial session to be very important because it gave them an opportunity to develop some confidence in their hypnotic abilities, dispelled a number of their previously held misconceptions concerning hypnosis, and to establish a working relationship with the research staff before the experimental sessions actually got underway.

Each S who was assigned to a drug group also was screened medically by means of a health and drug history questionnaire

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(Appendix A) and a brief physical examination. Ss with a history of chronic use of drugs (e.g., intoxicating use of alcohol consumed three times a week or more) were eliminated from the study, as were Ss who were currently taking medication prescribed by a physician. Final medical clearance for an S's participation in this investigation remained the prerogative and responsibility of the examining physician and medical supervisor.

Finally, every effort was made to obtain truly informed consent from each S for his participation in this investigation. The methodological requirements of this study necessitated concealing from Ss the nature of the paramnesia and posthypnotic instructions that they were to receive during hypnosis (see Procedure, below), and the identity of the drugs that they were to be given. However, all other features of the research that might reasonably be expected to influence the S's willingness to participate were fully explained. Because of the element of deception that was required at the beginning of the study, special emphasis was given to a thorough "debriefing" for each S at the end of his participation. The investigator provided each research participant with a full clarification of the nature of the study and made every effort to remove any misconceptions that may have arisen during the study. (See Appendix B for consent form.)

#### Assignment of Subjects to Groups

Subjects were randomly assigned to one of six treatment groups (Table 2). Interviewers were then assigned randomly to Ss. Once screened both psychologically and medically, each S participated in two experimental sessions. These two sessions differed only in terms

TABLE 2. Research design.

Drug Group and Subjects		T <sub>1</sub> Free Imagery	T <sub>2</sub> Non-Directive
G <sub>1</sub> No drug	S <sub>1</sub> S <sub>2</sub> : S <sub>8</sub>		
G <sub>2</sub> Placebo	S <sub>9</sub> S <sub>10</sub> : S <sub>16</sub>		
G <sub>3</sub> Alcohol	S <sub>17</sub> S <sub>18</sub> : S <sub>24</sub>		
G <sub>4</sub> Amphetamine	S <sub>25</sub> S <sub>26</sub> : S <sub>32</sub>		
G <sub>5</sub> Amytal	S <sub>33</sub> S <sub>34</sub> : S <sub>40</sub>		
G <sub>6</sub> Meprobamate	S <sub>41</sub> S <sub>42</sub> : S <sub>48</sub>		

Note: Table was subsequently filled in with Awareness Index data.

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of the interviewing technique used, either free imagery or the non-directive interview. The order in which these two treatment conditions were presented was assigned randomly to subjects, but was counter-balanced between drug groups; i.e., four Ss in each drug group received the free imagery treatment first, followed by the non-directive interview, and the other four Ss received the non-directive interview first, followed by a session of free imagery. Subjects assigned to the "No Drug" group and to the "Placebo" group experienced the same experimental procedure as those in the other "drug" groups, except for the fact that "no drug" Ss received no medications at all, and the "Placebo" Ss received a milk sugar capsule under the guise of real medication.

#### Use of Interviewers

Research involving the use of hypnosis and psychotherapeutic procedures is often faulted for its subjective nature and vulnerability to experimenter bias. If the principal investigator of this study had screened potential Ss, assigned them to groups, and conducted the interviews himself, any results would have to have been declared invalid due to obvious experimenter bias. Therefore, we enlisted the aid of four advanced undergraduate psychology interviewers (Is); trained them thoroughly in the use of hypnosis, free imagery and non-directive interviewing; and directly supervised them in the conducting of all hypnosis sessions and posthypnotic interviews. They remained uninformed about the hypotheses of this investigation, and the group placement of Ss, until all experimental sessions were completed. The principal investigator psychologically screened all potential Ss,

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assigned Ss to experimental groups, helped supervise drug administration and directly supervised the conduct of all hypnosis and experimental sessions.

### Safeguarding Subjects

In addition to the initial psychological and medical screening, and the acquisition of the S's informed consent, several other specific safeguards were implemented to insure that no harm was done to Ss. These included the following:

1. The principal investigator personally supervised his Is in the conduct of all hypnosis sessions and interviews with Ss. This was aided by the use of interviewing rooms that were equipped with one-way mirrors and outside audio recording capabilities.

2. Dr. Joseph Reyher, clinical psychologist, and Dr. Lionel Rosen, M.D., remained on call during the time that this experiment was being conducted to provide backup support should an unexpected emergency have arisen. There were no emergencies during the conduct of the investigation.

3. All drugs were administered, and S responses monitored, under the supervision of a physician.

4. All Ss received a full and complete clarification of the purpose of the study immediately following their last experimental session. Every effort was made at that time to answer all S inquiries and to clear up any misconceptions they might have had concerning their participation in the study.

5. A follow-up letter and an abstract of our results was mailed to each research participant as soon as the data analysis was completed.

6. Data that was selected from and about our Ss has been and will continue to be treated most confidentially. All audio tapes will remain in the possession of the principal investigator and are identified only by a code that includes: S number, session number, type of interview and the drug group. The cards which linked an S's identity to his S number and drug group have been destroyed. Typed transcripts of these tapes have also had all identifying information deleted or disguised.

#### Materials

The S and I were seated in one of a number of small sound-attenuated rooms, most of which were equipped with a one-way mirror and microphone hookup for remote, audio recording. They sat facing each other: the I's back toward the one-way mirror, the S facing it. Each session was recorded in its entirety.

Four active drugs were administered orally in this study:

- 10 mg. of Dexedrine (d-amphetamine)
- 400 mg. of Equanil (meprobamate)
- 50 mg. of Amytal (amobarbital)
- .029 oz/lb 100-proof vodka (alcohol)

All of these drugs were given in their usual form and were purchased by prescription from local pharmacies. They were given along with a 12-ounce glass of root beer or orange soda (S's choice). All the glasses of soda were sprayed with about 1/2 teaspoon of alcohol in order to help disguise the true alcohol condition. All Ss were told that a small amount of alcohol would be added to their drinks to enhance the absorption process of the active drug in their stomachs.

Placebo and Alcohol group Ss both received small yellow capsules of milk sugar placebos. "No Drug" Ss received only the glass of soda.

### Procedure

#### Initial Contact with Research Participants

Undergraduate students who had recently participated in an ongoing research project on hypnosis, and who had demonstrated an ability to experience posthypnotic amnesia and to carry out posthypnotic suggestions, were contacted by E and invited to participate in this investigation. Those students who indicated a willingness to participate were given individual appointments. E interviewed the potential Ss to detect any obvious emotional difficulties, explained the study as fully as possible to Ss, asked them to complete the drug and health history questionnaire (Appendix A); reviewed that history with the student; and obtained their informed consent to participate (Appendix B). This procedure produced 33 qualified Ss for assignment to treatment groups. Another 15 Ss were selected by the same process, but from a group of volunteers who were enrolled in an introductory psychology class.

E randomly assigned those Ss who had given their informed consent to the six treatment groups. He then reviewed with the study's supporting physicians the drug and health histories of those Ss assigned to "Drug" treatment groups and arranged appointments for their physical examinations.

### First Individual Sessions and Interviews

Subjects who successfully completed the psychological screening described above (and either before or after their physical examinations) were scheduled for their first hypnosis session with our Is. After the appropriate introductions had been made, a two-hour session was devoted to building rapport between S and I and in giving the S some experiences with hypnosis. This session was adjusted to each S depending on how slowly, or quickly, they are able to enter into the hypnotic state and experience some success with the challenges described in Hypnotic Steps (Appendix C). The goal of this session was to insure that the S could enter into a deep hypnosis with his I.

At the conclusion of this initial session of hypnosis, Ss were given a weekly appointment time for the following two consecutive weeks for the completion of their two experimental sessions. Subjects were admonished to refrain from using any drug (including alcohol and marijuana) for the 24-hour period prior to each appointment. They were also asked to neither drink milk or coffee nor to eat any solid food for three hours prior to their appointments.

### Experimental Sessions

During each of the two experimental sessions, the procedure was the same. The S was hypnotized and the conflict-producing paramnesia (false memory) was introduced according to Erikson's instruction (Erikson, 1944):

Now as you continue to relax I am going to recall to your mind this event, which occurred in the past. As I recount this event to you, you will recall fully and completely everything that happened. You will remember each and every detail fully. Now,

bear in mind that while I repeat what I know of this event you will recall fully and completely everything just as it happened, and more than that you will re-experience the various emotions which you had at that time and you will feel exactly as you did while this event was taking place.

The sexual paramnesia was taken from Burns (1972) and Sommerschield's (Sommerschield, 1969; Sommerschield and Reyher, 1973) studies:

These events occurred one evening while you were out walking. As you were leisurely walking, your attention was drawn to an attractive, older woman who seemed quite upset. You offered to be of assistance as the woman was about to pass you. Frantically the woman revealed that she had lost her purse and did not have enough money for her bus fare. Wishing to help the woman, you reached into your pockets and for your wallet. You only had a ten dollar bill. You then offered to accompany her to the bus and pay her fare. She, however, felt very indebted to you and insisted that you accompany her to her apartment in order that she might repay you. Somewhat reluctantly you agreed.

Once within her apartment she suggested that you might like to look at her record collection while she left to find some money for the bus fare. When she returned, she seemed very friendly and reluctant to have you leave. After talking about the collection, she offered you a drink and a snack. She then turned on the record player and you danced awhile with the woman. Gradually you became aware of some stimulating, but disquieting thoughts and feelings. She was very good looking and it seemed like such a pity to have all her beautiful softness go to waste. She seemed to be silently inviting you; her closeness, glances, words, and breathing suggested to you that she was becoming extremely aroused sexually. You were just starting to make love to her when suddenly more thoughts ran through your mind. She was older, respectable, perhaps married, and undoubtedly very experienced. You wondered if you would be able to satisfy her. How traumatic it would be if she laughed at your advances. In spite of these thoughts you found yourself becoming increasingly excited and aroused. You wanted to make love to her right there, but the telephone rang. While you waited, you became so aroused and excited that you could hardly speak. You made a hurried excuse for leaving, promised to call her back, and left the apartment. The only way you could attain peace of mind was to completely push the whole experience into the back of your mind.

It is important to note that the Ss were given an indirect suggestion of amnesia for the paramnesia only, not for the posthypnotic suggestions that are to follow.

The S was then given a suggestion for the subsequent activation of the posthypnotic conflict:

Now listen carefully. The woman I have told you about actually works in this laboratory and she is the wife of my best friend and mother of \_\_\_ fine children, \_\_\_ boys and \_\_\_ girls. As a matter of fact I expect her to drop by anytime now and you may meet her. After I awaken you, you will find that if anything connected with her comes into your mind you will feel the same feelings that you experienced earlier. And after I say "OK, let's begin the interview" these feelings will surge up from within you. They will become overwhelming; and you will have an irresistible urge to tell me about those feelings.

Furthermore, whenever I say to you, "How are you feeling?" you will find that these feelings will surge up within you with renewed, overwhelming force. Nod your head if you understand. (The same family constellation as S's was determined indirectly during the first individual session and history taking.)

Finally, instructions for the subsequent rapid induction of hypnosis were given:

Later on in today's session, I will have to hypnotize you again. When I inform you that our interview is finished for this session, and that it is time to hypnotize you again, you will want to be hypnotized. When that time comes, I will ask you to lean back in the chair and close your eyes. As your eyes close your body will immediately start to relax and start drifting down into a deep hypnotic sleep. I will then start counting from one to ten; and as I count, you will continue to drift down into a deep sleep-like state. By the time I reach the count of ten, you will be in a very relaxing, deep, hypnotic sleep.

The S was then awakened slowly and allowed to adjust to the laboratory surroundings and lights. The Ss were taken to a separate room where they were given their sodas, drugs (where appropriate), and a half-hour of rest. After this break, each S returned to his interview room where he and I continued with the experimental session.

Each subsequent free imagery interview was introduced with the following instructions:

OK, let's begin the interview. Now for this part of the session, would you please lean back in your chair and close your eyes. I would like you to describe any pictures or images that come into your mind's eye; also, please report any sensations or feelings and emotions that come to your attention. I want you to describe all that you see and feel, without omitting a thing.

Each non-directive interview was introduced with:

OK, let's begin the interview. I would like to use our time together today to learn more about you as a person. Perhaps you would be willing to share with me some of your interests, concerns, or feelings. We can begin whenever you'd like.

Each session of free imagery, or non-directive interviewing, lasted for approximately 50 minutes. The S was allowed to go off in whatever direction he liked with his free imagery and/or discussion. However, as soon after each 10 minute period of a session as reasonable, I asked S "How are you feeling?" Therefore, the posthypnotic suggestions that were implanted during hypnosis were specifically stimulated five times for each S during each of his sessions.

At the end of the first experimental session, the S was rehypnotized and given the following instructions:

After I awaken you, everything that has happend during this session will fade out of your memory. After you awaken, you will not be able to remember anything about your experience with the older woman or the feelings you experienced during our interview. It and everything that happened in this session will be just like a dream that you had while you were asleep and which you cannot remember after awakening. Nod your head if you understand.

At the end of each S's final experimental session, he was hypnotized and the paramnesia permanently removed as follows:

The events that I have recounted to you earlier in this session, and in each of our previous sessions, concerning the attractive older woman and her sexual advances toward you, really did not happen at all. The experience was not true; the feelings were not your own. What I told you was a made-up story--a story that I made up for experimental purposes. Furthermore, all the other suggestions that I have given you in the past are hereby cancelled. Whenever I say to you, "OK, let's begin the interview," and whenever I say "How are you feeling?" they will no longer have any significance to you beyond what they normally would. I am now going to awaken you by counting backwards from 10 to 1, and when I reach 1, your eyes will be open and you'll be wide awake.

The Ss were then interviewed for 15 minutes and the above instructions repeated to him in the waking state. The purpose of this debriefing was to assure that there were no lingering posthypnotic effects. The principal investigator then met with each S to fully explain the purpose and procedure of the study, paying particular attention to the removal of any misconceptions that might have been produced by our earlier deception. The S was thanked for his cooperation and contribution to this study and arrangements made for the mailing of a follow-up letter summarizing the study's findings. Several Ss also requested at this time to be put on a list of interested people for further participation in future studies.

Following Burns' suggestion (Burns, 1972), the verbalizations of Is during their experimental sessions were guided to some extent by a specific set of suggested verbal responses for each type of therapeutic situation (Appendix D). Our effort here was to minimize the difference between Is in their interpersonal styles and skills, without turning the experimental interviews into a rigid and formal program that they became artificial and contrived.



### Measures

The task of this research was to look for any differences there might be between our treatment approaches for their effectiveness in uncovering our Ss' induced oedipal conflicts and allowing those conflicts to be consciously expressed. To do this, an Index of Awareness was developed. The transcript from each experimental session for every S in all treatment groups were examined by two advanced clinical students who independently assigned an Index of Awareness score for that session. These scores were determined by the following general formula:

$$\text{Subject} \times \text{Affect} \times \text{Object} = \text{Index of Awareness}$$

See Table 3 for a more complete description of this index.

The development of this particular index was based upon Reyher's earlier Index of Awareness (Reyher, 1969) and Burns Drive Scale (Burns, 1972). These earlier measuring instruments were modified somewhat in order to produce a scale that could be equally easily applied to the data derived from both free imagery and non-directive interviews.

TABLE 3.--Index of Awareness.

Subject	x	Affect	x	Object	=	Index of Awareness
The Subject of one's free imagery or conversation is identified as being predominantly:						
P: the <u>S</u> himself		L: love (past)	. . . 2, or	M: an older man		Index of Awareness varies from 1 to 612 (1 x 1 x 1 through 4 x 17 x 9).
. . . 4		(present)	. . . 4	. . . 2, or		
MF: some other male figure		AA: anger/aggression (past)		<u>S</u> 's father		
. . . 2		(present)	. . . 2, or	. . . 4		
O: some other female figure or object		SA: sexual arousal (past)		F: an older female		
. . . 1		(present)	. . . 2, or	<u>S</u> 's mother		
		SE: feeling a loss of self-esteem (past)	. . . 4	0: someone or something else		
		(present)	. . . 2, or	. . . 1		
		NS: other, non-specific feelings	. . . 4			
			. . . 1			
Subject score = value of predominant subject.		Affect score = sum of the affects described.		Object score = sum of the objects mentioned.		

## RESULTS

### Inter-Rater Reliability

A transcript was typed for each individual interview conducted by Is for this investigation. These transcripts were then independently scored for awareness by both the principal investigator and a second advanced doctoral student in clinical psychology. Each S's assigned awareness score was then computed by finding the mean of the two scores that S had been given on a particular experimental session by the two raters. The resulting scores are presented in Appendix G. along with their mean and standard deviation statistics. A Pearson product-moment correlation coefficient was calculated ( $r = .96$ ) in order to examine the relationship between the two raters' scores. Very significant agreement was found between the two sets of scores ( $p < .001$ ).

### Characteristics of S Response

Our experimental interviews were introduced to Ss as having been patterned after "counseling interviews," and most Ss responded to them in an appropriately serious manner. They talked mainly about their own lives, concerns and feelings, as well as about the post-hypnotic conflict situation itself. A few Ss were consciously defensive and even negativistic toward I inquiries, but the majority actively interacted with their Is.

The type of material obtained with free imagery varied along a continuum from a few Ss who merely talked in their usual interpersonal way but with their eyes closed; to the majority who related a series of kinetic, iconic images; to another small group of Ss who reported series of kinetic images of a dream-like, or autistic, quality. This pattern of response appears to be at some variance with the material obtained from previous investigations using the post-hypnotic conflict paradigm and free imagery (Burns and Reyher, 1974). That data seems to include much more imagery of the autistic or only loosely associated iconic type than was true for this investigation. We think that this finding may be due to our emphasis on wanting to get to know Ss as people, and having set up an experimental situation more closely resembling a genuine clinical setting. A second factor which may have produced some variance between our observations and those of Burns is the fact that our Ss seem to have been less repressed, as a group, than were Burns' Ss. That is, there was a good deal more awareness of the induced conflict on our Ss' part, and therefore, they tended to deal with it more directly in their imagery.

In keeping with these informal observations, we found that in 98 per cent of the interviews, Ss talked primarily about themselves, and their own interests, concerns and feelings. Sixty per cent of these same interviews dealt explicitly with an oedipal situation patterned after the implanted paramnesia. One S responded to the paramnesia as a dream that he had experienced earlier in the week. In spite of this consciously expressed awareness for the induced conflict, it remained response-producing and pathogenic during our Ss' interviews.

We are thereby assured that the implanted paramnesia served to stimulate and focus previously unresolved (and probably repressed) oedipal conflicts within our Ss. In about one-third of these interviews which dealt with the paramnesia, Ss responded to it as simply having been a story that they were told in hypnosis. Nonetheless, many of these same Ss experienced symptomatic reactions when the conflict inducing signals were given posthypnotically. These Ss might properly be thought of as "poor repressors" (Perkins and Reyher, 1971), and one would predict that they should reflect an alloplastic personality structure. In four interviews (involving three different Ss), the S both responded to the paramnesia as a story and failed to exhibit any symptoms. The hypnotic procedure apparently did not arouse any significant conflict in these Ss during those interviews. It is interesting to note that three of these four interviews were conducted following the second experimental session, or implantation of the paramnesia. Perhaps these Ss defensively resisted the second implantation, and therefore, were unaffected by subsequent posthypnotic cues.

In eleven interviews, S neither expressed any awareness for the implanted paramnesia or the posthypnotically aroused affect and impulses, nor experienced any symptoms. These individuals probably represent the other end of the repression continuum. That is, they were so completely repressed that they experienced a complete amnesia for the paramnesia and remained unaware of any aroused impulses, thereby avoiding any conscious conflict and/or symptoms.

Another set of informal observations have to do with the frequency and severity of expressed symptomatology. In 35 per cent of

of the posthypnotic interview sessions, Ss experienced moderate to severe symptomatic reactions. This means that these Ss experienced at least one symptomatic reaction during the interview which was disruptive to that interview and caused S a good deal of personal concern. On the other extreme, approximately 25 per cent of the interviews had no overt reference to symptomatic reactions in them at all. Between the two extreme groups were 40 per cent of the interviews in which Ss experienced some mild symptomatic reactions, but they didn't appear to be particularly concerned about them.

This kind of informal data has been included here to serve as a guide to future research efforts in this line of inquiry. A few representative transcripts of our S's interviews can be found in Appendix E.

#### Raw Data

The Index of Awareness scores for each S are presented in their raw data form in Appendix G. One observes that the standard deviation of that data ( $S_x = 59.03$ ) is of the same relative magnitude as its mean ( $\bar{x} = 60.10$ ). This leads to the suspicion that this data's frequency distribution might significantly violate the assumption of normality, which is assential for an analysis of variance of that data with its repeated measure (ANOVA/RM). The frequency distribution of this data is presented in Figure 2, and appears to represent a better approximation to a "J" curve than to a normal distribution. This distribution of scores seems reasonable when it is remembered that the Index of Awareness scores actually represent the end product of a multiplicative function. Therefore as S begins to demonstrate

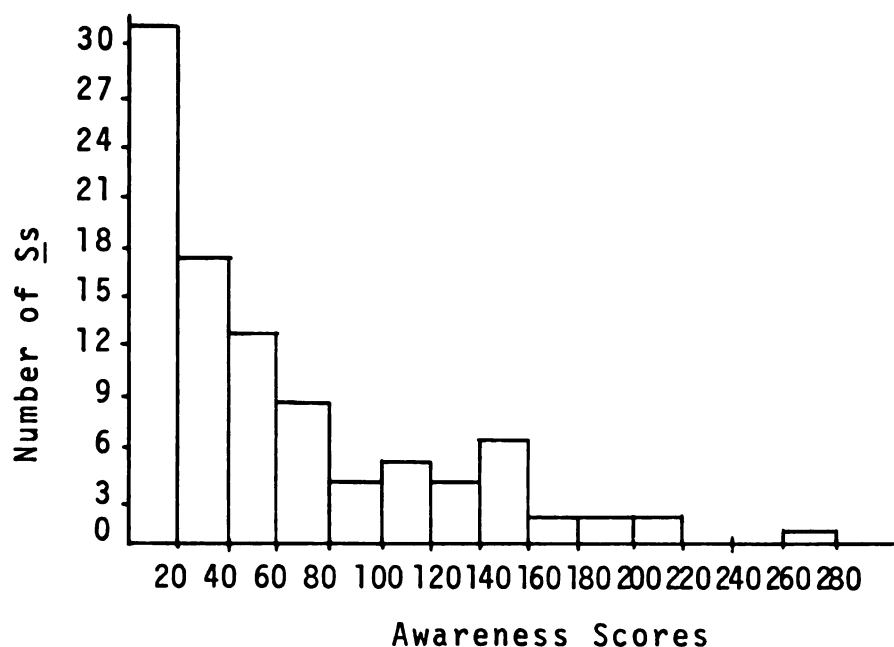


Figure 2.--Distribution of Awareness Index scores in raw data form.

an increased awareness of the posthypnotically aroused oedipal conflict, his awareness score increases as a power function rather than linearly.

Walker and Lev (1953) suggest that data that has such a skewed distribution as this, where the group mean is approximately equal to its standard deviation, should be changed by a logarithmic transformation. Such a log transformation can be made on a group of data without affecting its ordinal characteristics but still result in a distribution which more closely approximates a normal distribution than was the case with the raw data. When the raw data from this investigation is transformed logarithmically, the resulting distribution approximates the normal distribution closely enough to warrant an ANOVA/RM statistical treatment (see Figure 3). Therefore, all statistical analyses were performed on the log-transformed data.

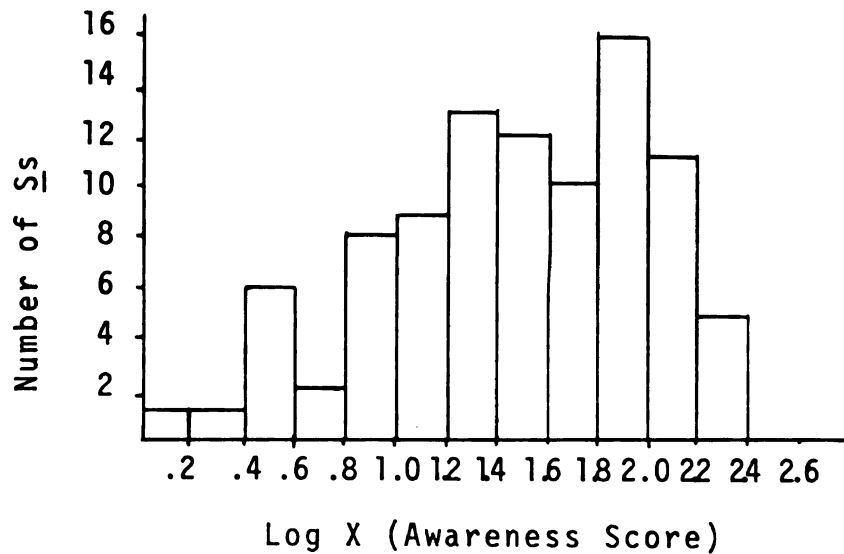


Figure 3.--Distribution of the log transformation of Awareness scores.

#### Analysis of Data

For a split-plot factorial design such as the one used in this study, the most appropriate and comprehensive statistical procedure to use is an analysis of variance for repeated measures data (profile analysis). Three such analyses were done on our awareness data. In the first analysis, data was grouped according to each S's drug group membership and the type of interview that he experienced in any particular session. This was the main analysis for the investigation and gave us a test for the main effects due to the drugs and interview techniques used, and due to their interaction. An alpha level of .05 was used to determine the appropriate two-tailed F ratio for a significance test of the drug and interaction effects. A one-tailed F ratio was determined in order to test the significance of the treatment



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effect, since our hypothesis concerning free imagery and non-directive interviewing was directional.

As indicated in Appendix G, the data from two free imagery interviews were lost due to faulty recording procedures. These missing data were replaced for the purpose of this first ANOVA/RM by the procedure outlined in Kirk (Kirk, 1968). This procedure takes into account the mean of the remaining scores in a particular cell, that S's score in the non-directive interview, and the covariance between his drug group's two sets of scores. The computational formula for this procedure is

$$ABS_{ijm} = \frac{n(\sum S_m) + q(\sum AB_{ij}) - \sum A_i}{(n - 1)(q - 1)}$$

where:  $n$  = the number of Ss in the cell (8);

$q$  = the number of repeated measures (2);

$\sum S_m$  = sum of that S's other scores;

$\sum AB_{ij}$  = sum of the remaining scores in the effected cell; and

$\sum A_i$  = sum of all the remaining scores in that drug group

(Kirk, 1968; p. 281).

This procedure to estimate the value of a missing score is done at the cost of one degree of freedom in the overall error term. Table 4 presents the group means, and Table 5 the relevant ANOVA/RM statistics for the analysis of these data.

TABLE 4.--Drug group and treatment data means.

Drug Group		T <sub>1</sub> Free Imagery	T <sub>2</sub> Non-Directive Interview	T •
G <sub>1</sub>	No drug	1.57	1.59	1.58
G <sub>2</sub>	Placebo	1.56	1.42	1.49
G <sub>3</sub>	Alcohol	1.37	1.49	1.43
G <sub>4</sub>	Amphetamine	1.75	1.63	1.69
G <sub>5</sub>	Amytal	1.60	1.36	1.48
G <sub>6</sub>	Meprobamate	<u>1.54</u>	<u>1.48</u>	<u>1.51</u>
G •		1.57	1.49	1.53

Note: No significant differences were found between group, or treatment, variances.

TABLE 5.--Analysis of variance statistics for group x treatment comparisons.

Source	DF	Sum of Squares	Mean Squares	F Ratios
Groups	5	.66	.13	.30
Error S(G)	42	17.90	.43	
Treatments	1	.12	.12	.67
Treatments x groups	5	.32	.06	.33
Error TS(G)	40	7.07	.18	

Critical  $\bar{F}$  for groups: 4.08

Critical  $\bar{F}$  for treatments: 2.84

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An examination of Table 6 reveals that no statistically significant differences were found between any of the six different drug groups, or the two treatment techniques, in terms of the levels of awareness achieved by Ss. That is, Ss did about equally well under all of the different drug treatments and regardless of whether they were being interviewed in an eyes-open, non-directive setting or in free imagery. However the table of group means (Table 5) does suggest some trend in the data for drug groups, which may be of interest for future research. Subjects in the amphetamine group tended to receive higher awareness scores than did no drug and placebo Ss. On the other hand, Ss who received alcohol or amytal seem to have done somewhat less well than those Ss in the control groups.

Two additional profile analyses were performed on our data in order to investigate the exploratory questions that were asked earlier. The first of these secondary analyses was conducted on data grouped according to the I who was conducting the interview, and the type of interview that was conducted. The two pieces of missing data that have been referred to previously would have both come from Ss assigned to I<sub>4</sub>. These data were replaced by estimates derived from Kirk's formula, as described above. Because of a scheduling conflict, that was independent of the experimental treatment, I<sub>1</sub> was asked to interview a thirteenth S. This S originally had been assigned to I<sub>3</sub>. This resulted in a split-plot factorial design with unequal numbers of Ss in each cell; therefore, an unweighted-means solution was used in the ANOVA/RM. (See Kirk, 1968; p. 277.) Table 6 presents the group means for each I under both treatment techniques. Table 7 presents the ANOVA/RM statistics derived from this grouping of the data.

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TABLE 6.--Treatment and Interviewer data means.

Interviewer	T <sub>1</sub> Free Imagery	T <sub>2</sub> Non-Directive Interview	T •
I <sub>1</sub>	1.79	1.74	1.76
I <sub>2</sub>	1.35	1.46	1.41
I <sub>3</sub>	1.45	1.29	1.37
I <sub>4</sub>	<u>1.65</u>	<u>1.46</u>	<u>1.56</u>
I •	1.57	1.49	1.53

Note: No significant differences were found between the different Interviewer and treatment group variances.

TABLE 7.--Analysis of variance statistics for Interviewer x treatment comparisons.

Source	DF	Sum of Squares	Mean Squares	F Ratios
Interviewers	3	2.39	.80	2.16
Error S(I)	44	16.18	.37	
Treatments	1	.12	.12	.71
Treatments x Interviewers	3	.12	.04	.24
Error TS(I)	42	7.01	.17	

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This analysis reveals no significant differences in the performance levels of our Is or in the treatments that they used. There were also no significant interactions between Is and treatments.

A third analysis was performed on the data grouped according to the session number and the order in which Ss were exposed to each treatment procedure. Missing data were again estimated as discussed above, and an unweighted-means solution used for the ANOVA/RM. Table 8 presents the data on group means, and Table 9 presents a summary of the relevant ANOVA/RM statistics.

No significant differences were discovered between the two orders of treatment presentation, or between the number of previous sessions that an S had been exposed to the posthypnotic conflict.

TABLE 8.--Session and treatment order data means.

Order		Session I	Session II	Session •
0 <sub>1</sub>	Free imagery First	1.43	1.51	1.47
0 <sub>2</sub>	Non-direct First	<u>1.48</u>	<u>1.71</u>	<u>1.59</u>
0 •		1.45	1.61	1.53

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TABLE 9.--Analysis of variance statistics for session x order comparison.

Source	DF	Sum of Squares	Mean Squares	F Ratios
Order	1	.24	.24	.60
Error S(0)	46	18.57	.40	
Session	1	.24	.24	1.50
Session x order	1	.12	.12	
Error RS(0)	44	6.83	.16	.75

#### Index of Awareness

A post hoc investigation of the three components of the Index of Awareness was performed. The "affect" component of the Index accounted for most of the data's variance. This "affect" data is presented in Appendix G. When the "affect" component of the Index is plotted, we see a skewed distribution that neither itself meets the assumption of normality, nor can be readily transformed so as to meet that assumption. Therefore, non-parametric statistics were used to analyze these data.

The comparison between treatment procedures for their effect on the level of affect expressed during our interviews was made by using the Sign test (Siegel, 1956). Twenty-six of our subjects expressed more affect under the free-imagery condition, fourteen were more expressive affectively during non-directive interviews, and the remaining eight were equally involved affectively. Inspection of

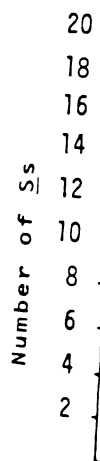


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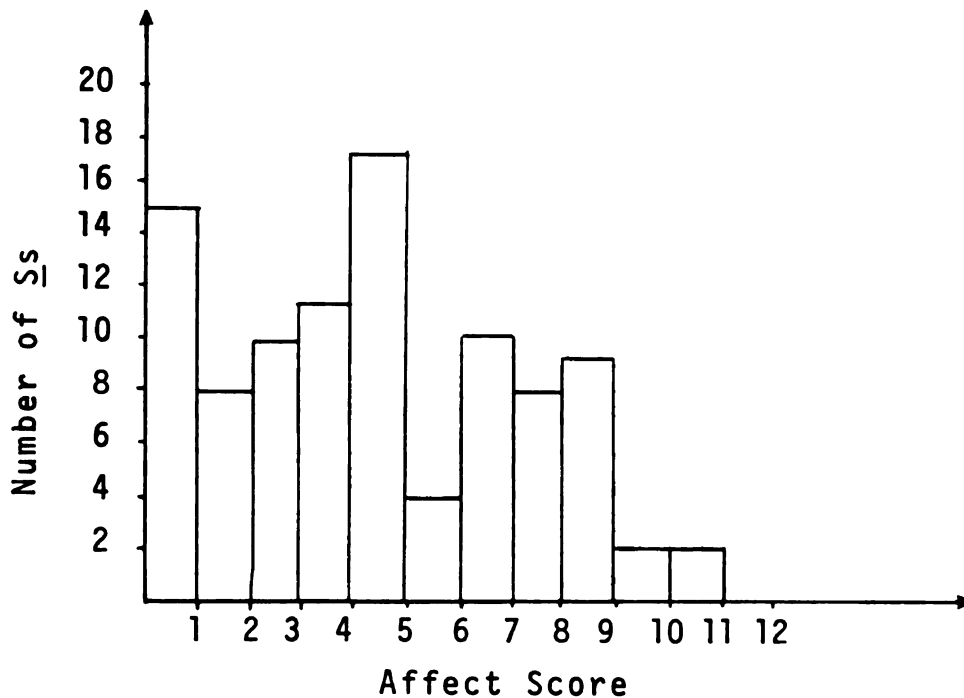


Figure 4.--Distribution of "Affect" component of Index of Awareness.

Table 10 reveals that this was statistically significant at the  $p < .05$  level; i.e., subjects were significantly more expressive of affect during free imagery than during non-directive interviews.

A Kruskal-Wallis one-way analysis of variance for ranked data was performed to test for the significance of any drug group effect on the level of affect expressed (Siegel, 1956). Since this was a repeated measures design with  $S_s$  nested within drug groups, each  $S$  was represented, for this analysis, by the mean of his affect scores from his two experimental sessions. These means were then rank-ordered and the analysis performed. Table 11 presents the totals and means of these ranks for each drug group. The Kruskal-Wallis statistic was significant at the  $p < .001$  level. This overall analysis of variance tells us that something statistically significant happened between

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TABLE 10.--Sign test for free-imagery vs. non-directive interview.

No Drug	Placebo	Alcohol	Amphetamine	Amytal	Meprobamate
+ 3	+ 4	+ 4	+ 6	+ 6	+ 3
= 2	= 1	= 1	= 0	= 1	= 3
- 3	- 3	- 3	- 2	- 1	- 2

"+" means free imagery > non-directive.

"-" means free imagery < non-directive.

"=" means a tie.

$$Z = \frac{(X + .5) - 1/2 N}{1/2 \sqrt{N}}$$

$$= 1.74$$

$$p(Z \geq 1.74) = .0409$$

TABLE 11.--Sums and means of ranks for "Affect" expressed by groups.

Drug Group	Sum of Ranks	Mean Rank	Order
No drug	192.5	24.06	3
Placebo	207.5	25.94	2
Alcohol	189	23.63	4
Amphetamine	218	27.25	1
Amytal	183.5	22.94	6
Meprobamate	185.5	23.19	5

$$H = \frac{12}{N(N+1)} \sum_{j=1}^k \frac{R_j^2}{n_j} - 3(N+1)$$

$$= 140.24$$

$$p < .001$$

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An examination of the order of mean rank values in Table 11 suggests that the amphetamine group was more expressive of affect than any other group. Next came the placebo group, and then the no-drug group, and finally, the three groups who received depressant medications (alcohol, amytal and meproamate). Therefore, a multiple series of confidence intervals were computed (for  $\alpha = .05$ ) in order to determine if any simple comparisons between drug groups could be found that would explain this significant, between-groups effect. Every pair-wise comparison between drug groups was made and none of them was, in itself, significant. Likewise, the following comparisons were also non-significant:

- (i) amphetamine compared to all other drug groups;
- (ii) amphetamine and placebo groups compared to all other drug groups; and
- (iii) amphetamine and the two control groups compared to the three groups that received depressant medication.

There is no significant way to test the significance of an interaction effect of a complex nature with this non-parametric test, so the source of our significant between-groups effect remains unknown.

The "Subject" component of the Index of Awareness was represented in this investigation as essentially a mathematical constant. In only one interview did the S fail to talk primarily about himself, and therefore, the large majority of "Subject" component scores had the value, 4. The "Object" component varied somewhat more across Ss but not across drug groups or treatments.

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### Summary

The data obtained through this investigation do not support our hypothesis that free imagery is a more effective technique than non-directive interviewing for bringing hypnotically induced oedipal affect and impulses to conscious expression. This may be partially due to our Ss having been somewhat less repressed during their post-hypnotic sessions than has been the case in previous investigations.

Hypothesis 2, which predicted a variation in effectiveness between the different drug groups, must also be rejected. At the dosage levels used in this investigation, it didn't make any significant difference which drug group S was assigned to in terms of the level of awareness that he subsequently achieved in his posthypnotic interviews. For a couple of drug groups this may have been due to inappropriate dosage levels having been prescribed; and in others, the inferences that we drew from the literature were probably unfounded. Three exploratory questions were also asked by this investigator. The first dealt with the question of whether or not any significant differences would be observed in the performance levels of the Interviewers. We found no overall differences between the Interviewers; although on a subjective level, this investigator noted a good deal of difference in their sensitivity and level of interpersonal skill. In reference to our second question, none of our Is did selectively better with one versus the other therapy technique. Finally, S's previous exposure to the posthypnotic conflict (i.e., Session I) did not appear to significantly influence the level

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An a posteriori investigation of the differential contribution of each component of the Index of Awareness was also performed. When one focused on only the "affect" component of this Index, he finds that Ss expressed significantly more affect during free imagery than they did in non-directive interviews. There was also a significant drug group effect found which suggests that different levels of affect were expressed by Ss in the different drug groups. However, this overall between-groups effect was not attributable to any simple comparison or interaction.

## DISCUSSION

### The Hypnotic Model

Several reports and monographs have recently appeared in the professional literature that outline some of the difficulties encountered by the investigators attempting to do meaningful psychotherapy research (Gordon, 1967; Strupp and Bergin, 1969). One of the most important of these problems involves the selection, specification and measurement of the relevant variables involved in the psychotherapeutic process. This is a problem that is only exacerbated by investigators' fierce loyalties to their own "schools" of psychotherapy and philosophies of human behavior. A second difficulty in doing research in a genuine, psychotherapeutic setting is the effect that that research effort and attention in itself has on the process of therapy. Asking a therapist to restrict, or in other ways control his behavior, also poses ethical questions when such restrictions may not be in the best interests of the patient. In the present investigation, we chose to use a hypnotic analogue, Reyher's posthypnotic conflict paradigm, as a way of circumventing some of these difficulties.

One of the potential advantages of using such an analogue is that the investigator can selectively control for certain S and/or treatment variables. This reduces the overall error variability of his data so that genuine treatment differences are more likely to be recognized in his statistical analysis. We selected only undergraduate male students, who were both hypnotically suggestible and free from

any obvious psychopathology to participate in this study. While we may not be able to specify exactly how, it seems reasonable that each of these selection criteria served to reduce our Ss variability. For example, although we cannot specify what the personality variables are that allow one to become deeply hypnotized, by selecting only such Ss, we rule out people with personality variables that oppose hypnosis (e.g., the paranoid S). Also by selecting college undergraduates, we are obtaining Ss of good intelligence, adequate verbal ability, and predominantly middle class values and motivation. While these selection criteria reduce S variance, they leave each subject free to handle the posthypnotic conflict in his own characteristic way. This one, essential fact makes hypnotic research of this kind much less artificial and contrived than might otherwise be supposed.

Finally, the hypnotic analogue allows us to test specific therapy variables in reference to specific kinds of therapeutic problems. We wanted to investigate the differences between free imagery and non-directive interviewing, with and without the aid of certain medications, in their effectiveness for uncovering repressed conflict. Using an hypnotic paramnesia involving an oedipal theme, we were able to posthypnotically arouse in each of our Ss psychodynamic conflict that was marked by Ss becoming symptomatic, resistant and defensive, and repressing a good deal of the conflictual affect. That is, the use of an hypnotic paramnesia helps the investigator to create a situation with maximal realism and relevance, but without it becoming so severe as to make limiting the therapeutic response unethical. Hypnosis also provides a rapid, reliable method for removing the

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subject's aroused conflict without grossly disturbing his personality or integration of affect.

Another methodological difficulty that confronts psychotherapy research is the issue of comparability between the performances of different therapists, or the same therapist using different treatment techniques. Experienced clinicians quickly develop their own unique style of therapy in keeping with their unique pattern of personal strengths, past experiences, and theoretical biases. Once this personal style has had an opportunity to develop and be integrated with the therapist's personality, we cannot expect that he will be able to perform any two therapeutic techniques with equal skill and enthusiasm. On the other hand, using a number of therapists, and assigning them to Ss in all treatment groups, are two elements of good experimental design. Using a number of therapists increases the generalizability of any research findings to other therapists. It also helps to balance the effect of individual therapist expectancies and biases. Assigning each therapist to subjects in each different treatment group allows the overall error variance to be reduced, because the personal characteristics of each therapist are then represented equally in all treatment conditions.

Gordon (1967) suggests two ways of obtaining research therapists in order to equate the expected levels of performance in each treatment, given the null hypothesis. The first is to obtain the services of well-trained, experienced clinicians who routinely use one of the treatment techniques being tested and have each of these clinicians assigned only to that treatment. In this way, an investigator can be

confident that each therapist will be doing his best to prove that his therapeutic technique(s) is the most effective. However, getting a group of such respected and experienced clinicians together to work on a joint research effort can be impractical and expensive.

We chose to take Gordon's second suggestion for equating therapist skills, and to train naive interviewers in only those skills that we wanted them to subsequently use in the investigation. While such an approach requires intensive training, we found that it was not an unreasonable task.

In summary, we continue to think that the posthypnotic conflict paradigm remains a fruitful technique for studying such clinical phenomena as repression, resistance and psychosomatic symptomatology. As far as can be determined, subjects respond to induced affects and impulses, and deal with any resulting conflict, in their own characteristic manner, using all of their integrative and defensive faculties. While the paramnesias that have been used to date clearly do induce considerable intrapsychic conflict, that conflict can be removed quickly and completely at the end of an investigation or upon a subject's request to terminate his participation. Through the use of this hypnotic analogue, investigators possess the control necessary to both safeguard their subjects and to be able to ethically limit their interviewers' therapeutic response. We believe this hypnotic model to be one of the most promising for future study of the psychotherapy process.

### This Investigation

The Index of Awareness used in this study as our dependent variable was patterned after a similar index used by Burns (Burns, 1972; Burns and Reyher, 1974). This index, as well as the repression scores used in earlier investigations, have all been conceived on the theoretical assumption that the level of verbalized thought and awareness of conflictual material bears an inverse relationship to the underlying level of repression. Specifically in this investigation, a neurophysiological inhibition (which Freud called "repression") occurs spontaneously upon the sudden posthypnotic activation of sexual impulses toward an oedipal object, despite strong posthypnotic suggestions to experience those feelings and to talk about them with the interviewer. Our subjects tended to score in the middle range of the awareness index suggesting an incomplete level of repression. In keeping with previous suggestions of a curvilinear relationship between repression and the frequency of psychopathological symptoms (Burns and Reyher, 1974; Sommerschild and Reyher, 1973; Larison, 1973a; Karnilow, 1973; Perkins and Reyher, 1971), these subjects also experienced a good deal of psychopathology. These symptoms included such psychosomatic reactions as a feeling of sleepiness, intense frontal headache, stomach pains and belching, a dryness of the mouth and throat, muscular tics of the face and shoulders, and nonspecific feelings of tension and stress. There were also a number of powerful affective reactions to the conflict including Subjects who felt intensely guilty, embarrassed and depressed about their feelings and what they believed had happened with the older woman. Still others complained about feelings of helplessness,

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sensations of floating up off their chairs, and a disconcerting sense of timelessness. One Subject spent the bulk of his session scheming of ways to silence the older woman before she could tell anyone about their afternoon together. Still another Subject became so suspicious of the microphone placed in the interview room that he almost walked out of the session.

The proportion of our Subjects who remembered the implanted paramnesia and responded with affect toward its oedipal object during their posthypnotic interviews was much larger than in previous investigations undertaken in our laboratory. Approximately four out of five of our Subjects verbalized some memory of the implanted paramnesia and its main affective object, an older woman. This compares with a complete absence of such awareness for most of Burns' (1972) subjects, in an investigation that utilized the same hypnotic paramnesia and posthypnotic instructions. Only one out of five of Sommerschild's subjects verbalized any feelings directly toward the paramnesia's oedipal figure, i.e., obeyed his posthypnotic instructions for impulse expressions. On the other hand, Gordon reports that most of his subjects seem to have remembered the essentials of his paramnesia (designed to arouse guilt) in spite of a posthypnotic amnesia having been given (Gordon, 1967).

We think that it might be instructive to look at the wide discrepancy in awareness achieved by our Subjects as opposed to those in Burns' investigation. The hypnotic procedures used in the two studies were essentially identical. Furthermore, both investigations used free imagery as a treatment technique designed to produce gradual

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awareness in its subjects, i.e., to lift the spontaneously induced repression. The significantly different variable between the two seems to have been the characteristics of the Interviewer(s). The present investigation has used psychologically naive, undergraduate students as its experimental Interviewers. These Interviewers interacted with our Subjects in a manner characteristic of their age group both before and between experimental sessions; and in spite of our experimental guidelines for their interview behavior, that, too, was influenced by their characteristic manner of relating to peers. For example, they would typically dress in blue jeans or slacks, and t-shirts or sport shirts, rather than more professional attire including a sport coat and necktie. They also frequently used current street slang typical of their sub-cultural group in talking with their Subjects, rather than more formal language. This all contrasts very markedly with the Burns' study. In the latter, Burns himself was the only interviewer used in the experimental sessions. He was 49 years old at the time, and clearly fit into a sub-culture quite different from the majority of his subjects. It can be assumed that Burns' stimulus value as a powerful authority figure would have stimulated a good deal more transference than was true with our undergraduate Interviewers. In essence, Burns' subjects were instructed to experience intense oedipal feelings and impulses, and to relate them posthypnotically to a distinctly father-like figure. We assume that this would have aroused the oedipal conflict much more intensely in Burns' subjects and would have produced a good deal more resistance than was true for our Subjects. The psychodynamic power of this transference

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reaction was given greater witness by the fact that half of the subjects in Burns' study, who were designated as simulators and were given simulating instructions by a co-experimenter, nonetheless became hypnotized in the experimental session that was later conducted by Dr. Burns. Although this potent difference was discovered quite incidentally between the two investigations, it makes good theoretical sense and suggests that future investigators in this area of research might manipulate this therapist variable to their own benefit.

It should be remembered that free imagery is simply a technique encompassed within Emergent Uncovery psychotherapy, and that non-directive interviewing is just a part of what Client-centered therapists do. Therefore, this investigation should not be interpreted as a direct and comprehensive test of these two therapeutic approaches, but rather as a comparison of the efficacy of a couple of their component techniques for lifting material out of the unconscious and into awareness. Free imagery was explicitly developed to do just that by encouraging the patient to give up some of the visual and auditory cues that they typically use in the service of intrapsychic and interpersonal defense. Furthermore, the resulting imagery not only serves as a less remote expression of underlying drives and impulses, but they also tend to stimulate drives and impulses. It was felt that the free imagery treatment would more effectively uncover the induced conflict and impulses produced by our experimental procedure than would be true for non-directive interviewing. However, no significant differences were found between the effectiveness of free imagery and non-directive interviewing.

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In the absence of any clear resolution of this comparative question between therapeutic techniques, several possible conclusions might be drawn. The most straightforward conclusion is that free imagery and non-directive interviewing do not differ significantly in their effectiveness for uncovering repressed conflicts. A second possibility is that the use of novice Interviewers unfairly penalized one treatment procedure over the other, because the one procedure may be more difficult to learn and apply than the other. Such a possibility could be further elucidated by conducting another investigation using only interviewers who are expert in the use of one or the other procedure, and having them perform only their preferred treatment condition.

Still a third possibility may be that the effectiveness of one treatment compared to the second may fluctuate depending on the relative strength of the repression that is being treated. For example, free imagery and free association are both techniques that were discovered, and later refined, as potent methods of lifting repressed conflicts and impulses into consciousness. Therefore, free imagery is probably a more effective technique than non-directive interviewing (which has a very different history) for working with a patient who suffers from strongly repressed conflicts. On the other hand, once the uncovering process has been started, perhaps free imagery loses some of its competitive edge over non-directive interviewing, until such time as repression no longer remains a significant defense, whereupon non-directive interviewing may become the more effective technique. Such a possibility remains purely speculative and would be very difficult to experimentally explore at our present state of knowledge.

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The effectiveness of both free imagery and non-directive interviewing was demonstrated in another way. As noted earlier, there was a great deal of variability between our Is in terms of their own sensitivity to the affective messages of their Ss, and their own interpersonal skills. One would assume that the less sensitive an I is to his Ss, the less likely it would be for him to uncover that S's repressed conflicts. As a matter of fact, there were a few instances where the intensity of the S's affect and conflict seemed to scare the I so much that he introduced new topics, switched to a cognitive focus, or, in one case, terminated the session early. In spite of these qualitative differences between Is, their Ss all seemed to eventually achieve about the same level of awareness. There were no significant differences in our quantitative measure of I performance.

### The Drugs

The primary objective of this investigation was to identify a specific drug, or set of drugs, that would enhance the uncovering process initiated by free imagery and/or other psychotherapeutic techniques. We found no significant differences in the levels of awareness achieved between the Subjects of different drug group membership. There was a weak trend in the data, however, that seemed to suggest that the amphetamine group was the only group that did better than our two control groups ("no drug" and "placebo"); and that the two groups who received general, central nervous system depressants fared somewhat worse than the controls.

It is now believed by this investigator that the Hess model of ergogenic-trophotropic arousal, and Fischer's expansion of it to

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include altered state of human consciousness, are essentially irrelevant to the problem of neurotic conflict resolution. The Hess model serves as an heuristic device for organizing the large accumulation of data dealing with the CNS effects of medications. It also serves as an appropriate model for guiding the use of psychotropic medications for psychotic and psychotically depressed patients whose usual daily levels of arousal may significantly differ from that of normals.

Fischer's expansion of the Hess model suggests that as a person moves further away from a normal state of arousal, he becomes less reality oriented and more subjective or autistic in his thought process. This again gives us a way of looking at what might be happening with severe psychopathology, such as in acute psychosis and psychotic depression. If a patient is extremely hyperaroused or hypoaroused, he must be chemically returned to a more normal range before his reality testing can again be engaged. Only then can he meaningfully use psychotherapy. However, with a less disturbed patient who possesses an intact ego, there would be no reason for such chemical intervention. On the contrary, with neurotic individuals, the therapist must give more serious consideration to the psychodynamic implications that the taking of medication may have for his patient.

In neurotic conditions, and in the miniature neurosis that we create with hypnosis, the salient problem is not one of energy level, but rather how that energy is channeled. Here we see the dynamic interplay between aroused drive and impulses, and the inhibition which acts to block that drive's expression. A second way in which drugs could be used would be to either lower inhibition by depressing the

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appropriate inhibitory centers, or increasing the relative drive strength by stimulating appropriate arousal centers. Of course, the problem is that drugs, typically, don't act as selectively on the various cortical areas as this solution might require. Nevertheless, we think that a careful search of the drugs available today may lead to the identification of a few whose sum effect is to tip the drive expression-repression balance toward a resolution of continued drive and impulse expression.

Amphetamine (and especially the dextrorotatory isomer) has a stimulatory effect throughout the central nervous system. This would be expected to produce increased autonomic and somatic arousal by stimulation of the reticular activating system, hypothalamus and neocortex. The limbic system is also stimulated by amphetamine and, therefore, should increase the level of emotional expression. While the inhibitory centers of the prefrontal lobes are also stimulated, they may have much lower levels of maximal neural activity due to the learned, and therefore recent, origin of much of their synaptic work. Therefore, on balance arousal by the ingestion of amphetamine may lead to increased drive expression. A difficulty throughout the present investigation was that we used dosage levels that may have been too conservative for the full potential effect of any drug to have been felt (with the exception of alcohol). For example, only one of our eight amphetamine group subjects expressed an awareness of a drug effect at the conclusion of that day's interview. Future studies in this area should take this into account and increase the amphetamine dosage level to 15 mg.

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Barbiturate does just the opposite of amphetamine: it depresses the entire central nervous system. We could have expected, therefore, that it would have had about the opposite effect from that of amphetamine. We made an error in placing as much emphasis on the work of Grinker and Spiegel as we did in the planning stages of this investigation. A fast acting, short duration barbiturate worked well for them, but their patients were very much different than our "patients." Grinker and Spiegel were working with acutely disturbed combat flyers who, under the stress of war, had become acutely psychotic or suffered intense anxiety reactions. We suspect that the ambient energy levels of these patients were hyperaroused leading to a more tenuous contact with reality. The anxiety produced in psychotherapy when added to the already elevated level of these men would simply drive them toward a panic state of pure subjective focus. Grinker and Spiegel's first task, then, was to lower this overall energy level to a point where the patient's calm, reality testing faculties could be engaged. However, our Subjects were not particularly aroused in the first place, and therefore, administering amytal only served to slightly depress them away from a normal energy level. If in spite of our experience, future investigators were interested in again using amytal, we would suggest increasing dosage levels to 100 mg., even though an occasional subject might then go to sleep while in hypnosis.

Meprobamate is a more selective drug in terms of its effects on the brain's centers. It tends to depress just the limbic system and the internal capsule's long internuncial neuronal circuits between the cortex and thalamus. Since central nervous system alertness

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depends to some extent on complex feedback circuits between the autonomic system, the reticular activating system and the cortex, any medication which hampers any part of that system will lead to a lowering of arousal. Meprobamate does this and thereby produces emotional tranquility and muscle relaxation. Free imagery probably also involves complex ascending and descending neural pathways from the cortex to the limbic and reticular systems. Therefore one might suspect that meprobamate would reduce the uncovering effectiveness of free imagery. A final difficulty with this medication is the relatively long time it takes to reach a peak effect (1-2 hours). Again, if we were to use this medication in a future investigation, we would want to increase the dosage level to about 600 mg., and double the time between drug administration and interviewing to one hour.

Finally, alcohol was used in this investigation because of its selective depressive action on the CNS. Grollman and Grollman (1970) suggest that alcohol tends to depress higher cortical centers and the ascending branch of the RAS first, followed by the entire brain stem, spinal cord and cerebellum with gradually increasing dosages. Neuroscientists have demonstrated that the cortical center for many inhibitory influences on the nervous system resides in the frontal, and especially prefrontal, lobes. If low dosages of alcohol selectively depress this area as well as the ascending arousal circuits leading to it, then aroused affect and impulses should stand a better chance of reaching conscious expression. We feel that the dosage levels used in this experiment were too high and led to an overall depression of the nervous system. Therefore, future investigators

might give serious thought to using lower dosages, in the range of .01 oz./lb. of alcohol (.02 oz./lb. of 100 proof vodka).

In summary, the repression-drive expression balance must involve a very complex integration of activity and feedback mechanisms in the neocortex, limbic system, thalamus, hypothalamus and reticular activating system. If a drug, or a set of drugs, is to be found that will enhance continued drive expression during those times in psychotherapy when repression is strongly activated and resistance high, much more careful empirical work must be done. Research teams composed of physicians and psychologists are well suited to continue this search.

A final comment must be made concerning the need for government and institutional approval for research involving the administration of drugs. It is, of course, proper that the institutions who sponsor such drug-related research and the federal Food and Drug Administration should exercise some regulatory and supervisory control over that research so as to insure the safety of otherwise unsuspecting subjects. Any well-designed and ethical investigation must include specific safeguards for the protection of its research participants. However, investigators should be cautioned that obtaining such clearances can be rather time consuming, and therefore, should be initiated as soon as possible in the proposal stage of their research. Consult Appendix F for further details.

Index of Awareness

$$\text{Subject} \times \text{Affect} \times \text{Object} = \text{Awareness}$$

The dependent measure used in this study seems to have produced an accurate ordering of our Subjects in terms of their overall level of awareness for the induced oedipal conflict. It takes into account all of the necessary components that a person would need to become aware of for the complete uncovering and resolution of an oedipal conflict. That is, the Subject needs to become aware that he has certain tender, aggressive and sexual feelings toward his mother and, as a result, he also experiences fear and anger toward his father. Together, these conflictual feelings produce a good deal of concern about his own adequacy and "goodness" as a person.

Our Subjects tended to be somewhat less repressed than those of previous investigations, notably that of Burns (1972). Nearly all of our Subjects talked about themselves during free imagery and the non-directive interview, and therefore the "Subject" term of the Awareness Index assumed the value of a constant. However, this was not true in Burns' study and, therefore, the continuum of values (from 1 to 4) should be maintained for any future use of the Index.

The greatest component of variability to our overall Index was accounted for by the "affect" term. An a posteriori statistical investigation was made of this term, and it was demonstrated that Subjects in free imagery experienced significantly more relevant affect than did these same Subjects during their non-directive interview. This is probably due to the activating properties of the imagery

itself and the loss of external visual and auditory cues on which a Subject's (or patient's) ego could rely for defensive purposes. This finding is particularly interesting in light of Freud's emphasis on the primary function of repression as being the protection of the ego from the conscious recognition of one's own threatening impulses and affects. In this investigation, free imagery uncovered more of this underlying, repressed affect than did the non-directive interviewing technique. However, this affect apparently was not directed toward appropriate objects (the defense of "displacement" came into play), because there were no significant differences found with the Index of Awareness between treatment techniques.

The significant effect found between drug groups in the amount of affect expressed is particularly interesting in light of Kaplan's recent report (Kaplan, 1974). She summarizes what fragmentary evidence there is in the literature dealing with the effect of drugs on sexual drive and performance. The only two drugs that seem to have a clearly stimulating effect on sexual drive are amphetamine and androgen. Low dosages of alcohol and barbiturate have been reported to disinhibit the libido, but Kaplan reports that the literature is contradictory on these two drugs. The present investigation supports Kaplan's conclusion concerning amphetamine, in that it increased drive expression which, in turn, included sexual arousal as a component. However, amytal decreased overall drive expression at the dosage level used in this investigation. The same was true for our alcohol group, but they may have received too great a dosage for maximal effective



disinhibition. Future investigators may find it rewarding to focus directly on this "affect" component as a dependent variable.

Finally, the "Object" term of the Index did account for some of its variability and should be maintained in the equation for future use.

In summary, we believe that the Index of Awareness used in this study is an appropriate measure for use in hypnotic research involving a posthypnotic, oedipal conflict. If it continues to be used by future investigators, the basis for comparing their results with those of the present study will have been established.

#### Summary and Conclusions

Using the Index of Awareness as an inverse measure of repression, we were unsuccessful in our quest for a medication and/or psychotherapy technique that would promote the accelerated uncovering and integration of repressed, oedipal impulses. There were no significant differences found between the effectiveness of free imagery and non-directive interviewing in promoting Subject awareness of hypnotically aroused oedipal impulses. Likewise, none of our drug treatments seem to have been differentially effective in producing this integrated awareness.

The lack of differentiation between drug groups may have been due to our use of inappropriate dosage levels. Future investigators might find it more effective if they were to use lower doses of alcohol (in the range of .01 oz./lb. body weight), and somewhat higher dosages of amphetamine (15 mg.), meprobamate (600 mg.) and barbiturate (100 mg. of Amytal).

Perhaps the reason that we failed to observe any differential effect with the use of free imagery and non-directive interviewing was that our subjects were only moderately repressed to begin with. Free imagery, like Freud's free association, was developed as a therapeutic technique for lifting strongly repressed material out of the unconscious and into awareness. In the present case, our Subjects' aroused conflicts were only partially repressed. Under such circumstances, where repression has already begun to weaken, we suspect that free imagery does lose some of its competitive edge over non-directive interviewing. It would be helpful if future research could further elucidate this inter-therapy relationship.

A post hoc analysis of the data did reveal significant treatment and drug effects in terms of the amount of affect expressed by our Subjects. When we looked at just that one component of the Index of Awareness that measures affect level (regardless of whether or not that affect was directed toward appropriate objects), we found that free imagery was clearly superior to the non-directive interview for bringing aroused affective impulses into consciousness. Similarly, the amphetamine condition seemed to significantly enhance the expression of affect. In summary, free imagery and the use of amphetamine increase a Subject's drive level and, therefore, his level of affective arousal. However, neither of these treatment procedures alone, or in combination, seem to produce an effective integration of that aroused affect.

When one undertakes this kind of exploratory research, there is usually little scientific evidence available to guide that research. We undertook to empirically explore the effectiveness of several drugs

for the uncovering of repressed oedipal conflict. While we failed to demonstrate any differential effectiveness, we did learn something more about what might represent adequate dosage levels, and this will be of service to future investigations. While we also failed to demonstrate any significant differences in the effectiveness of free imagery versus non-directive interviewing, perhaps we learned something equally important about the "patient"- "therapist" relationship. In any event, clinicians investigating the process of psychotherapy and the effectiveness of psychotherapeutic techniques now have a research model that is appropriate to the task. The posthypnotic conflict model does produce genuine neuroses in miniature form, which are temporary in nature and easily removed through hypnosis. The safety features of this model make it ethically possible to produce such conflict in our research subjects; and because they are free to handle that conflict in their own characteristic way, any research findings that are discovered are much less subject to the charge of being artificial and contrived.

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## APPENDICES

APPENDIX A

HEALTH AND DRUG HISTORY

QUESTIONNAIRE

## APPENDIX A

### HEALTH AND DRUG HISTORY QUESTIONNAIRE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

As we previously explained, some of you will be administered low dosages of standard medical drugs in this experiment. Although there are virtually no contraindications (medically dictated restrictions) to the use of these drugs in the dosage levels that we will be using, the questions below concerning your state of well-being are necessary for your protection. Because the extent of experience that one has with one drug can affect the way he will respond to a second drug, it is very important for us to know your previous drug-taking history. The information that you provide here will be kept in strict confidence.

1. What is the current state of your physical health? (Circle one.)  
Excellent      Good      Fair      Poor
2. When was your last physical examination? (Date) \_\_\_\_\_
3. Have you ever lost consciousness, experienced fainting spells, or suffered epileptic seizures (or blackouts)? (Give date and reason, if known.)
4. What medical diseases or illnesses have you had? (Types and dates.)
5. Do you have any allergies? If yes, to what agent are you allergic and how do you react to it?

6. Have you ever had surgery? (Give types and dates.)
7. Have you ever had psychological treatment (counseling, hospitalization, etc.)? Give dates of treatment.
8. (a) Do you have any type of circulatory system or heart problem? (Type.)  
  
(b) Have you ever been told that you have high blood pressure?  
  
(c) Have you ever suffered rheumatic fever?
9. Are you currently taking any prescription or over-the-counter drugs? If so, please specify the drug and illness or condition involved.
10. Have you ever had any adverse reactions, either physical or psychological, to pain killers, anesthetics, amphetamines, minor tranquilizers (miltown, valium), alcohol or barbiturates? If so, give the type of drug, nature of reaction, and dates.
11. Please describe the frequency (times per week, month, or year); the type (such as beer as opposed to wine, or LSD as opposed to DOM); the dose (such as the number of beers, number of "hits" of LSD, number of pills); and approximate length of time you have used the following drugs.

Alcohol:

Frequency \_\_\_\_\_  
Type \_\_\_\_\_  
Dose \_\_\_\_\_  
How long have you used alcohol?  
\_\_\_\_\_

## Marijuana and derivatives:

Frequency \_\_\_\_\_  
Type \_\_\_\_\_  
Dose \_\_\_\_\_  
How long have you used this drug?  
\_\_\_\_\_

## Psychedelics:

Frequency \_\_\_\_\_  
Type (LSD, DOM, Mescaline, etc.) \_\_\_\_\_  
Dose \_\_\_\_\_  
How long have you used psychedelics?  
\_\_\_\_\_

## Barbiturates and tranquilizers:

Frequency \_\_\_\_\_  
Type (barbiturate and/or tranquilizer, and specific name if  
known, e.g., meprobamate, thorazine, etc.) \_\_\_\_\_

Dose \_\_\_\_\_  
How long have you used this drug?  
\_\_\_\_\_

## Amphetamines:

Frequency \_\_\_\_\_  
Type (if known: such as methamphetamine, dexedrine, etc.) \_\_\_\_\_

Dose \_\_\_\_\_  
How long have you used amphetamines?  
\_\_\_\_\_

## Others:

Frequency \_\_\_\_\_  
Type \_\_\_\_\_  
Dose \_\_\_\_\_  
How long? \_\_\_\_\_

APPENDIX B

CONSENT FORM

## APPENDIX B

### CONSENT FORM

#### Research Participant:

This consent form is designed to insure that all relevant aspects of this investigation have been explained to you, that your questions about our procedures have been answered to your personal satisfaction, and that you voluntarily consent to continue your participation in this investigation. Please read the following description carefully; and after any further questions have been answered, and if you wish to continue your participation, sign your name at the bottom of this form.

You have been asked to participate in the present investigation because of your past performance in hypnotic experiments, and because of your ability to experience a deeply relaxed hypnosis. You are under no obligation whatever to give your consent for participation in this investigation, and you may withdraw that consent and discontinue participation in this investigation at any time.

Hypnosis will be used repeatedly throughout the three sessions of this investigation. In addition to those hypnotic tasks and experiences that you are already familiar with, you will be exposed to some new experiences in this study. We are unable to fully and completely specify the nature of these experiences in advance, because such knowledge might bias your subsequent interview behavior and reactions. A full and complete explanation of this entire project, including these new hypnotic experiences, will be given to you immediately following the completion of your last experimental session.

As a participant in this study, you may be assigned to an experimental group that will be given minimally effective dosages of standard, medical drugs. While there is substantial research and clinical evidence to suggest that these drugs are completely safe when used at the dosage levels that we will be using, you will be asked to complete a health and drug history questionnaire, and to have a physical examination (at our expense, of course). This medical screening procedure is but one of a number of precautions that are being taken, and are taken in any good experiment of this nature, to insure your complete safety.

During each of your two experimental sessions with one of Mr. Larison's associates, you will be interviewed in a fashion similar to a routine counseling interview. These sessions will be tape recorded, and the recordings will be handled most confidentially. You may review any of these tapes with Mr. Larison following the completion of your participation in this project.

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The procedures to be followed in this investigation have been explained to me and I agree to participate. I understand that I can terminate my participation in this research at any time if I so desire and that I will receive full experimental credit at the rate of two credits per completed session. A five dollar (\$5) honorarium will be awarded to me upon my successful completion of the full experiment.

I also give my permission for this project's medical supervisors to review my medical records on file at Olin Health Center.

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Research Participant's Signature

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Witness

---

Date



APPENDIX C

HYPNOTIC STEPS

## APPENDIX C

### HYPNOTIC STEPS

After eye closure, proceed as follows:

1. Arm heaviness: "I would like you to hold your right arm straight out in front of yourself. Good, you find that you were able to do that effortlessly; it feels light and you are able to hold it there without any difficulty. Now I am going to count from one to ten, and as I count, it will become heavier and heavier until by the time I reach ten it will be as heavy as a chunk of lead."

2. Hand lock: "Now I want you to hold both your arms straight out in front of yourself so that your fingers interlock and palms are pressed together. That's right. Now I want you to tighten your fingers so that your hands are like the jaws of a vice with the screw turned all the way. Just nod if your hands feel like the tightly drawn jaws of a vice. Good. They are so tight that you will experience difficulty in pulling them apart, even if you should try. Go ahead and try." Quickly present a paradox ("The harder you try to pull your hands apart, the tighter they become.") and make a challenge if he obviously is having difficulty.

3. Arm catalepsy: "I would like you to hold your arm out in front of you. I am going to count to ten, and as I count the muscles in your arm will tighten. By the count of ten, they will be so rigid that your arm will feel like an iron bar." Count to ten, making suggestions of increasing rigidity. Test the rigidity by saying: "Your arm is now as straight and rigid as an iron bar, so rigid that you may not even be able to bend it. Go ahead and try."

4. Automatic movement: "I am going to pick up your arms by your wrists and rotate your hands one around the other, and as I do this they begin to feel as if they have a life of their own, rotating on their own, with a life all their own. In a moment I shall let go and you will find that your hands and arms will continue to rotate as if they have a life of their own. Now I'm going to count to five and on each count your hands will rotate faster, and by the count of five they will be rotating very rapidly." If they are not moving rapidly by the count of five and you doubt the effectiveness of the suggestion, say "Your hands are rotating independently of your body and you will find that you may not be able to stop them. Go ahead and try."

5. Visualization: "I want you to visualize what you last had to eat and when you have done so signal me by raising your left hand."

6. Dream: "When I count to three you will have a dream or dream-like experience. When it begins, I want you to raise your left hand about six inches; you can lower your hand when the dream stops or reaches some kind of conclusion. I won't ask you anything about it."

7. Hyperasthesia: "Get an image in your mind's eye of yourself standing at one end of an empty corridor looking toward the other end. Nod your head (this is a check) when you see this. You see a pail on the floor, and you walk down the corridor toward it. When you get there nod your head. You see water in the pail. (Check.) You now are overcome by an urge to plunge your hand into the water--AND YOU DO. You plunge your hand into the water, but it is steaming hot and you pull your hand back out. Your hand is sore and tender, so that if I should touch it it will hurt." (Touch his hand with your finger and then bring back normal feelings.)

8. Anesthesia: "Nod your head if you have ever experienced your arm getting numb and tingly as it goes to sleep. I am now going to hold your right arm (or place a cylinder under S's arm) in such a manner so that I partially close off the circulation in your arm, which is just what happens when your arm goes to sleep. When your arm and hand begin to feel tingly or numb, let me know by raising your left hand. (Ask for signal when: arm becomes definitely numb; as numb as it has ever been before; more numb than it has been.) It is now lifeless, like a piece of wood. I am going to take my hand away and the numbness will remain. Now I am going to press a pointed instrument on the back of your hand. The only thing you will feel, if anything at all, will be pressure. I will do the same to your other hand. Nod head if you feel any difference." (Continue to do this applying more pressure until you get a reflex from the left hand.) Give posthypnotic suggestion: "Anytime, whether or not you are hypnotized, that I stroke your hand three times you will experience the same numb, lifeless feeling you have in your hand now. When I stroke your hand again three times, the numbness will disappear and all normal feelings will return."

9. Amnesia: "After you awaken from this session it will seem like a dream that you can't recall. You know that you dreamed, but you can't remember anything about it. Furthermore, the harder you try, the more confused you become. Everyone has had something like this happen to them. Whenever I say, 'O.K., now you can remember everything,' you will be able to remember whatever you want to remember."

10. Rapid Induction: "If, after you awaken I want to hypnotize you and you want to be hypnotized, all I will have to do is have you lean back and close your eyes and by the time I count to ten, you will be in an even deeper sleep-like state than you are now. Nod your head if you understand."

APPENDIX D

GUIDELINES FOR INTERVIEWERS

## APPENDIX D

### GUIDELINES FOR INTERVIEWERS

#### Initial Session

1. Rapport Building
2. Hypnotic Induction
3. Hypnotic Steps:
  - a) Arm heaviness
  - b) Hand lock
  - c) Arm catalepsy
  - d) Automatic movement
  - e) Visualization
  - f) Dream
  - g) Hyperesthesia
  - h) Anesthesia
  - i) Posthypnotic suggestion for anesthesia
  - j) Instructions for rapid induction
4. Wake up S and test anesthesia
5. Rehypnotize with rapid induction
6. Hypnotic Steps:
  - a) Deepen hypnosis with relaxation
  - b) Visualization of comfortable room
  - c) Dream
  - d) Amnesia
  - e) Rapid induction instructions
7. Wake up S
8. Take a break (15 min.)
9. Test for amnesia
10. Rehypnotize with rapid induction
11. Hypnotic Steps:
  - a) Deepen hypnosis with relaxation
  - b) Visualization of sunny park
  - c) Daydream
  - d) Remove suggestion for anesthesia
  - e) Rapid induction instructions
12. Wake up S and Ego-building

Purpose: The purpose of this initial session is for you to meet the Ss that you will be working with over the next several weeks and to build rapport between you. We also want to give the S more experience with hypnosis so that he becomes more confident of his ability and less anxious about what we're doing.

Some comments on the various steps to be accomplished in this session:

1. Rapport building should involve a two-way communication, or chit-chat, between you and the S for the purpose of lowering both your and his anxieties, and to specifically put the S at ease. Ask him about his past experience with hypnosis and his subjective reactions to it. Assure him that you are not going to ask him to do anything while in hypnosis that would embarrass him or look silly. Further, you won't be asking him to do anything that he wouldn't do if he were in the regular waking state. And finally, reinforce his understanding that there is nothing particularly mysterious about hypnosis; it is merely a state of deep relaxation of the physical body, but with the mind being awake and focused on certain feelings, bodily sensations and tasks that the hypnotist brings to their attention.
2. The initial hypnotic induction will be a combination of the eye fixation and progressive relaxation methods that we have practiced.
3. These hypnotic steps are all the same ones that you have been practicing now for some time. Re-read before each of these initial sessions Reyher's paper "Developing and testing depth of hypnosis" that I distributed to you last term. I don't want you to necessarily memorize that paper, but become familiar enough with its instructions that you are confident of being able to give them to your Ss in a direct, confident manner. The instructions for rapid induction are as follows:

"Later on in today's session, I will have to hypnotize you again. When I inform you that it is time to hypnotize you again, you will want to be hypnotized. When that time comes, I will ask you to lean back in the chair and close your eyes. As your eyes close your body will immediately start to relax and start drifting down into a deep hypnotic sleep. I will then start counting from one to ten; and as I count, you will continue to drift down into a deep sleep-like state. By the time I reach the count of ten, you will be in a very relaxing, deep, hypnotic sleep."

The rest of the steps are fairly self-explanatory and are essentially repetitions of familiar hypnotic tasks. They are designed to give the S experience with the rapid induction technique, to deepen his level of hypnosis, and to lower his level of apprehension. It is important that the last time that you give each S his rapid induction instructions (step 11), that you generalize them so that they apply to future hypnosis sessions with you.  
E.g.:

"Each day that we meet, throughout this series of sessions, I will have to hypnotize you again. When I inform you that it is time to hypnotize you, you will want to be hypnotized. In each session, when that time comes . . . . (etc.)"

### Experimental Sessions

1. Hypnotize with rapid induction technique; deepen with relaxation suggestions, visualization and dream.
2. Implant the paramnesia:

"Now as you continue to relax I am going to recall to your mind this event, which occurred in the past. As I recount this event to you, you will recall fully and completely everything that happened. You will remember each and every detail fully. Now, bear in mind that while I repeat what I know of this event you will recall fully and completely everything just as it happened, and more than that, you will re-experience the various emotions which you had at that time and you will feel exactly as you did while this event was taking place.

"These events occurred one evening while you were out walking. As you were leisurely walking, your attention was drawn to an attractive, older woman who seemed quite upset. You offered to be of assistance as the woman was about to pass you. Frantically the woman revealed that she had lost her purse and did not have enough money for her bus fare. Wishing to help the woman, you reached into your pockets and for your wallet. You only had a ten dollar bill. You then offered to accompany her to the bus and pay her fare. She, however, felt very indebted to you and insisted that you accompany her to her apartment in order that she might repay you. Somewhat reluctantly you agreed.

"Once within her apartment she suggested that you might like to look at her record collection while she left to find some money for the bus fare. When she returned, she seemed very friendly and reluctant to have you leave. After talking about the collection, she offered you a drink and a snack. She then turned on the record player and you danced awhile with the woman. Gradually you became aware of some stimulating, but disquieting thoughts and feelings. She was very good looking and it seemed like such a pity to have all her beautiful softness and curves go to waste. She seemed to be silently inviting you; her closeness, glances, words, and breathing suggested to you that she was becoming extremely aroused sexually. You were just starting to make love to her when suddenly more thoughts ran through your mind. She was older, respectable, perhaps married, and undoubtedly very experienced. You wondered if you would be able to satisfy her. How traumatic it would be if she laughed at your advances. In

spite of these thoughts you found yourself becoming increasingly excited and aroused. You wanted to make love to her right there, but the telephone rang. While you waited, you became so aroused and excited that you could hardly speak. You made a hurried excuse for leaving, promised to call her back, and left the apartment. The only way you could attain peace of mind was to completely push the whole experience into the back of your mind.

"Now listen carefully. The woman I have told you about actually works in this laboratory and she is the wife of my best friend and mother of \_\_\_ fine children, \_\_\_ boys and \_\_\_ girls. As a matter of fact I expect her to drop by anytime now and you may meet her. After I awaken you, you will find that if anything connected with her comes into your mind you will feel the same feelings that you experienced earlier. And after I say 'OK, let's begin the interview' these feelings will surge up from within you. They will become overwhelming; and you will have an irresistible urge to tell me about those feelings. Furthermore, whenever I say to you, 'How are you feeling?' you will find that these feelings will surge up within you with renewed, overwhelming force. Nod your head if you understand."

3. Relax the S again and deepen the hypnosis.
4. Give instructions for rapid induction of hypnosis:

"Later on in today's session, I will have to hypnotize you again. When I inform you that our interview is finished for this session, and that it is time to hypnotize you again, you will want to be hypnotized. When that time comes, I will ask you to lean back in the chair and close your eyes. As your eyes close your body will immediately start to relax and start drifting down into a deep hypnotic sleep. I will then start counting from one to ten; and as I count, you will continue to drift down into a deep sleep-like state. By the time I reach the count of ten, you will be in a very relaxing, deep, hypnotic sleep."

5. Wake Ss up.
6. Break time (1/2-3/4 hr.).
- 7a. Emergent uncovering interview:

"OK, let's begin the interview. Now for this part of the session, would you please lean back in your chair and close your eyes. I would like you to describe any pictures or images that come into your mind's eye; also, please report any sensations or feelings and emotions that come to your attention. I want you to describe all that you see and feel, without omitting a thing."



Every 10 minutes thereafter, ask the S "How are you feeling?"  
Limit your remarks to the following:

<u>Remark</u>	<u>Whenever . . .</u>
WHAT'S HAPPENING?	. . . there's a long silent period (1-2 min.); or you notice some unexplained symptom, such as blushing, sweating, yawning, muscle twitches, grimaces, eye opening, etc.
HOW ARE YOU DOING?	. . . there is no blatant visual imagery, anxiety or symptoms appearing.
WHAT ARE YOU SEEING?	. . . you are uncertain whether <u>S</u> had slid off imagery.
ARE YOU DESCRIBING WHAT IS IN YOUR MIND'S EYE?	. . . it isn't clear whether <u>S</u> is free imagery or free associating.
CAN YOU JUST WAIT FOR THINGS TO COME INTO YOUR MIND'S EYE AND DESCRIBE THEM FOR ME?	. . . the <u>S</u> begins to free associate or just talk to <u>E</u> .
CAN YOU DESCRIBE THAT IN GREATER DETAIL?	. . . strange or ambiguous images and/or feeling states need to be clarified.
IN WHAT WAY?	. . . vague words such as "bothered" and "upset" are used and need clarification.
WHAT WAS THAT?	. . . <u>S</u> speaks too low or indistinctly to be heard clearly.

7b. Client-centered interview:

"OK, let's begin the interview. I would like to use our time together today to learn more about you as a person. Perhaps you would be willing to share with me some of your interests, concerns, or feelings. We can begin whenever you'd like."

Every 10 minutes thereafter, ask S "How are you feeling?"  
Limit your remarks to the following:

Remark	Whenever . . .
WHAT'S HAPPENING?	. . . there are long silences (1-2 min.); or you notice some unexplained symptom, such as sighing, coughing, jerks, smiling, alteration in total quality of the voice, etc.
HOW ARE YOU DOING?	. . . conversation seems irrelevant to the conflict situation, and no anxiety or symptoms are appearing.
CAN YOU DESCRIBE THAT IN GREATER DETAIL?	. . . strange or ambiguous associations or feelings need clarifying.
IN WHAT WAY ARE YOU _____?	. . . vague words such as "bothered" or "upset" need clarifying.
WHAT WAS THAT?	. . . <u>S</u> speaks too low or indistinctly to be heard clearly.
YOU SEEM TO BE FEELING _____. IS THAT RIGHT?	. . . you can reflect back to the <u>S</u> a stated feeling that he seems to be experiencing.
IT SEEMS THAT YOU ARE GIVING A GOOD DEAL OF THOUGHT TO _____.	. . . you can restate to the <u>S</u> a summary of a cognitive line of thought that he has been following.
HMM HUM	. . . you want the <u>S</u> to know that you're with him, but he seems to be ready to go right on with this line of conversation.

8. Rehypnotize S using rapid induction technique; deepen hypnosis.
- 9a. For Sessions 1-4, give S an amnesia suggestion:

"After I awaken you, everything that has happened during this session will fade out of your memory. After you awaken, you will not be able to remember anything about your experience with the older woman or the feelings you experienced during our interview. It and everything that happened in this session will be just like a dream that you had while you were asleep and which you cannot remember after awakening. Nod your head if you understand."

- 9b. After the last session (Session 5) of the experiment, remove all conflict with these instructions:

"The events that I have recounted to you earlier in this session, and in each of our previous sessions, concerning the attractive older woman and her sexual advances toward you, really did not happen at all. The experience was not true; the feelings were not your own. What I told you was a made-up story--a story that I made up for experimental purposes. Furthermore, all the other suggestions that I have given you in the past are hereby cancelled. Whenever I say to you, 'OK, let's begin the interview,' and whenever I say, 'How are you feeling?' they will no longer have any significance to you beyond what they normally would. I am now going to awaken you by counting backwards from 10 to 1, and when I reach 1, your eyes will be open and you'll be awake."

Note of caution:

While there has never been a single adverse reaction in the 15 years that this line of research (posthypnotic conflict) has been pursued, **the** theoretical possibility of such a reaction does exist. Also, in **very** rare cases, clients in emergent uncovering can temporarily become **panicky** and disoriented. If one of your Ss should have such a severe **reaction**, calmly and firmly tell them to open their eyes and get them **involved** in reality-testing tasks. Such tasks include: asking them **to** do simple addition and subtraction tasks in their head; asking them **to** name the months of the year and give the day's date; asking them **to** name the Presidents of the U.S. from the present back as far into **history** as they can; having them light up a cigarette; etc. As soon **as** the S's reality-testing and defense mechanisms are reinstituted **the** symptomatology will rapidly disappear.

APPENDIX E

REPRESENTATIVE TRANSCRIPTS

## APPENDIX E

### REPRESENTATIVE TRANSCRIPTS

Several transcripts are presented here in their entirety so as to give the reader a better idea of the range of S response that we observed in this investigation.

Subject 4 was assigned to the "no drug" group and demonstrated little awareness for the paramnesia or conflict situation during his interviews. In his second interview, he reacts with some suspicion of the microphone and displays a mild level of symptomatology.

Subject 8 was assigned to the alcohol group. His second interview is included here as an example of how the posthypnotic conflict can stimulate the recall of childhood memories and feelings. He gives no evidence of remembering the paramnesia at all, and no overt symptoms are reported.

Subject 10 was a very negativistic young man who responded throughout this second interview in a rather passive aggressive way. He was from the "placebo" drug, and gave no indication that he remembered the hypnotic paramnesia.

A second "placebo" group member was Subject 13, who partially remembered the paramnesia and responded to it as a real memory of a past experience. He experienced a good deal of affect in this interview, as well as a possible hallucination and paranoid suspicions.

Subject 21, from the Alcohol group, became quite scared of the bodily sensations he was experiencing during his first session. He became sick to his stomach and developed a tension headache. All of this was accompanied by a complete absence of blatant, oedipal imagery.

Subject 22 was also an alcohol group member, and his second interview is a good example of how repressed affect and impulses are progressively uncovered by the free imagery process.

Subject 24 experienced a severe symptomatic reaction to the paramnesia which he remembered completely and responded to as real. He also became convinced that the older woman whom he'd had an affair with was the principal investigator's wife.

Subject 28 was in the amphetamine drug group and became quite symptomatic during this, his first interview. He remembered nothing about the implanted paramnesia, but experienced a good deal of relevant affect nonetheless.

Subject 33 became greatly concerned about the possibility of being caught and punished for his past transgressions with the older woman, and began considering whether or not he should kill her in order

to keep her silent. He was a meprobamate group member, and a classic example of an alloplastic personality (tending toward psychopathy).

Subject 44 provides us with a good illustration of the struggle that subjects can go through in terms of accepting the hypnotic paramnesia as being true. He finally concludes that the paramnesia was just a story that he's been told under hypnosis but it is clear that a good deal of conflict was aroused nonetheless. Symptomatology included a severe headache and the sensation that his hands had grown to huge proportions. This S was also an Amytal group member.

Subjects 46 and 47 were both assigned to the meprobamate drug group and they both experienced a good deal of psychopathology. Both remembered the paramnesia only partially, and they provide a good contrast because S 46 remembered the paramnesia as being real and S 47 responded cognitively to it as a story.

Before turning to the transcripts themselves, the table below provides some additional data on S responses and the symptoms they experienced.

Subject responses to the paramnesia and general level of symptomatology.

	Story	Real	No Memory	Total
None	4	8	11	23
Mild	8	17	14	39
Moderate	5	12	7	24
Severe	1	5	2	8
Total	18	42	34	94*

\*2 missing data

Mild = one or two symptoms reported, but experienced as mild.

moderate = one severe symptom reported, or three or more mild symptoms reported.

severe = two or more severe symptoms reported that caused the S a good deal of concern.

SUBJECT NUMBER 4: SESSION 2

OK, LET'S BEGIN THE INTERVIEW, ETC.

S ..I don't know where to begin.

E Just tell about your interests.

S (pause)

E What's happening?

S I feel intimidated by the microphone staring at me..I don't know why..

E Do you feel like you can't talk or something?

S No, not really..I guess not..I just looked up and saw its pointing at me...like a rifle or something...

E Do you want me to move it?

S Let's see what kind of interview do you want?? Personal feelings?

E Sure, I read this beginning part again.. etc.

S (pause) I suppose I have a lot of interests..I really kinda interested in this hypnosis..it's kinda interesting..I kinda like it..

E In what way?

S You get really good sensations..feelings during it and immediately afterwards..

E Can you describe these in greater detail?

S It's a kinda a high feeling...an emotional high...light headedness kind of thing...you really feel good.

E Seem to like it?

S Feels really good. It's interesting what you can do to control the mind..at least partially....I'd like to look into it more.

E Seems like you have an interest in it.

E HOW ARE YOU DOING?

S You mean how do I feel? I feel all right. I feel really good after the first session. We just got done with a little while ago.

E Good in what way?

S I just.....restful, loose, relaxed, a good feeling..the muscles are not tight, just relaxes..I felt like that after the first session.

- S I remember after the last time we had the interview I was describing things that I was visualizing and that was strange. It seemed like I visualizing a lot of natural scenes..Lot of outdoor kind of things ..and...lot of animals and birds in the natural scenes. Its strange for me to think about things like that because I am usually not an outdoor type person..I like to be outdoors but not necessarily not camping and stuff like that very much..
- E Have you given thought as to why you were talking about that kind of stuff?
- S I was trying to think of why I was, but I just couldn't think of any reason..It seems like I am really interested in cities and things like that and housing problems. I ought to be visualizing that kind of scenes but I didn't at all..I don't know what the explanation would be..I was trying to think about that..Anything else you want to know?
- E Whatever you want to talk about. Your feelings or sensations.
- S I do feel really relaxed...right now really strange too.. If I sitting around at home it's hard for me to relax because I always have to be doing something...hard for me to just sit down and relax..it's really hard to do..like impossible..I cannot take a nap..I just can't. I sit down here and I just go limp..
- E Seems maybe you feel real comfortable.
- S I feel really relaxed...(pause) I got this real blurry image in the back of my mind..
- E Can you explain that in greater detail?
- S I really can't..I'm trying to think of something and I can't. It's just real blurry...I try to think more about it..when I concentrate on it, it just blurs out more..It's like you just try to visualize something and you just can't...It just keeps floating away...
- E HOW ARE YOU FEELING?
- S I feel really good. I have good sensations...I feel light...
- E In what way?
- S It's not high. It's just easy peace...it's kinda sensuous feeling just feels good...feels relaxing...This is strange I keep getting the blurry thought and I can't make out what it its. It's like I feel really good and maybe it's - that's why I feel really good..But I can't make it out..Why...It's back there but I just can't pick it off...It's really weird because I can usually think things out in my mind...this doesn't happen often. It's not like when you forget something and just can't remember. It's like it's there and you don't understand it. Its all jumbled up.
- E Can you explain in greater detail?



S I can't make this blurred image out at all...I feel relaxed and easy.

E HOW ARE YOU DOING?

S Just really good...

E You seemed puzzled.

S That's a good point of view...puzzled is why I feel this way..I'm must more relaxed than I usually am...I don't feel tight. I don't feel that way at all...I have this feeling that what I can't make out in my mind is why I feel this way...

E In what way do you feel that?

S Maybe I must psychoanalyze myself here...Maybe it's....something I'm trying to suppress or something...I'm trying to block out and don't want to think about...How do I concentrate. It's a strange feeling ...I feel relaxed not like this at home....I thinking now. I remembered the first session we had. If I can only remember...It was some kind of scene you had me visualize..I can't remember what it was...until you told me to remember...it was really strange..I could hardly believe myself that would happen...Something like that could be blocked out...Until..you said that I could remember it..and really freaked me out...it was really weird...I have this strange feeling now something like this again...but I just can't remember... I have feeling it's something we did when I was hypnotized and I just can't remember until you tell me I can remember..This is the same kind of thing that happened at that time.

E Can you explain in greater detail what happened?

S You had me visualize this picture...something happened.. I was really getting into the situation...concentrating on it.. I can see it real clear. And then you asked me about it afterwards and I couldn't remember... It's strange because I knew I had really seen it..and I knew I saw it real clear... And I have the same feeling now in the back of my head...It's cloudy...and I just can't remember...and then you said something and all of a sudden it just came back to me. And I remembered everything...and it's just like that all of a sudden I remembered the whole spell... You said something about now I would remember and all of a sudden I could remember it all... We were talking about the staircase...It was really weird..It was like the smoke just went away...and the whole picture was right there. That's how I feel now. It's real hazy... maybe that's what you are doing...Maybe I'm thinking about it too much...

E HOW ARE YOU FEELING?

S I feel really good. I feel real at ease...like I'm doing something to have a good time like dancing or listening to music, something where I can relax and have fun...That's I feel not..That's how I feel but I just can't feel why...Really strange.

E How strange?

S Like I can't remember...I can't think..about this thing in my mind. It's strange how much it reminds me of the first session we had. I remember the first time I felt after being hypnotized. I feel real relaxed..and like a lot different now..

E In what way?

S Just tingling.

E Can you explain in greater detail?

S It's just like a good feeling after you get off an some goodmessaging or something you know...Just a good feeling...

E What's happening?

S Figetty, tapping my fingers...I feel tingling feelings. If you are really having a good time and enjoying yourself...good all over.... and that's how I feel..It's great really I'm not doing anything I'm just sitting here...I can't think about what I am thinking about... It's always back there, can't think about it..

E Is it still there?

S And I'm just sitting here feeling good... I don't mind it at all because it feels good...it's all right.. I wish I could think about what I am thinking about...

E Are you really trying to figure it out?

S Yeah I'm trying to...I just can't...Cause I want to...Unless I really don't want to...I could say I want to but really don't want to think about it....I feel figetty tapping my finger..but it's because I feel good. Seems like the longer I sit here the better I feel...It's great...Maybe it's the chair a small electrical jolt.. I think I want to sit here all night (jokes with E).

E Can you explain those words you are saying like, vague, strange?

S I feel like if I stood up fast my knees would buckle. Because I am so loose. It's strange because I don't feel like this very often ...Unless I get high or something then I feel like this.

E Do you feel like you are high right now?

S That's it exactly....I feel higher than naturally high...It's not like mentally high, it's physically high, it's my body. It's like a rush, a body rush...It feels good.

E Good in what way?

S Makes me feel real easy..relaxed...I was just thinking I was talking with a friend of mine..couple weeks ago that was into Heroin and he was trying to describe what it was like. He said it was it was like a 20 min to half hour orgasm..you feel just drained feels so good... and I was trying to picture how good that would feel.

- S I feel really good now..like a natural high...
- E Like an orgasm you were talking about?
- S I don't know. I never experienced that...feels really good I like to go places like by a river and just lay down and try to feel good..Try to relax, lay there and feel good. I feel good now..
- E Seems like you really are feeling good.
- S Seems like you are really trying to figure out what's in the back of your mind.
- S I can't so I just ---
- E HOW ARE YOU FEELING?
- S Really good. I feel sensuous..tingly...like I'm really having a good time.
- E You seem to be surprised at how you really are.
- S I really am..I had a hard day and I feel relaxed...OK..I had to straighten my legs out--they feel weak..
- E Can you explain in greater detail?
- S My legs fell asleep, not really, just kinda numb or giddy.. (pause) this is really strange..I'm sitting here expecting to see a vision of God.
- E Why do you think that?
- S I feel like you are supposed to feel if you are meditating...but I'm not meditating. It's great...
- E Your pretty jumpy--always moving something around.
- S Twitchy..
- E In what way?
- S I'm twiddling my fingers here...moving me feel...can't explain it. Just doing it... (pause)
- E What's happening?
- S Nothing..same old thing...
- E HOW ARE YOU DOING?
- S Great..This is OK I'm thinking about everything but I'm sitting here and my mind's blank..I just feel good...
- E Can you explain why the mind's blank right now?
- S It's like your not thinking about not thinking about anything.
- S If you are concentrating on nothing you are still concentrating.. Except I still have this real hazy thing in the back of my head.

- E Can you explain in greater detail.. It's like a pane covered with a fog..or mist and you just can't see it...a picture you can't see because it's all covered with fog...
- E The fog just sits there.
- E Will you just try to concentrate on it a bit?
- S Not really...I concentrate but all I see is smoky haze.
- E It seems like since we began the interview you have been really been feeling good.
- S I really have..really relaxed.
- E That picture has been there all the time since we started the interview.
- S It's strange.. Wish I could remember... Wish I could think of what it was... Must be really nice... Doesn't do any good to think about it because I can't get a picture of it..
- E Seems like like when you said you were concentrating on nothing seems like then maybe you like maybe you just did that..found it easy to do maybe cause you want to take your mind off it for a while...maybe you thought it would just come to you..Just let you mind go and float out..
- S It didn't. I can't think of what it is now... It seems like I've peaked and am sliding down now. I feel that way...I feel like I am coming down from my natural high. I don't feel as tingly..
- E HOW ARE YOU FEELING?
- S I feel good but not as good -- gradually coming down..Returning back to normal...I don't feel as high...or as good, still relaxed and comfortable.
- E Seems like you are concentrating on something and give it a good deal of thought just by looking in your eyes..
- S Not really concentrating on anything in particular. Just feel good so thinking about it...It's a good feeling you don't want to loose.
- E Seems like you are worried that you are going to loose this feeling.
- S Yeah -- or the feeling go away...so I'm not concentrating on it but just taking full advantage of it...
- E You just want to get away while you can.. While it's here enjoy it.
- S Exactly...That's good I could just sit here -- don't feel like talking, just sitting here feeling good.. (pause) I feel like walking around...
- E In what way?
- S Just feel like moving around...(pause).
- E HOW ARE YOU FEELING?

- E I feel more back to normal...you don't seem to feel as figetty as before.
- S Feel more calm...I feel like I'm starting to tighten up a bit. Muscles in the arm or shoulder.
- E Can you describe the tightening up in greater detail?
- S You can feel your muscles..feel you muscles tighten up, I can't picture the thought any more -- more either -- The whole thing is fading away like it was never there.. There it goes -- I just can't figure out what it was... It escapes me -- It's gone...
- E What's happening?
- S I'm starting to pick up other noises -- outside noises...I feel more like I usually feel.. It's really strange.. It's like I am just sitting here and got really high..bodily high -- really relaxed.. My body felt really relaxed..Lasted for awhile -- now it's just going away...It's really weird...I feel like I did when I came in and just sat down...
- E How's that??
- S Still a little relaxed but..more tight. I feel tighter...A little apprehensive maybe...I'm supposed to be giving an interview and I don't know what to say...
- E Seems like you are trying to think if you are saying what you are supposed to be saying or something...
- S Like now I'm trying to think of what I should be saying..I feel like the way I always feel now...
- E What are you thinking about?
- S I don't know -- I just went through part of your experiment -- just coming here all of a sudden started feeling really odd.
- E In what way?
- S I felt really good... Felt better peaked out and feel like I did when I walked in...feel really normal.
- E Seems like you are giving a thought just trying to figure out what this is all about..
- S It was really nice. Just really relaxed. Not as relaxed as I did 15 minutes ago -- I feel like walking it off....I feel like I been sitting here a long time...

SUBJECT NUMBER 8: SESSION 2

- E OK, LET'S BEGIN THE INTERVIEW. For this part, the interview, what I'd like you to do is lean back in the chair and close your eyes and let them stay closed. OK. I'd like you to describe any pictures or images that come into your mind's eye, also please report any sensations or feelings and emotions that come to your attention. I want you to describe all that you see and feel without omitting a thing.
- S Well, right not I'm back in, L\_\_\_\_, Illinois. And I'm looking across the street from 3\_\_\_\_, H\_\_\_\_ Avenue, I can see the, I see Mrs. G\_\_\_\_. She's out in the yard and in her bathing suit, of course. She's watering the lawn, and it's Mrs. G\_\_\_\_ all right. I can see her little daughter, S\_\_\_\_, she was my little brother's girlfriend, five years old. She always did say hello to me. She's doing that right now. The people up the street, ah, they have a, a little friend of mine live up at 4\_\_\_\_, H\_\_\_\_ Avenue, up the hill, a friend of mine, J\_\_\_\_ D\_\_\_\_. Ahm, I think next door to them is these people live, what's their name? Can't remember their name now. It's the place, I used to live before they moved out to New Jersey. But, they, their bedroom this older couple, their bedroom's right across the driveway from my friend's window. He's always telling me about, ah, looking in there and they had this one big mirror which would reflect, and it was just in his line of view, and he could always look in there and see them making love. I never did get up to look at them with him. This was years ago. Many years ago. Used to always, eh, fantasize about the-- eh, I wish I could remember their name. Nice name.
- E Can you describe that in more detail?
- S Ehm, I remember their little kid, he was really an obnoxious little brat, but, my friend, he used to, he used to get his jollies from ehm, at night, he'd look in there and watch them making love on the bed -- I assume it was a bed. Ehm, I can picture her, I can picture him, I just can't remember their names, but he used to always wonder about eh, I don't know if he used to wonder but he used to always talk about it quite a bit. I used to wonder, you know, what it would be like to see them. This was before I'd ever had any kind of sex with anybody. And I could only guess what it would be like. I, you know, I used to, it was more or less his eh, that was his bag, he used to look at that. I used to always look across the street at Mrs. G\_\_\_\_. She's so, whenever she was outside she used to always wear her bathing suit. And she looked pretty good.
- E Are you describing what's in your mind's eye?

S Yeah. I can see her in her bathing suit right now. Sort of a pinkish, sort of a beige, more like beige than pink; pink was beige, maybe. But eh, I used to think she looked a lot like her little daughter. She was kinda flat, but eh, she was really nice looking. I know one time, eh, I remember her eh, I guess her brother, heh, her brother P\_\_\_, from V\_\_\_, whom you see, lived with them for about a year before he got a job. He came out here to look for a job, but I can remember one night in particular, eh, he gave me a call, it was a Sunday night, and eh, I wasn't doing much, I don't know, I wasn't doing much at all, I can't remember, but anyway, he gave me a call and told me he had this cousin, his wife's sister, I guess that's his cousin, I don't know, with eh, she was pretty nice, he gave me a call and told me to come on over, they were having a party and he had a date all lined up for me. So I went across the street there and eh, walk in the door and they hand me a drink and I got pretty messed up, eh, and eh, this guy's cousin, she was ok, but eh, she got pretty sick. Kinda ruined my evening, but before I left, like I said, I used to really fantasize about Mrs. G\_\_\_. She, you know, she seemed a little loose to me. She'd flirt a lot you know. Her husband's a big mother. But eh, she kinda came on strong that night, eh, they get drunk a lot over there. Have a lot of parties over there. This particular night, eh, her husband was passed out upstairs, you know, and eh, we were just having a great time, and eh, like I said, she came on really strong that night and I was just, it really put a lot of thoughts into my mind, you know.

E Can you describe that in more detail?

S Well, she was telling my how handsome I was and everything and eh, you know, I was, I wasn't really blushing, but you know I was just sorta 'yeh, sure' you know. And then, I started thinking, well no, I couldn't do something like that, no. I was being, I was, well, I can't say I was rally seriously eh, thinking about it, I sure was fantasizing but eh, the idea of getting her in bed or something you know, I was thinking maybe some afternoon, but then -- she's there alone during the afternoons. And there was a friend of mine that used to go over and ball some lady across the street that -- then her husband found out about it and threatened to kill them. SOB said, well, you get pretty scared about that and eh, as much as I think I would have liked to have visited her, you know, but eh, Mrs. G\_\_\_ eh, Mr. G\_\_\_ he was a pretty cool dude, I used to play football with him. You know, go over for a couple of beers or something and he was really pretty well together. But Mrs. G. she, ah, I just hope that I don't have a wife like her, you know.

E What are you seeing now?

S Right now, I...I'm over in her house right now. I can see T\_\_\_ and his wife and their little kid and she's over there with a drink in her hand. And she's looking at me. And I'm, kind of looking away trying to avoid her, avoid her gaze, you know. I'm thinking

anyway, hay, I have school tomorrow, I was in high school, and thinking that I'd kind of better get out of here before too late. About that time P says, it really wasn't that much of a party, he says, "hey, why don't we live it up, I'll go upstairs and wake up J\_\_\_ you know, get something going." And she said, "Oh, don't do that," I thought it was pretty cool(?) you know.

E HOW ARE YOU FEELING?

S Well, I'm feeling pretty good, but, ah, I feel pretty good, but as I was thinking about Mrs. G. something flashed into my mind. I assume you saw the movie, The Graduate, but ah, I get this picture of Mrs. Robinson come into my mind.

E Could you describe that in more detail?

S I can see it in the hotel room, ahm, Benjamin, yah, Ben, that was his name, and, yah, now I can see them, they're in their own house, ah, they're at this party for him after he graduated, and eh gave her a ride home and she said, I'm scared of the dark, walk me to the door, she says "come on in" and I can picture myself in his place. Going in, she goes in there, she turns on the lights and says "sit down, have a drink," ah, she goes upstairs and comes down and she's ah, have a couple drinks and she says why don't you come upstairs and see the picture of my daughter. And go up there, and she was in the bathroom and she comes back in without any clothes on. And ah, that was a pretty good movie. I think that she was pretty good looking, Mrs. Robinson. I dig older women, you know.

E What are you seeing now?

S Ah, ah, I'm seeing her. I see a picture of her. She was pretty nice, she had nice legs, and well he got messed up, pretty messed up, Mr. Robinson found out about...

E What's happening?

S He was, he had become really hung-up on their daughter and he went down to Berkeley to ah, just to find her, to see her, and Mr. Robinson came down there too. And he was waiting in Benjamin's room when he came in, and he really gave it to him. I would have been that or zero(?), give him a divorce now because of what he did(?). Real bad news!

E What are you seeing now?

S Oh, I see the street that I used to live on, it's in the summer. And, I'm looking at the intersection of May Avenue and H road, I'm looking in the house and I can see that and the neighbors house, I can see Mrs. N., she's out in the yard, she's really friendly, she's really a nice person, and Bryan, that's T\_\_\_ N's brother. I can see the whole neighborhood there.

E What's happening?

S I just see, the first girl that I ever really got involved with, she lived right next door to me, she's out there cheerleading with a



a couple of friends, her sister D\_\_\_ and my friends sister J\_\_\_. They were always doing cheerleading stuff especially when we were out there. Usually, used to flirt around with her, and then it got, I went steady with her for awhile. That was really a pretty good time there, a lot of nice neighbors. That was just a nice place to live, by Chicago there. Surprisingly, never made it into the city that often. My exgirlfriend, her name was K\_\_\_, she and her friend, after I broke up with her, they used to go into Madison Avenue, that's the redlight district in Chicago, and they got involved with these pimps there. Well, I used to just, wow, because when I knew her she was a big flirt, but, ah, she wasn't experienced at all. Like she was like I am, I was a virgin and I was too, and she wasn't, ah, she wasn't much in there, she flirted a lot as, when I was seeing her, but, she finally, ah, got her first big experience and then she went and put out on Madison Avenue.

E Are you describing what's in your mind's eye?

S Right now, I'm think of, I can see my present girlfriend. I I can see up in the UP, up in St. Ignace a girl had, was suppose to be going up there this weekend, supposedly, I haven't heard, I'm going to find out about it tomorrow morning, with a group of guys and my girlfriend she doesn't want me to go. I was just thinking, you know, if we're going to go out where we thought we were going to go, we were suppose to go camping, but, I invited them up to our cottage up there, and now we're going to go up there. They're are so many beautiful places up there in the UP.

E What are you seeing?

S I'm seeing, I can see, I'm seeing this roadside park, Edward D. Sooner Roadside Park and it's in Growcap(?) and it's on the, well from the cottage you see along the shore, you look and there's this big point, you know, its ah, elevated, I'd say that it's a good 300 feet above sea level right there, sort of straight down on the water there, but they have this little roadside park there. From there you can see, you know, further than, you can see more than 30 miles straight out there across the straights there, and I can see our cottage down there, you know. And the other cottages, and right now, it's really beautiful, all the green trees and the birch trees, there's so many birch trees up there and the blue water and the blue sky and, it's a most beautiful place to be.

E HOW ARE YOU FEELING?

S Ahm, I'm thinking about, there's this, ah, this friend of mine in New Jersey. There's this lady that, ah, there's a place in New York City called the Egyptian House and, ah, just off of 33rd Street, close to Madison Square Gardens there, and that place, I remember going by there one time, \$5 bucks for the night you know. This real dump of of a whore house. And, ah, it always seems like this we're standing outside of the street there and it's kind of funny, IDK, if it's

funny, but I hear you don't go in that place unless you want a knife in your back, but a lot of people go in there. Lower class especially, you know, since it's 5 bucks, it's really cheap. And, eh, that's eh well, every time we go to a hockey game in there we'd always eh, ? the Egyptian House. And eh, like,

E Are you describing what's in your mind's eye right now?

S Yeah. I-- I can see him standing there eh, looking over at us. I-- one of 'em was -- she was pretty young; these other two were with her and they were kinda, I'd say middle thirties, forties maybe, they were kinda old, a little experienced; typical whore. All painted up, dresses with really short skirts, eh, that kinda stuff, eh, I like to look at whores a lot, but eh, I never put out money for sex. I-- I can see this one--I don't know, I guess they didn't have anybody pimping for them or something, they just ? Typical picture, she's leaning against the lamppost, she's not leaning against the lamppost, she's leaning against the stairway there, leg up on the wall, you know, just looking over. The door was open, you could look in there; the couple outside, the younger one, she was inside leaning against the staircase there. Not even the staircase there, but in front of the stairs, against the wall.

E Could you describe that in more detail?

S Yea, I can. This place is really a dump, you know, and eh, like she had black hair, sorta short, you know; it was set eh, sorta curled inward, you know, and she had a lot of makeup on; you know like I was across the street but you know, I could see in there pretty well; she had this -- I guess it was light blue dress on and she had a lot of jewelry on she had really nice legs though that's the one thing I really noticed. Those legs. Light blue skirt and I don't know exactly what it was it was really fancy, whatever it was. Cheap but fancy I'm sure.

E What's happening?

S Well, I really got a kick out of walking past that. The old Egyptian House. But eh, oh, I'm just looking back to see New York now. Looking up at the buildings. See all of the drunks passed out in the gutter. That's one thing about the City, you don't, any time you go to the City, you're always--you gotta see at least one drunk somebody, you don't know if they are dead or what. You know, people just walk by, I swear they get used to seeing people just passed out, laying in the side of the street, you know, on the bench or on the em, side of the building there. People are very different! I guess they are just used to it. I'm not so used to it; boy, I'll tell you, you just walk past and look, but when I walk past you know, I sorta wow, this is New York, you know.

E What are you seeing?

S Well, right now, I can see L\_\_\_ Beach. Down in eh, it's about 2 miles east of Atlantic City, New Jersey. Way down there. It's the most

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beautiful beach I think, on the whole New Jersey shoreline there. No people out. Boy, I can see it in the early spring. Camping down there. The beach is about 10 miles long and white sand and it's a wild, you know, National Wildlife Refuge, that runs into it so it was really out in the middle of no where. I can see us just walking down that beach now. It's kinda, it's a little chilly, but still nice. Lot of shells, lot of big shells on that beach. Water was really freezing though. Didn't get any swimming in. See, it was a little cold, I got a little sunburn even though it was so cold. Nice place to be though. Think I'm going to go camping down there as soon as I get back to New Jersey this summer. Fore I start working, I'll just go down there and go camping again. Atlantic City is really a--an unusual place. Just being there, you think you're back in the 1890's or--all these old buildings still there from the haydays, I'll call them the haydays of Atlantic City.

E Are you describing what you're seeing in your mind's eye?

S Yeah. I'm walking down the board walk and it's early spring so it's not really too crowded but right now, I can see Steel Pier and all the carnival rides and they've got so many shops there, it's a big, big wide board walk, I'd say it's about 50-60 feet across, and it's miles in length. I can see New York Avenue and Pennsylvania. I can see Mediterranean and Baltic now, and that was, that was really the slums. I can see why it only costs \$60 to buy them a monopoly game. And Board walk I can see why that costs so much, it's really a nice place. But, you know, I felt like I was back in the 1890's there, seeing all these old buildings there, these old hotels and everything, it's a nice place to be. And going out on the jetties there, got all wet though. We picked breakwaters of all jetties, went out there, a bunch of boulders piled, you know, got all wet. There was some surfing going on there, the oceans not too big on the east, there, the waves aren't the greatest. Last Spring we were supposed to go down to Virginia, Blue Ridge Mountains, that was what we were shooting for, but they gave my friend off from work, but they wouldn't give me off, the days I asked, because I had just started working there, and they couldn't really say, you know, well, I don't know what kind of person you are, I'm afraid to give these days to you, so that blew our Virginia trip. But my friend talked to my boss and his boss too, and well, they gave us a couple days and so we decided to go down to South Jersey there.

E What are you seeing now?

S "Well right now, I can see me, it's very marshy down there, and ah, I could see these marshlands, I'd say that there's about 20 square miles that's all marsh, and you can get a boat, they've got these little canal like things that go through these marshes. We took a ride down them to the end to, what's the name of that place, oh, I can't think of the name of the place, but that's where the legend of the, ah, Jersey Devil, the so-called Jersey Devil took place in

that area. And this was, not, it's getting late, it's obviously about 8 o'clock or so and we drove all the way down there, as far as we could go. And there's this little store down there, where we turned around, and all I could see was marshes out there stretching as far as you could see. Took awhile to get out there though.

E What's that?

S Well, right now we're driving back on the road, the road to, ah, he's got some friends out there, there's one friend of mine, D, ahm, he's got a couple friends, we were going to go visit them. And he's telling us about the legend of the Jersey Devil and, ah, he was a little scarey there, IDK, it wasn't really scarey, but, ah, you know, it is a legend. Some lady who's supposedly a witch and everybody thought she was a witch and she probably was, but, she got pregnant and she didn't want to have the child, so she put a curse on him. And it was born a devil, so-called, and because of the curse that she put on it, and I'm not too clear on what exactly, there's a lot of murders in there, you know, in that area, and we went by the house that he was born in. It's all in ruins now, practically, ah, two story, white all chipped paint, it's a little broken down, the porch is all falling apart and all the windows are gone, vines are growing up the side of the house, and it's thick underbrush all around it. It looks a little forlorn you know. It's a little lonely, and scarey out there too.

E In what way?

S Ahm, it's about six or seven miles outside of Atlantic City, it's down in South Jersey there.

E HOW ARE YOU FEELING?

S I get this, ah, I guess I'd call it a desire for Mrs. G., she keeps coming to my mind. I can't see, I mean, all these, like I thought that she came on pretty strong from what I could read, you know, but she's, from what I could pick up from what I thought she was, ah, trying, trying to say, you know. But, I mean, I was only, ah, I was like 15 or 16 or so and I wasn't too sure of myself back then, and, ah, she came on pretty strong to me.

E In what way?

S Ahm, sexually! She's always dropping hints, you know, like she invited, as a matter of fact, she invited me over one time, for, ah, some ice tea there. I went over there and, you know, I had the ice tea. This was during a summer afternoon, you know, and she didn't just invite me over, I came over with my friend J and my brother, but, ah, we sat on the back porch there, and..

E Are you describing what's in your mind's eye now?

S Right! Ahm, we're sitting at the picnic table in the back yard, and she's talking and joking around, have an ice tea and then, she says, ah, like I doubt that the drinking age was, like I think that I was

17 then, the drinking age was still 21, but she offered us a beer, you know, and my brother, he's a couple of years younger, he said no, but I said, "Yah, that would be pretty good.", you know. So she went in and got me a beer, good old Hamms, you know, that was a big deal around there. I wasn't much into beer, but, you know, I just, why not, I'll have a beer you know. My parents ever found out ugg! But, ah, we sat there and, ah, like the little kids were bugging us. She told me, quit playing baseball this summer, you know, like I would, I really dug Mrs. G.

E In what way?

S Well, I was a person, she was a nice person, you know, but I, I mean that I was attracted to her physically, ahm, just more or less like her attitude, like I said, she came on pretty strong, and that's one thing that I, ah, I guess still excites me now, somebody coming on strong. Especially an older woman like that. That kind of freaks me out, you know.

E In what way?

S You know, what does she want from me, I'm just a little squirt, you know; I was pretty inexperienced then too. I was pretty sure, probably one of the reasons that I didn't press her like, you know, when she came on strong, in some ways, like, I sort of avoided her, you know, because, wow! What could I do, you know? And, ah,

E Could you describe that in more detail?

S Well, at this time I was still a growing person, I was pretty well schooled, book learned I guess you could call it about sex, but I didn't really know too much. I mean nothing like first hand experience, but, ah, you know, I was, like I was saying, I think right now, if I would have, maybe she wasn't, but I think that she was really trying to pick me up, so to speak, and try to get me over there. And, the only thing that stopped me, you know, was, IDK, I'd just flip out, you know, it would be just too, I'd be too shook to do anything, you know. Like, she was in her middle thirties, and pretty experienced though, but (??) I always fantasize about that.

E In what way?

S Well, you know, like he'd always fantasize about, you know, sneaking over there on a, the fact that she lived right across the street from my house, and everybody in the neighborhood, it was like a little, Peyton Place, ah, a lot of gossip going on between the adults you know, and ah, not so much my parents, they weren't really good friends of G's, but the C's and D's and E's across the street and all the neighbors you know, it was a pretty tight circle there. And, ah, I don't, what would happen if somebody just saw me go into her house, you know. As much as I wanted to, there's just, you know, like her husband didn't really keep any definite hours. I've seen him coming home all sorts of different times, and that's another

thing that, I don't think I could, you know, I would take any chances. Like I said, maybe this is, ahm, this is just what I thought was coming, maybe she wan't really coming onto me, but it appeared, as far as I was concerned she was. Because like she was, well like, for an older woman like that, that's one sign as far as I'm concerned.

E What are you seeing?

S Well, seeing pictures that are coming to my mind, you know, I can see Mrs. G., you know, looking, this is looking from my house, across the street, from out front yard, looking over there, I can see her on (?) her bathing suit, you should see her in her bathing suit, and she's out in her front yard watering her, ah, you know, flowers and the bushes and stuff and she's out there watering. And ah, she'd (?) the bathing suit was quantity (?), I'll bet she looked pretty nice in it too.

E What's happening?

S Hmm, nothing, I'm right now, I'm looking out from my bedroom window, just looking out, down there looking at her, fantasizing again, gee, I'd like to get her in bed, or something, I'd say, I'd say that. IDK if I really meant it, I suppose that I really did mean it, but, ah, as far as the opportunity ever did really present itself, IDK whether I'd capitalize on it, I think that I'd probably chicken out, you know, I'd probably go, well, I think that I'd better be going now.

E HOW ARE YOU FEELING?

S I can see my, ah, right now I'm starting to think what it would be like to be in bed with her. I can see myself, right now, you know, it would be kind of nice to be in bed with her right now, but then, ahm, I think it would be kind of exciting.

E In what way?

S Well, just the fact that, she, she was an older woman, you know, and then, just, IDK, just the fact, you know, if anybody ever found out that would be my skin, you know. I think that would add a little excitement to it maybe. I'd, you know, like back then it would have really, I really would made it, you know, I'd have said, "Hey, I finally reached, ah," I don't know if I'd put any label on it or not, but, ah, I made, I guess you'd call it manhood, or something. Ahm, you know, well everytime I'd pass there I'd wonder what it would be like to be a non-virgin, you know, just to get ah, have some experience, just, I don't know how it would change my outlook on, ah, not so much life, but just, ah, women you know. And, ah, I can just see myself, because, ah, I can just see myself in bed with her now, you know, it would be fun now, it would be no sweat, but back then, well, I just wouldn't have known what to do.

E Could you describe that in more detail?

S Yah. Ahm, I'd read some books and you know, like we'd have second hand experience maybe like I did. You hear from people, and just

what you pick up on the street you know, and, ah, as much as maybe I'd read or heard about, and from what I did find out, ah, it was really, ah, it was a lot different than what I'd imagined to begin with, you know. Just imagine what it would be like, it was quite a bit different really. But, ah, IDK.

E In what way?

S Well, maybe I can use the analogy of, maybe it's not too good of an analogy, but, you see baseball games on TV all the time, but you know, that's just on TV. And the first time, you know, maybe you sort of like idolize maybe one of the players and because you never see them in person, they're like gods maybe, you see them on TV all the time. And then when you actually see a baseball game in person, as much as you can think of what it would be like, it's so completely different. I can remember my first baseball game, you know, like they was just so real, you know, they were really individuals, really people out there, and, you know, the ball park was really a lot smaller than I thought and it was just, just, you can think about seeing games on TV you know, and actually going to see one first hand, like sort of as I say draw the analogy to sex, you know, fantasizing or dreaming about what it would be like, and actually then going out and doing it, you know. It was, you know, it was different because, you know, you don't know, what a new experience will be like until you actually experience it you know. And, ah, I really wouldn't, I don't think I could have done it then, I really IDK what I would have done. I just wouldn't, too shit (?) to do anything, too scared maybe that's probably a better...But I sure did fantasize about it a lot.

E What are you seeing?

S Well, I can see BL standing and at the same time he keeps flashing back and forth. I can see Qville, Illinois, you know, I can see Mrs. G., and yet she's flashing back a little bit. I say, that analogy there, I'm seeing Bush Stadium, really beautiful park. This is in St. Louis right over from Missouri. God, that's the most beautiful park that I've been to yet. Ranny Field, Chicago, that's a real dump. And ah, Shay Stadium in New York is nice, I can't say about Yankee Stadium anymore since they've remodeled the whole thing, but Bush Stadium that was, since I was a Cardinal fan, seeing the Cardinals play, that was really something.

E What are you seeing?

S Right now, I can see, this is in Wrigley Field in Chicago and it's like, UP, he's from Virginia, he used to play sandlot ball out in Virginia, and this good friend of his, CS, IDK if you ever heard of him, but, ah, he plays for the Pittsburgh Pirates. I saw a Pirate-Cubs game there on the Fourth of July, and ah, we went down to field level and talked with CS, you know. He asked, first he asked Doc E., no it was big GD, he said, "Hey, ah, you know where GS is?" And the guy just sort of looks at him, you know, and he goes, well, "that guy's on my shit list," you know,



(A lot of talk about baseball, and CS.)

And that's the way I remember CS. That was a good day in the ball park there. Ahm, B had about 20 beers, he just kept, no exaggeration, and he was just whipped out. And so we went to Kiddie Land on the way, this Amusement Park, like, and we tried to pick up these chicks all over the place. B and I and my brother and J went over to the carnival to ride something or other, but we went off, went out looking for chicks to pick up, B and I, that was pretty cool.

E OK, our time for the interview is just about up. Open your eyes if you would.

SUBJECT NUMBER 10: SESSION 2

- E OK, LET'S BEGIN THE INTERVIEW. For today we have about 50 minutes, I'd like to spend getting to know you better as a person. Perhaps you'd be willing to share some of your interests, concerns, feelings, etc., and we can begin wherever you'd like.
- S You want me to say something now?
- E Whatever you'd like to share with me.
- S Well, I don't have anything to say. Are we going to do it like last time?
- E No, I, for this session, rather than how we had been doing it last time, I'd just like you to share with me any, any interests, concerns or feelings you're having now, anything that you'd like to talk about, relate to me a little more what, you know, what you are as a person a little more, getting to know you a little better.
- S You mean you want me to tell you my interests?
- E Interests concerns, feelings that you have; anything that's in your mind now.
- S Is this going to be a two-way conversation, or am I supposed to do all the talking?
- E For the most part, yah; it's essentially for me to hear what's going on with you, rather than visa versa, so that I get to know you a little better.
- S I don't know where to start. (Very nervous chuckle or gasp). Well, where do you want me to start, or what?
- E Wherever you would like.
- S I work in a lab for a parttime job, on work-study. (E Hmmhmm.) You want me to tell you what I do?
- E Whatever, whatever you'd like to share with me.
- S Do research on beef hearts. (nervous chuckle) This is ridiculous!
- E In what way?
- S You're not going to get any place. Because I can't just sit here and talking to you.
- E Could you describe that in a little more detail, what you mean by we can't get any place?
- S I don't see any, ahm, reason to it, I guess I'm not motivated.
- E Hmmhmm.
- S Because I don't see any point in it.

E You don't see any point in what we're doing?

S Right.

E What's happening?

S Well, what kinds of things do you want me to talk about?

E Anything that interests you at the time, or concerns that you might have, feelings that you have now, that interests or concerns you that you would like to talk about, to share with me.

S You want to talk about the weather?

E (Laughs) I'd rather it was something a little more pertinent to you as a person. Whatever you'd like to talk about now.

S I guess I'm not a very good subject, hey? Well, why don't you see if you can start a conversation?

E I'd rather you just share with me whatever you'd, what interests you have, concerns that you have, feelings that you have, so I can get to know you a little more as a person.

S I just don't know what to say.

E How are you doing?

S How am I doing? In reference against what?

E Just what are you doing now?

S Just trying to think of something that I can talk about. I'm going on a canoe trip next weekend. You want me to tell you about it?

E If you'd like, sure.

S I bunch of guys from our floor are getting together. Friday night we're going to have a banquet, get a keg of beer, we're going to party all night, after the party we're going to leave and go up north to go canoeing. Camp out over night on the river. Going to tie one on all weekend.

E What's happening?

S Nothing. Do you always have this much trouble with people talking?

E (chuckles) Some people like to talk.

S Well, I can't just talk if you're not going to say anything, because it's too one-sided.

E You don't feel as though you can share with me what's going on within you without me interacting with you, is that right?

S Right. Hope the weather's nice next weekend.

E What's happening?

S Hmm?

E What's happening?

- S I'm trying to think of something I could tell you about, that wouldn't be ridiculous or phony.
- E Oh, anything that interests or concerns you, feeling that you're having. HOW ARE YOU FEELING?
- S Like a (???).
- E Waht's happening?
- S Nothing's happening. I don't think we're going to get very far today, (chuckles).
- E In what way?
- S Well, I can't sit here and talk to you. Is this the last experiment?
- E Hmmhmm. You feel that you can't just sit here and talk to me, is that right?
- S Yah! How much time is left?
- E About 35 minutes. What's happening?
- S Well, I'm still trying to think of something that I could tell ya, but you just want me to tall you what I'm I'm thinking about?
- E That would be good.
- S Well, I just think about things that happened today.
- E Could you explain that in a little more detail?
- S Yah, I could, but you don't want to hear about it.
- E I would.
- S No, you wouldn't want to.
- E What's happening? You seem to feel that I wouldn't be interested in what you have to say, is that right?
- S Yah, I mean I can't say anything that would be important to the experiment.
- E I think that it would be important to the experiment to, what ever you'd like to share with me.
- S I had a big test today, is that important? I got a 4 point on my first mid-term, is that important?
- E You seem to be wondering what would be important to me, is that right?
- S Yah, because I feel kind of stupid just sitting here telling you about stupid stuff.
- E Stupid, in what way?
- S There's no point in it. Anybody listening to this would think that you're crazy, they'd think that I was crazy. Just sitting here talking like this.

- E Crazy? In what way would it be crazy? Hmm? How are you doing?
- S Why do you keep asking me how I'm doing for?
- E I'm interested in knowing how you're doing.
- S Well, the last time I felt like talking, but today, I just don't.
- E Could you describe that in more detail why you don't feel like talking this afternoon?
- S You want me to describe it in more detail?
- E If you would, please.
- S The last time I was so much more relaxed and I wasn't so aware of what was going on around me, and I didn't care anyway. But now I'm more aware and I'm tensed up.
- E In what way? Do you feel tense?
- S Yah.
- E In what way are you more alert?
- S Well, last time I had my eyes closed, and that made it a lot easier. (E Hmmhmm.) I imagine that last time you gave me a different pill or something.
- E You think that possibly you got a different pill last time?
- S Yah. It sounds only logical. Does everybody just sit here like this? (nervous giggle)
- E Some people do and some people don't. You seem to be giving a good deal of thought to you're not saying very much, is that right?
- S Right. I'm thinking about the good time we're going to have this weekend canoeing (E Hmmhmm.). There will probably be some pretty drunk people.
- E HOW ARE YOU FEELING?
- S IDK(?).
- E What's happening?
- S I'm just wondering how much time we have left.
- E You seem to be giving a good deal of thought to how much time is left in the interview.
- S Yah. (???the volume is very low)
- E Could you describe that in more detail? Wanting to get it over with?
- S Well, I know people who could help that could be here. Is there going to be a follow-up thing, where we can find out what you're trying to do?
- E Hmmhmm.
- S When's that going to be?

E We'll send you in the mail, during the summer, a sheet about what's going on. What's happening now?

S We won our softball game yesterday. It was a good game.

E Hmmhmm.

S You want me to tell ya about it?

E If you'd like.

S Well, there's nothing to tell, I guess. We were losing 4 to nothing, but then we won it. I got a hit, I've been hitting a thousand for the year. Maybe the Tigers could use me, do you think so?

E They could use you for sure.

S (E laughs) What are we having a stare-down?

E Would you like that?

S It beats sitting here. I'll bet Grey thinks this recorder isn't working (E laughs). He'll probably be opening the door to see what's wrong in here.

E Are there any concerns or interests, or feeling that you're having that you'd like to share?

S Well, I'm concerned about this other job.

E Hmmhmm.

S You know where I can get one?

E No, I don't.

S Well, I guess we'd better not talk about that then. Might work building silos for \$8 an hour, might get that. But, I don't think that I'll get that job. That would be a nice job, \$8 bucks an hour. (E Hmmhmm.) What are you laughing at?

E (nervous chuckle)

S It's a nice day out today, it looks like rain.

E HOW ARE YOU FEELING? Hmm?

S Together (?) how are you feeling?

E Good

S Me too, that's good. You know any good jokes?

E What's happening?

S Well, I'm used to blinking so much because of contacts. Because I can see better with one than with the other. (E Hmmhmm). Going to Lizards tonight, it's pitcher night?

E I don't think so.

S No?

E No, I have a subject tonight.

S There's usually a bunch of guys from the floor that go over there.

(E Hmmhmm.) Ever been there?

E Hmmhmm.

S On Wednesday? People lined up to get in at 12:30. It's a very busy place. It is!

E I believe you.

S I believe you're laughing at me.

E How are you doing?

S (???).

E What's happening?

S Did you ever inhale deeply before you start talking? We had some (??) the blues last night and some of the guys were doing that. It's pretty funny. (???).

E What's happening? Hmm?

S Well, what's suppose to happen? (coughs) Will I get paid today when we're done?

E Hmmhmm.

S I hope so. You mean some people actually sit here for 50 minutes without stop talking?

E I don't think anyone ever did that.

S I'll bet that you never had one as uncooperative as me.

E I don't think you're uncooperative at all. Do you feel uncooperative?

S Yah.

E In what way?

S I guess I'm not trying hard enough.

E HOW ARE YOU FEELING?

S I feel fine.

E In what way, you feel fine you say?

S Yah. I figure he's wasting his tape all day.

E You feel it's a waste of tape to put down what you and I have said today? How about it (repeats question).

S No, but I was just...(clears throat).

E What's happening? How are you doing?

S I'm doing all right. How are you doing?

E I'm fine, thank you.

S Why don't you sit here and tell me what you're thinking about? Then I'd get an idea of what you want me to do.

7



- E Whatever you would like to share with me.
- S Have you ever been hypnotized?
- E Once.
- S Just once. Why only once?
- E I've never had the opportunity otherwise.
- S Did you ever read any of Edgar (??)'s books?
- E Hmmhmm.
- S Do you believe he could hypnotize people deep enough that they'd remember about a life before this one?
- E IDK.
- S Do you think about it?
- E Hmmhmm, are you thinking about it now?
- S A little bit.
- E What do you think?
- S You'd have to be pretty cooperative to get that deep, deeply hypnotized, right? Do you think you could put me deeper than you did earlier today?
- E You seem to be wondering how deeply hypnotized you could become, is that right?
- S Yah. How long have you been doing it? I mean been working here?
- E Oh, IDK, you seem to be wondering what I'm doing, is that right?
- S Yes. I think that I've learned more about you than you learned about me.
- E In what way?
- S We've been talking about you the last five minutes. Mostly.
- E I think that our interview time is up. Why don't you just lean back and relax, OK.

SUBJECT NUMBER 13: SESSION 1

- E OK, LET'S BEGIN THE INTERVIEW. What I'd like to do now, we have about 50 minutes, and ah, just kind of get to know you a little better as a person. Perhaps you'd be willing to share some interests, concerns, feelings and we can begin wherever you'd like.
- S IDK, I'm really not too sure where to begin.
- E With anything that you'd like to talk about, anything that concerns you, interests you, feelings that you've had.
- S Just thought of the people on the tennis courts. Teaching a friend how to play about six o'clock or so, ran on over to the courts and there was one open and we managed to get that and they had this class there from six to eight and they got the court at six thirty, so we were leaving and phoned (?) up that our court wasn't being used, so the lady told us that if we just wanted to use it we would and so we started heading back. Three girls had come after us and on the court a couple of guys were playing, one guy left so we were playing doubles. they got kicked off their court, they were starting to leave, the lady told us that we would play in the court, they made a mad dash to get our court. People, no court courtesy or etiquette. IDK, you get awfully tired of it after a while.
- E You seem to be giving a great deal of thought to, ah, people's attitudes towards the whole thing, the courtesy involved.
- S Yah, it was just last weekend we were playing doubles, the courts were all full up because it was a nice day for it, every court around gets filled. So, we went there and made a bid on a court, some people were over on the next set of courts, they said, took over, leave their court empty, there was a little discussion there about court courtesy, people just really don't know what's going on anymore.
- E In what way? Could you explain that in greater detail?
- S Well, for like, ah, tennis, the courts are filled, you take one court or one section, by making a bid on it, so if a court opens up there, you go over and play. People are just going, you know, they'll take all three courts, all three sections, four sections or five and as courts open, no matter where they are, they'll try and get over to it.
- E Hmmhmm.
- S And, IDK, maybe a gentleman's sport, but tempers rise.
- E What's happening?

- S I was just thinking, one more session and I could have gotten ten dollars. Right now I'm so tired, physically. Got to go back and start cramping for a calc. test. I work all day Thursday, I'll pull an all nighter Thursday night, a very hectic week. Which is one reason I was glad they changed from Thursday to Wednesday.
- E What's that?
- S You see, I work until something like, I work from about 1 o'clock or 1:30 to about 8:30 Thursday. After I get off I'll just be completely tired and won't want to study at all, but I'll have to. This way since it's tonight, I can get off right after 8:30 and start studying. Otherwise, I'd have an experiment from 8 to 10 or 10:30, be getting back to the dorm about 10 to 11 and have to take it from there. So, it's just piling up.
- E You seem to feel that things are getting hectic?
- S Very. Through mid-terms. I keep wondering what in the hell I'm doing here.
- E Can you describe that in greater detail?
- S I mean, it's kind of hard to describe, you've got, I'm beginning to think that a you never get ahead anymore, and all you do is just work your ass off just to get up to the point where you were behind the day before. Everything keeps coming up, tests, reports, readings, research papers, they all have to be done by a certain time and have to be handed in. Doing 4 or 5 things at once. Use the old saw, if you study right, people enjoying themselves having fun, you're stuck in an old room with about four books in front of you.
- E You seem to be having sort of a conflict between studying and
- S Definitely a conflict! Of course, it would be one-sided if I had my way all the time. I'd just as soon be outside on the tennis courts, or on the beach. Just relaxing. We have to go five weeks longer than Eastern, which means that all the jobs are out, done, try to find, scrounge around, dig up, work for job about 16 hour(?). I'm just wondering if it's worth going to college or not, just going out from high school and getting a job. I guess this wouldn't be legal.
- E What wouldn't?
- S Oh, IDK, I'd like to just listen. I'm not used to doing the talking.
- E Hmmhmm. Can you describe that in greater detail, what?
- S Well, it's just like ah, well for one thing, with one exception, anytime I've ever been out with a girl, I've been about to get by with four words, might not make any sense whatsoever, and that'll get by for about 3 or 4 hours. They're always doing the talking and you listen, say something, make a comment, keeps them happy. And it just sort of ingrains it. Just get used to not saying a thing, you know. And after that keeps up for a while, what's to talk about?

- E You seem to be feeling that someone else is doing the talking and you're doing the listening?
- S It's not really that so much as I've found out that you can get a lot more things, find out a lot more things if you listen instead of keep on talking. I suppose the old adage, you have two ears and only one mouth, so listening must be more important than talking. (E laughs) It's actually very unnatural for me to talk that much. I seem to have a distinct impression that I'm making no sense whatsoever.
- E In what way?
- S I've covered three different topics, none of them are related.
- E What's happening?
- S IKD, it's like you bring me over here to talk, and bring a bottle in here, do some drinking and you could start rattling off at the mouth. That's how you really find out about people. They, ah, get a little snookered, drunk, you're drunk too. You start talking about things, you aren't worrying about anything that's going to be said, because if anybody brings it up or starts ragging you about it the next day or the next morning, ah, you can have the excuse that, ah, I was drunk and didn't know what I was talking about. So, people really done a lot of drinking, you're, ah, perhaps I should go in (?)...
- E You seem to be feeling that it's easier to talk in those situations?
- S Ah, easier to talk in a way, you don't really have to worry about putting forth a certain image in front of them, you can just be yourself. And you're drunk, nobody really cares that much.
- E HOW ARE YOU FEELING?
- S A little minor buzz. Kind of hard to describe. For one think it feels like my concentration is really screwed up. IDK, it seems as though I've been sort of, ah, bad word to describe it, but cottony, nothing seems real. Like, ah, it's really hard to describe, nobody can see it you know, is like if I've been smoking or something and it really seems different. Different perspectives I guess, IDK. See things in different light.
- E Could you describe that in greater detail what you mean by different light?
- S Well, people for one thing. When you're straight, you can talk with somebody see people talking, listen to them, not think anything about it; you get a little wrecked, you start listening, and you find out that they're really making no sense whatsoever, they're just going around in circles and not saying anything. I guess that's my main hang-up with people, whatever they do seems to be centered around what other people want them to do or what other people think of them.
- E What's happening?

- S Oh, I was just thinking about the party that we went to. It's black and we were listening to some music, the black lights going. A bunch of optical equipment around these strobes, flash strobe-like units. People talking, relaxing, that is what I really like.
- E How are you doing?
- S Hm?
- E How are you doing?
- S In what way?
- E What you're thinking, what's going on?
- S There's nothing distinct that I'm thinking about, it's just sort of all...the person that comes up to my mind now that I'm thinking about it, that drops out and something else comes up, you know. Nothing's related at all, that I know of anyway. Seems very hazy.
- E Hazy in what way?
- S Well, there's no concise, logical thinking, I guess it's more impressionist. It really seems difficult to explain it.
- E Kind of hazy now?
- S Oh, it's just a general overall feeling. I thought of the word and the word is frustration! Now, you ask me what do I mean by the word frustration, and I will tell you that I can't tell you. IDK, things are sort of building up everywhere, people work, school.
- E Building up?
- S Oh, I suppose I'm getting conflicting pressures, pressures keep building up, you have to do this by a certain time, you have to do that. You find out that you don't really have any free time at all, possibly like twelve hours on a Saturday or something like that. A couple hours Friday night, Sunday, you've got to book, Monday through Friday after school you're booking and studying getting ready for a test. You've got no time for yourself really except for just a few hours on the weekend.
- E You seem to be giving a good deal of thought to what time is yours.
- S What I could do with it, I don't have to worry about, you know, what's going to happen. Like if you want to go out drinking, I really should be studying because I have a test coming up in a couple of days, or I've got homework due for next week, or I've got to read this assignment for class tomorrow, there's a quiz in to or something. Just to be able to do something, let's go out drinking, OK, let's go, no second thought no worry. Just like to have lots of free time to do what I want with it. Worked out my schedule and in a fit of boredom one day, found out that I have 9 hours free one day during the days up to about 8:30 at night, Monday through Friday, and then that night's hours I have to study, do homework, make things up, do things. Gettin up early, finally brought it on, finally found out how little time I had.

E What's happening?

S I'm just thinking some more disconnected thoughts. Like right then I was thinking I got to get a recording of that, ah, reel to reel, it would be interesting.

E In what way?

S Bizarre. Nothing's really real. Maybe I'm just a little bit paranoid about it. One-way mirrors, tape recorders, little hidden TV cameras.

E You seem to be thinking a great deal about the situation itself.

S Ah, not really, I'm just using this situation as an example. Really, what I'm trying to drive at is, you can never really relax, because somebody's always watching you or expecting something from you. This (??) would be a good bitch tape.

E Bitch?

S Yah, complaining about everything.

E Whatever you'd like to talk about that's part of it.

S HMMM

E What's happening?

S Thinking about a joke: "What do you think Tautingham's chances in the league are?" Which means nothing, I know. If you're to the point of complete boredom, I can come up, you can do a 15-20 minute speal on absolutely nothing. Amaze your friends at parties, reel off names and numbers real fast, facts, figures.

E HOW ARE YOU FEELING?

S I think that my senses have gone awry. Because it smells like we've been smoking. I have a sensitive nose, walking outside, you know, with the breeze hitting your face and sniff-sniff, somebody's smoking. Maybe it's a desire to.

E Can you describe that in greater detail, the smelling?

S Well, right now the smell is gone, and it's very hard to describe. It smells like weed. That could be.

E What?

S I'm smelling weed, because I want to smoke, I want to smoke, but right now I feel like I'm half way there. Physically, ah.

E In what way?

S Well, it's just like I've got a light buzz right now. Disorientation, everything seems sharply in focus. You start noticing little things, like you're bored to hell!

E Little things, like what?

- S Oh, peoples expressions. You have to look at them every day, they have a twitch, what can I do about it? You get wrecked and somebody has a twitch, you're coming down you can put in a thousand different meanings, from personal condemnation of what you're doing to they're mad because you didn't invite them with you, they're disgusted with the entire thing. Free association!
- E You seem to be giving a good deal of thought to a twitch?
- S Not really to that, no, just overall. I think that what it's centering around is I really want to party down right now.
- E Hmmhmm.
- S Cause the way I can see it, you have to free association all the way through, there's no reason to bring up partying, and yet I brought it up.
- E What's happening?
- S My mind, ah, really strange, it's like there's nothing crossing my mind, but there is, I'm thinking about something, different things. Yet I can't really bring them out and define them. If you're testing the potency of that drug with the alcohol, send me a gross. I can usually tell when I'm really drunk or wrecked, when I started smoking a lot and this is about the second cigarette that I've lit up in the last ten minutes, if that. Which makes about as much sense as a five sided triangle. I used to say four-sided, but take a pyramid and it has four sides, so I had to take five.
- E How are you doing?
- S Reeling what we've been talking about all the way through. Tennis, work, school, partying, people, the biggest list of non-sequiturs I've ever given.
- E In what way?
- S Well, like they don't follow each other, there's no logical reason for one to follow the other. One who says mans logical? I'd really like to know what that chemical was, because things are just popping into my head from nowhere, paradise syndrome.
- E Could you describe that in more detail what you mean by that?
- S Ah, it's the natural urge for everybody to say to hell with everything and just go off to Bali and Tahiti and relax, lay on the beach. Wait awhile and a few more will pop out.
- E You're feeling like you'd like to do that?
- S I'd love to do that. You need better electrical equipment, the tape recorder. Ah, point by point, I noticed the tape going all through the time you were hypnotising me, after awhile it finally got to be background but for a while there it was really distracting me. You know what's really distracting right now? What really shows my paranoia, is that microphone!

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- E Hmmhmm. Could you
- S It makes no sense! You've got the form there which may mean nothing, but ah, ah, IDK, I think I'm afraid of getting on there you know, it could be used for something else. I know that if I ever found out about it, if, like I would sue possible one, or possible yours (?), however you can still have it.
- E Used in what way?
- S You ain't going to kick over this? Personal prosecution. Well, it makes for an interesting pause while I try to explain it to myself before I try and explain it to you. That is really hard to describe. If you go back to the fifties and McCarthyism and squaling, you hand over to the police, big stake-out, surveillance.
- E HOW ARE YOU FEELING?
- S Pretty horny.
- E Hmmhmm.
- S And that could why I want to party now.
- E Could you explain that in greater detail?
- S Well, right now I'd like to get wrecked completely, have some good music going, black light, and take a chick to bed.
- E What's happening?
- S IDK, I'm trying to think of something. Oh well! Em, 10 o'clock, still enough time to party after all. (???). The more you think about it, the more frustrated I get, and the more frustrated I get, the more horny I get. Oh, well, moving right along to that point in time.
- E What?
- S Absolute nothing!
- E What's happening?
- S Right now, I'm just looking at that mark in the wall. IDK, maybe if I could block everything out, maybe I'd remember. IDK.
- E How are you doing?
- S Just getting hornier and hornier and hornier, but I can't really understand why.
- E You seem to be feeling horny, is that right?
- S Definitely! Of course walking along campus, who wouldn't? How long is that drug supposed to last anyway?
- E I have no idea, I don't.
- S Because my thoughts are becoming much more coherent, you can even follow logical trains of thought now.

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E You seem to feel that the drug is wearing off, is that right?

S Yah, I feel like I'm coming down now.

E In what way?

S Well, nothing's really sharp or distinct anymore, I've got completely logical trains of thought, without having to ask myself what was I talking about just a couple of minutes ago, or why I was talking about what I was. I feel that living is a lot easier than explaining things. I get an image of a a tall chick with long, black hair.

E Hmmhmm. Could you explain in greater detail what your image is?

S IDK, I, I must have met her somewhere on campus.

E Hmmhmm.

E What's happening?

S I'm trying to recall how, who, or under what circumstances I met her.

E Hmmhmm.

S I just can't age anything distinct.

E What's happening?

S Don't ask me why or how, but I know that she's got a beautiful room, one great fantastic Teac reel-to reel.

E HOW ARE YOU FEELING?

S IDK, Something's bothering me.

E Bothering you, in what way?

S Well, I think it's like trying to recall a lousey dream, but not really wanting to.

E Hmmhmm.

S I wish I could remember who she was.

E You seem to be wanting to get in touch with that person again?

S Very much, I'd like to see her.

E How are you doing? What's happening?

S Nothing. Well, I guess that's it..

E What's happening?

S I was just thinking about what her morals would probably be, why guys can't go to bed with married women.

E Hmmhmm. Could you describe that in greater detail?

S Well, like if you go to some place, meet a nice looking chick, and you go some place, both of you start enjoying yourselves, and all of a sudden you find out that she's married, and she really goes down.

- E Down in what way?
- S (Snickers) Well, your good time usually stops right there. You make a hasty good-bye and you leave.
- E You seem to be feeling, it's not fear, something's not right in not being able to go out with a married person, is that right?
- S Hmm, something along that order, yah.
- E What's happening?
- S Not much of anything right now.
- E What are you doing?
- S Just thinking of a couple of songs. One of them was, ah, "Mind dreams."
- E Hmmhmm.
- S And the other one was a, "Games people play."
- E Could you describe that in greater detail what
- S Not really, IDK, something's bothering me and I'm not really sure what it is.
- E Bothering you, in what way is it bothering you?
- S (long sigh) Seems like a really super great conflict. It's like, ah, wanting to do something, but knowing that you can't or shouldn't do it.
- E OK, that's the end of the interview.

SUBJECT 21: SESSION 1

- E OK, LET'S BEGIN THE INTERVIEW. What I'd like you to do for this part is just be comfortable in the chair, close your eyes and keep them closed. And then we'll go on from there. I'd like you to describe any pictures, or images that come into your mind's eye. Also, please report any sensations, or feelings and emotions that come to your attention. I want you to describe all that you see and feel without omitting a thing.
- S I feel very relaxed. Eh, a little bit scared maybe.
- E In what way?
- S Eh, I don't know. I feel kind of drunk or something. I feel warm but then again I feel cold. I feel sweaty and still kinds cold. Eh, like my whole body feels like it's going back and forth, back and forth. Very relaxed.
- E What images come to your mind; what are you seeing?
- S Nothing really. Just relaxed; feel like sleeping. Am I supposed to tell you what I feel like now?
- E I'd like you to tell me what you feel, your emotions, feelings, and what images come to your mind.
- S Like right now, I wish I was home. Just relaxing. Maybe sitting out in the sun. Ehm, wish I was with my family.
- E What are you seeing?
- S People's faces.
- E Could you describe that in greater detail?
- S Eh, like I see my little sister's face, and my little brother's face. Ehm, like this guy, I help him on his farm. I'm going to be living with him this summer. I see him, I see his wife. And like I see the stuff I'm going to be doing.
- E Can you describe that in greater detail?
- S What I'm going to be doing with him, or...
- E What you see in your mind.
- S I'll be getting out of school pretty soon. I'll be, you know, I'll feel better. I'll feel more relaxed, more at ease.
- E What you you seeing?
- S What do you mean?

- E What images come into your mind? I'd like to describe images.
- S Oh, like I picture his farm; what it's like. It's like secluded, off by itself. I can picture the barn and the house, the ponds. Picture my house, the grass, the garage. I feel like going to sleep right now.
- E What do you see now?
- S Eh, that I gotta get up for work tomorrow. And like, my mind flashed back to like the job I'm supposedly supposed to get during the summer. Like right now I don't feel like getting up tomorrow. I feel kind of warm. Sorta like I'm sweating. But I don't know if I am. Like the sweat forming on top of my head. But then again, I feel shaky. I don't know, maybe if I'm scared or what, I don't know.
- E In what way?
- S I don't know, just I suppose, just like 'cause the pill that I took. What's it doing to me? I haven't drank for a long time, you know. It's sort of affecting me. Now I just feel like I was in bed right nor, just sleeping.
- E What are you seeing?
- S Oh, just sort of happy thoughts. Just, IDK, I'm just sorta picturing things like at home, only differnt things like we're doing at home right now, if I wasn't at school. Or like, I'd be doing during the summer.
- E How are you doing?
- S Ok. I feel like falling to sleep right now, very relaxed.
- E What images are you seeing?
- S Just, IDK, like I said before, just very relaxed, thinking about happy thoughts, like what I'm going to be doing over this summer. Not thinking about school whatsoever.
- E What's happening now?
- S I'm getting warm, feeling warm. A little sick to my stomach. Just feel like falling to sleep. And I keep hearing noises in the back room. I feel warm.
- E What are you seeing?
- S IDK...IDK, just picturing things I could do, like right now, I mean if I wasn't at school. Maybe because I don't really like school. Hmm, IDK, I'm still very relaxed.
- E In what way?
- S I just feel like falling asleep, warm, IDK, I feel like I don't have any cares, no pressures. Now I'm thinking what's my girlfriend going to say when I come home and she smells booze on my breath. I feel, I don't know if I'm going to feel sleepy then or what. I don't feel like getting up in the morning, getting up for work.

E HOW ARE YOU FEELING?

S Hmm, I feel warm, my stomach feels kind of funny.

E Could you describe that in greater detail?

S I feel a little sick to my stomach, you know, not real sick, not that I'd throw up or anything like that, feels kind of a little upset. I feel like I have to go to the bathroom. I feel warmth all through my body, my forearms are sweating, sort of my hands are kind of sweating, my armpits are sort of sweaty, feels, I just feel relaxed.

E What do you see?

S Hmm...IDK, just sort of thinking what I'm going to do this weekend. My eyes feel really tired.

E In what way?

S I feel like I want to fall asleep, but I can't and I have a little bit of a headache, there's a little bit of tension.

E Can you describe that in greater detail?

S Might be just 'cause like, ah, IDK, goes with the pounding in my head and the feeling of lethargy, IDK, it's right up here, feels kind of tension. But I feel relaxed. Now I'm thinking about what kind of drug I had and, ah, thinking about how nice it would be to be in bed just sleeping right now.

E What are you seeing in your mind's eye?

S IDK....not really nothing, my thoughts are kind of wandering, not not like focusing on one thing. It's silly though, my thoughts are like going from thing to thing they're not like focusing on one thing. I really can't picture just one thing, just, IDK, go from thing to thing. I'm not focusing on one thing in particular, I'm not thinking about one thing in particular, ah, thinking about all different things.

E Can you describe them in greater detail?

S Well, I'm thinking about school. I'm thinking about my girlfriend, I'm thinking about home, ah, I'm thinking about work, thinking about the summer, all different things. I'm thinking about being in bed right now sleeping.

E What are you seeing?

S Nothing really, in particular, sort of wondering what was in that pill. Sort of picturing what I'm going to do tomorrow.

E Can you describe that in greater detail?

S Ahh, getting up for work, going to classes, and then, ahm, you know, what you do after classes are over, relax. Like my body feels really numb right now, like really warm, becoming really sweaty up on the forehead. I feel very relaxed, I feel kind of hot too.

E In what way?

- S My hands feel sweaty like my forehead feels sweaty, my whole body feels like it's really hot. My throat feels dry, like I need a glass of water, feel like getting a glass of water.
- E How are you doing?
- S Ok, just feel like falling to sleep right now. I feel very relaxed.
- E What are you seeing?
- S Ahm, just picturing, right now, just falling asleep. Sort of hear the sounds around me, and just, I just feel like falling asleep. Feel very relaxed.
- E HOW ARE YOU FEELING?
- S Hmm, I feel warm, very relaxed. I have to go to the bathroom, I feel like I have to go to the bathroom, tired, warm, I feel like my whole body's sort of, just the chairs supporting it, like, IDK, I have no control of my body, it just feels like I'm sitting in the chair. The chair's supporting me, as though I'm just floating.
- E Could you describe that in greater detail?
- S Hmm, ah, like I'm just sitting here, and the chair's holding me up and if there wasn't no chair, I'd just be, ah, IDK, just flat.
- E What are you seeing?
- S Nothing. I don't, my mind's just sort of, ah, just sort of like going from, thinking about different things, going back and forth. Sort of feels like I'm, ah, I don't know what the word is, not feeling as drowsy.
- E What's happening?
- S Maybe I'm coming down. I'm not as high, or whatever, drunk.
- E You opened your eyes.
- S I feel, back to reality.
- E Can you lean back and close your eyes again?
- S Yah, but I have to go to the bathroom though. Really bad.
- E Right now?
- S Yah.
- E Can't wait until the end of the...
- S Yah, I suppose I can wait. Just lean back then and close my eyes.
- E Close your eyes and describe the images that come, the feelings, sensations.
- S I still feel warm, relaxed, sort of sweaty, like before I'd feel sweaty, but my hands are still sweaty. Like I'm still just floating in the chair, the chair's supporting me. My body's sort of tingling. Just feels relaxed.



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E What are you seeing?

S Hmm, sort of like, I hope that tomorrow's like a nice sunny day, a nice warm day. Just hoping that the whole weekend's really nice, nice and warm.

E Are you describing what's in your mind's eye? Are you describing the images that are coming to you?

S Just sort of what I'm going to be doing this weekend, ah...just sort of taking it easy. Like now, I'm just thinking how nice it would be to be at home in bed just sleeping.

E What's happening?

S My body feels like, like my feet feel, my left foot feels like it's tingling and it's very warm. Like I still feel, like I still feel like there's sweat forming on my forehead and my hands, and like, ahm, I'm just sinking into the chair, real relaxed.

E What you you seeing?

S Ahm, my mind's just sort of IDK, just going from thing to thing.

E Can you wait for images to come to your mind and then describe them for me?

S What?

E Can you just wait for images to come into your mind and then describe them?

S Like a picture of what I'm going to be doing at work tomorrow, and I picture what I'm going to be doing at class tomorrow, what I'm going to be doing when classes are over.

E HOW ARE YOU FEELING?

S IDK, I feel like I'm going to pass out now. I'm really sweating all over.

E Can you describe that in greater detail?

S My stomach feels kind of funny, like I have to go to the bathroom really, really bad now, it feels like I'm sweating all over, and I'm really warm, like my whole body's tingling, but like my throat feels dry. I feel a little queasy in my stomach.

S In what way?

E IDK, I sort of feel like throwing up, really bad. It feels like I'm sweating a lot now. I sort of feel, IDK, not as comfortable, you know.

E In what way?

S I feel tension. Maybe it's just because I have to go to the bathroom, real bad. Ah, I feel really warm and sweaty, real hot.

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- S Sort of picturing how nice it would be outside in the cool air. Like it's really warm in here, man, it feels really warm.
- E Could you describe the image in more detail?
- S Oh, I'm just walking around outside where it's cooler, just hot in here, and stuffy.
- E In what way?
- S Just hard to breath, just feel real warm.
- E What's happening?
- S I've just got to go to the bathroom, real bad. And I feel warm and funny, IDK. I feel like I'm hot, I'm sweating a lot.
- E Can you close your eyes again. What are you seeing now? What's happening?
- S IDK, I'm just starting to feel warmer and warmer, or more hotter and more hotter.
- E Can you describe that in greater detail?
- S It feels like my forehead is really sweating, my palms are wet. It feels like it's warm in the room.
- E What are you seeing?
- S I've just got to go to the bathroom, real bad, IDK, like I don't care anymore. IDK if it's from the liquor or what.
- E You think that you really have to go?
- S Yah.
- E Can you last another 10 minutes?
- S No!
- E Sure?
- S Yah, I got to go.
- E OK (They both leave the interview room to go to the bathroom.)
- E OK, we've only got about 10 more minutes, but I'd like you to lean back and close your eyes, describe the images that come to you, and the emotions and feelings that you feel along with the images.
- S I feel kind of strange, like right now, I'm still kind of floating. Ah, sort of feeling a little cooler now, sort of, IDK, maybe shivering, but...
- E Could you describe that in greater detail?
- S I feel cooler, I don't feel as warm. Don't feel as warm anymore.
- E HOW ARE YOU FEELING?
- S Hmm, better, ah.

- E In what way?
- S Oh, I just feel different than I did before, I don't feel as warm, I feel cooler. My stomach feels better now.
- E What are you seeing?
- S My mind's still, ah, just going from thing to thing. It's not like stopping at one thing to focus. Now I'm starting to feel a little warmer. Certainly feel relaxed. Working, ah, picturing what I think tomorrow, like what I would like to do if it's a sunny day, laying on the grass, just relaxing.
- E What's happening?
- S Like I feel tension, ah, in my forehead. I can feel, like a little bit of a headache. But I still feel relaxed.
- E What are you seeing?
- S Just sort of empty now. I'm really not picturing anything. Just sort of concentrating on the noises around me. (No noises are picked up on the microphone at this time.)
- E What are you seeing?
- S I'm still, like, not focusing on anything in particular, just just sort of like letting my mind float.
- E OK, just wait for images to come to your mind and describe them as they appear.
- S I still picture, like, a warm, sunny day, you know. Cool grass. I picture, like what the weekend's going to be like. I picture being in bed right now, just sleeping, just relaxing.
- E How are you doing?
- S OK, feel relaxed, like I still have a little bit of a headache in the forehead. Feel very relaxed, calm, sort of, I don't feel as warm, but I still feel warm. I don't really feel sweaty now, just maybe in my palms, but not in my forehead.
- E What are you seeing now?
- S Just picturing what it would be like right now to be in bed sleeping.
- E Could you describe that in greater detail?
- S Sort of like, IDK, I don't picture myself, well, riding back to the dorm, just feel like, flicking myself right back to bed and falling asleep.
- E What's happening?
- S I feel like, ahm, IDK, I'm not as warm, I feel like I have a little bit of tension in my forehead, maybe like I'm coming down with something, I don't feel as...
- E In what way?

S I don't feel as warm as I did before, I don't, IDK, as busy, I still feel relaxed, but not as relaxed as I did before. Not as warm as I did before, but I still feel warm, I still feel sleepy.

E What are you seeing?

S Just sort of picturing things back in reality now, like, sort of focusing more on school, and things I'm going to be doing in the summer sort of slide away. Just picturing more about school, what I'm doing at school.

E What are you seeing?

S Ahm, just a picture of myself getting back to the dorm, putting my key in the door, just walking up to the bed, falling into bed and going to sleep. It feels like my body's asleep, but my mind's still still going sort of thing.

E Could you describe that in more detail?

S Like, IDK, my body feels very relaxed, but my mind, my mind's still thinking hard, ah, just thinking things out, just, IDK, just going from thing to thing.

E OK, our time for the interview is up, you can open your eyes.

SUBJECT NUMBER 22: SESSION 2

E OK, LET'S BEGIN THE INTERVIEW.

S OK, fine.

E Perhaps for this part of the session, I want you to lean back in your chair and just close your eyes. I would like you to describe any pictures or images that come into your mind's eye. Also please report any feelings, emotions, or sensations that come to your attention. I want you to describe all that you see and feel without omitting a thing. What's happening?

S Oh, right now, I feel anxious. I really can't...

E Anxious in what way?

S As if, oh, something was happening that's never happened to me before, and I can't really explain what it is, it's just something new. It's happening and I'm watching it, you know.

E What are you seeing?

S Well, I can't, can't really make anything out. Oh, it's almost as if like, ah, you know, someone's listening to me, but I don't want them to hear what I'm saying. Ah, I try to keep it a secret from them, something like this. And you know I come..

E Secret in what way?

S Well, it's, in the sense that, as if, we shared something and it's something that would have been kept secret, but if the other person hears me talking about it, it would bring about embarrassment on both parts. Ah we're into something that I know if I say it, you know, whatever it is, then it'll make me think of things and I'll be embarrassed, and if a certain person hears it, then that person may be embarrassed also.

E Can you describe this feeling of embarrassment in greater detail?

S Well, IDK, it's, it's like something that's taken me by complete surprise, you know, and, but I'm kind of sitting here thinking about it, figuring what's going on, and why it's happening. When I think about it, a lot of the implications and what other people might think about it, it just embarrasses me. I think in a sense, well, I'm sort of flushed as though I don't want anyone else to know, but I guess I want to say it too. But then that brings on the embarrassment. Well, right now I feel really good, I feel a little bit warm.

E You're feeling warm, in what way?

- S Well, it's just that I can feel the heat travelling around in my body, and I feel good like, well, I'm, like, I'm anxious and I'm looking for something to happen, but I'm not sure exactly what's going to happen, but, ah, it's, it's a good feeling inside.
- E Can you describe that feeling of anxiousness inside in greater detail?
- S Oh, let's see, well, to describe it, it's like I have the feeling that something is going to happen, something, you know, that I'm not used to happening, but I don't know exactly when it's going to happen, but I'm just counting the seconds off until it does actually happen. And, so, it's as though I know an experience is going to come and I can't really understand what kind of experience it is, but it just makes me want it to come all the more faster, so that I will understand, so that I'll know what it is, so that I will understand. It's just...
- E How are you doing?
- S Well, I feel really good, but, you know, I feel, well you couldn't call it anxiety, but the anxiousness, I guess, of waiting for something to happen. Well, it's as if I'm on edge, you know, just sitting here and taking everything in. I, well, for some reason, this nervousness, well it's kind of hard to describe, because I don't really know why I'm really on edge, in a sense, so I'm hoping that I'll catch everything and not let anything slip past me, so I won't miss anything. It's almost as if I really want to do something, but just, I don't quite know how to go about doing it.
- E What's happening?
- S Right now, I feel kind of calm and I'm trying to, I'm wondering why I was feeling anxious and nervous. It seems like right now I'm relaxing, and I'm just in general feeling good. Almost the same as if I was, well, ah, sitting somewhere, and ah, I guess relaxing and taking it easy. Or sitting out, watching out the window at people going by, or listening to some music or something like that.
- E Can you just wait until images come into your mind's eye and then describe them for me?
- S IDK, it's really strange, when I sit here and think about and listen to all the different sounds that come. It's, well, it's, I don't hear any music or anything like that, but it's sounds as though it were the wind or something like that. Yah, when I listen to it, it reminds me of "2001," when I think about the different, oh IDK, that choir that was going through the different chants and stuff. The whistling sound, it has a, a rhythm to it, you know, it's not just irradic or random.



E HOW ARE YOU FEELING?

S Oh, calm in one way, I'm relaxed, but also I feel kind of different, or strange.

E Strange, in what way?

S Well, I'm so, it's like I know that something is going to happen, like I said before, I don't know exactly what it is. I feel like I'm in, in someplace where I've never been before, it's almost like a special dream or something where I haven't been there before, but if I think about it hard enough, I can see where I am and understand what's going on.

E Can you describe that dream in greater detail? What are you seeing?

S Well, let's see, I can see myself sitting down, on, listening to some music or something like that, listening to some music. I feel relaxed and able to get into the music, but it's as if, as I listen to the music something seems wrong and it's drawing my concentration away from listening to the music.

E Wrong in what way?

S Well, not necessarily wrong, but something is different, it's some, some external stimulus, something is happening around me that is drawing my concentration away from the music and making me wonder why I'm sitting there listening to the music. And, I wonder why am I there, period. And it's...

E What are you seeing?

S I see, ahm, I see a nice big room with myself sitting in there, and right now I'm alone in the room, and I'm just, I've never been in that room before, I can't remember seeing it any where in particular. I just, the whole room is strange to me, I guess, but it it's, the room itself is drawing away from my concentration. I'm looking around at different things to see if there are any clues as to who would have been in the room or, you know, who this room might belong to, or something like that. I guess the person or whoever owns the room might not appreciate being there, and might not, ah, well yah, might not really like me in particular, especially when I'm just sitting there enjoying everything. Then I feel suddenly sort of, sort of good inside. It's almost as if, like I, as if I was depressed and then suddenly all of the depression is gone, and I feel like for whatever reason I was depressed, I realized that it was just silly, and, you know, I had no real reason to feel that way. And now, I can just let out a sigh of relief, because like I'm with it too, and if I'm ..I'm just like anyone else, as good as anyone else. And not worry about all the other little things that usually bother me. I can't get over that feeling of anxiousness, though, it's as if I'm in that place and for some reason, it's like my conscience keeps telling me that I shouldn't be here, you know, all the surroundings are different, new to you, you no longer understand, you know that something

is wrong but you don't know what is wrong, but something is wrong so you'd better look out and keep on your toes. I feel like, if I can just describe it as anxiousness, because that's the closest word I can think of that fits the feeling, and it's, you know, where things seem to be going too well, it's time to stop and look to see why they seem to be going so well. Because ordinarily things don't go like that, so there must be something, something that's going to happen. Now I just feel kind of good, good inside, I feel, well, really strong and, I feel that anxiousness where I don't know what's going to happen, but then there's a feeling that whatever happens, I can deal with it, or cope with it, so I don't really...well, for awhile there I didn't really know if I could cope with something that really surprised me, but now I feel like I could cope with it, no matter what it was. And so my anxiousness has kind of is on a small decline, as if I could almost, you know, talk to anyone or let them know how I feel about things in general. Take whatever comes.

E HOW ARE YOU FEELING?

S Oh, I feel, well, kind of well, like apprehensive, where, like I feel that whatever comes I can deal with, but because I don't fully understand what was going on I'm kind of cautious.

E Cautious, in what way?

S Well, it's too, you know, I, I, since, it's like a feeling like I was in a situation where I didn't know, you know, that I was in a new surrounding and I didn't know everything that was going on, and I felt like I was in a position where I could deal with it, but yet, I didn't want to let anything slip past me, so I was sitting down and trying to analyze everything that was happening step by step so I'd be fully aware so that nothing would catch me by surprise. Or so whatever happened, or was going to happen, it wouldn't, you know, throw me off too far and wouldn't really confuse my mind. Of course, I'm, usually a very anxious person, and right now I can feel the, the uncomfortableness. Like in many situations I'm uncomfortable when I don't know, you know, it's that feeling that something isn't right, or it's something different and I don't understand it, and so it just makes me feel, ah, not at ease at all. It's interrupting with my relaxing state, or with my positive state, and making me more on guard and like a little more cautious as if I were in a tough spot and looking for every little thing.

E What are you seeing?

S Ah, I see myself in a room, ahm, there's another person in the room ...a woman. She's, ah,

E What are you seeing?

S Right now, just, I'm in a room and as I said before there's another person, a woman. And she's, she's pretty nice looking. And, I guess, myself I feel kind of uncomfortable, because I kind of wonder, why I

should be there in that room with the woman. And I feel, at times, comfortable where I'm willing to take anything on, and at times, very un-at-ease as if I don't know what's coming off. I'm afraid that I might get caught up in something that I can't deal with and you know, like, it might be...a real, real shock to me. It might totally mess up my mind and I won't be able to function right. If, I keep feeling like there's something wrong where I shouldn't be there in the room with that woman, because, seems very nice, but I'm not used to having things happen to me that way, and I'm not used to it, I feel very apprehensive, why should this being happening to me like this, what exactly is going on? It's almost as if, when I meet a person, and, and if, I'm feeling in a way, you know, as if why would anyone like me or take to me and for some reason or another which I can't understand the person just seems to take to me and to like me. I kind of ask myself the question why, what do I have, what did I do or say to make that person like me or accept my views, it's just I can't really figure out why. Because I don't know what it was in me that made that person attracted to me. It, it frightens me, what, she seems to be accepting me but I don't know why and if I can't find out the reason why, usually when I can't find out the reason why, it really gets to bothering me. I start to going through trying to analyze it and trying to figure out why she, there's got to be a reason. And maybe if I think about it long enough, I'll be able to figure it out and be able to understand it. But at the present I can't understand it, and like it occupies my mind like everything was outside, you know, like I have to deal with that particular thing. I feel good, and yet it was very uncomfortable at the same time, because in these surroundings, I can't figure out what's going on, can't understand why I'm in this particular room.

E HOW ARE YOU FEELING?

S I, ah, well, it seems to me that I'm still anxious, no, that's not a good word, very, well very excited, almost. Where...

E Excited, in what way?

S Like, I can't fully, it's as if, almost as if I was going to ride on the roller coaster for the first time, like I have the feeling that something really great is happening, or is going to happen. I don't understand exactly what it is, but, ah, even though I don't know what it is, I'm trying to figure it out. I'm looking forward to it, you know, because I have a feeling that it's going to be something great, something that'll really surprise me. And, so I feel really, well it's kind of hard to put in words, but I'm looking forward to something happening, but, there's a slight fear, because I can't figure out how or when it's going to happen. I just know that something's going to happen that's never happened before. And so, I'm really looking forward to it, though, yah, excited, I guess that's the best word to use. Excited, just wanting it ot happen sooner so I won't have to wait so long.

E What's happening?

S Well, it's; suddenly I feel almost as if I was on, say if I was on a diet and I see something that I really want, but I know that I'm not suppose to have it, it's something, you know, for some reason or other, it wouldn't be right, I'm not suppose to have it, and I know I want it, my conscience is saying, well, no that just isn't right, I'm not suppose to, you know, it's just not right. And so, there's an uneasiness there, where, well there's like a conflict where I want to take it whatever it is, but I just my conscience keeps saying, "No! no you shouldn't." So, just, kind of feel battled back and forth. And when usually I have something like that in my conscience, since it won't let me forget about the uncomfortable feelings or the wrongness, or the unfamiliarness with the situation, it will usually win out, and makes me forget about the other thing. So...huh, can't make the analogy less...

E What's happening?

S I feel almost, well no, it's as if I can see myself like sitting on the couch and talking, talking to the woman, and then I feel really good because I really feel like, you know, like I'm worth something because I'm conversing and it seems like they're accepting my communication, and yet, I feel afraid, because I wonder why, you know, she is accepting me or my, what I'm saying. Since people haven't, some people, since not that many people have accepted what I've had to say before, there, you know, I just get a feeling like things are just going too good. And, and since things don't usually go that well, something had to be wrong somewhere. Ohh, you know, some, something's underneath that's going to reach out and surprise me, or, so I'd better look out for it. And I can just feel, it's almost as if, like in my karate class, you know, where you sit down and it's almost as if the goal was to make your mind one with your body, so that, when you have to do anything, since your body and mind are one, your body can react without you even physically thinking about it. And I like to get into, think about that, where I could react in any situation and fully take everything in so that nothing could take me by surprise, because I would be always prepared. I feel that, that I'm not fully prepared, there's ah, there's a game being played and it's almost like I'm the pawn in the play. And IDK why, and yet I do know that the feelings are good feelings. I really feel good, excited, tensed up, and yet there's something else there that keeps holding me back, that just won't let me give of myself fully to the other good feelings; it's apprehension that something is not right. And usually, if I go into something like that without thinking about it, then I'll regret it. So therefore, I should try to figure it out before I, so my actions won't end up backfiring, or doing not what I intend to do.

E HOW ARE YOU FEELING?

S I feel...the area, very apprehensive.

E Apprehensive in what way?

- S Well, it's like I can't let myself go, I can't feel, or...I can't it's always, you know, what we really like to do, we can't do, it's, it always seems as if the right thing to do is just the opposite of what we really want to do. That makes it so hard to do the right thing.
- E Are you describing what's in your mind's eye?
- S Yes, I'm sitting there and I wonder, you know, I say, "well shoot, I want to do that, I feel good, I can converse, I feel worth something, I feel loved, and yet there seems like there's something wrong with that. And that, it's coming so easy and things aren't suppose to come that easy. You know, you usually have to really get into them into something and work at it hard, but because it seems to be coming so easy then, you know, just, just automatically the feeling of, of apprehension develops. I wonder why, or you know, just there's a conflict there because you know, hey the feelings are nice, they're good feelings but yet. You know that they don't usually happen. This is something out of the ordinary, and therefore you have to look out ...and if, you know, almost to the point where I'm so uncomfortable at the situation, I feel loved and I want to give live, but yet, I can't let myself go. I have to, maybe I can go away and, and come back, go away and think about it and come back and analyze the whole situation.
- E Are you describing what's in your mind's eye?
- S Yes. I, well, to put it into one, well, actually, what's in my mind I'm sitting there in the room and like I look across and see this person sitting there, and as much as I would like to feel comfortable, I can't. It's just, just, my conflicts just won't let me feel comfortable. Because I know, if I could get rid of the uncomfortable feelings, that I would really feel good. That it's really confusing me inside. I, I, I'm a person that doesn't, can't react, or can't respond to anything when they're full of confusion. I have to figure everything out and know fully well what I'm getting into first before I'll take chances. And, and if there's the least amount of anxiety there, then I just can't make myself do it. I just have to think this out first, because I can't, I can't handle that, I can't go into a situation not knowing exactly what's going to happen, not, feeling so strongly that something just isn't right. I know something isn't right and therefore I shouldn't be there in that situation. It's wrong and if I can't understand it, then to keep from doing something that I'll regret then I'll have to, have to leave. Give some kind of excuse and then leave and get out of the situation, but still I can figure out what's happening and get myself all together.
- E Are you describing what's in your mind's eye?
- S Well, these are, I guess, thoughts that are running through my head. I can really see myself sitting there, it's happened like many times where I'm sitting in a room talking to people, or conversing with

them and everything seems to be going just so well, just beautiful, but I guess, they, it just makes me like mad inside because I can't fully enjoy the actions that are happening. Because I'm, well, I wouldn't say a cynic, but, things are just going too well, and I can't let myself go and really go all out and get into them, to the actual situation. I have to hold back. And I know that many times I get into that, and I say well shoot, put all those thoughts aside and get into it, you know, it might be good, just give yourself a chance, but, there's always that, that conscience there that says, "No!", "no, that's not right, and you know it's not right, and since you can't understand it, it's best that you wait until you do understand it."

E What are you seeing?

S I see myself...in a room. I feel accepted.

E Accepted, in what way?

S Where, it's like where I'm talking to a person and that person is receptive to me, where whether the person is agreeing with me or not, I know that I'm being heard, and it's a good feeling to know that someone will listen to you and take everything in that you say instead of ah, like talking to someone and you see them day-dreaming or, ah, off on something else that has nothing to do with you, or why you're there.

E What are you seeing?

S I see a...a very...a beautiful, a beautiful woman and I'm kind of shy, and I sit there and I wonder what that beautiful woman could possibly find interesting in me, because when I look at me in the mirror, I just see ah, a person who's a simple, a simple regular person. Nothing very special, and she looks special and so I expect that if she were interested in someone they would have to have something special about them. And, I, I can't see anything special in myself. And so I wonder why, what she finds, you know, what she finds about me that's, that is special and would make her receptive to me. Because there are so many other people out in the world, that why me of all the other millions of people. Or, what was it.

E That concludes our interview for today.

SUBJECT NUMBER 24: SESSION 1

- E OK LET'S BEGIN THE INTERVIEW. For this part of the session, I'd like you to lean back in the chair and close your eyes. And I would like you to describe any pictures or images that come into your mind's eye. Also please report any feelings or emotions that come to your attention, I want you to describe all that you see and feel without omitting a thing.
- A Ahm, I, ah, I'm thinking about this girl, a lady.
- E Hmmhmm, can you describe this in greater detail?
- S An elderly lady, middle aged. A motherly type, not that old, good looking, nice build (giggles) kind of sexy. Ahm, let's see, she had auburn hair and brown eyes.
- E OK, for this part of the experiment, let's keep your eyes closed, lean back in the chair and just keep on describing things that you're seeing and feeling, emotions, and stuff. Keep your eyes closed, like that, and just let images come to your mind, describe what's in your mind's eye.
- S I get a bad feeling about her.
- E In what way?
- S Uneasy..kind of a quilt complex type.
- E Hmmhmm, could you describe these feelings in greater detail?
- S Ahm, like I did something that I shouldn't have. You know, did something wrong. A sense of quilt I suppose, that's about all I can say, uneasy, IDK, (??).
- E Just like wait for something to come into your mind's eye, an image or picture to come into your mind's eye, and when it does, just describe it for me.
- S There's a (??)
- E What's happening?
- S Ah, a buzz.
- E Could you describe the buzz?
- S A passenger bus, a city type bus. She didn't have any money, she had lost her purse. I had a \$10 bill and I paid her way onto the bus. She asked me to come back to her apartment so she could pay me off. Heading back...thing developed kind of bizarre.
- E In what way?

S Hm, sexually oriented.

E Could you describe that in greater detail?

S Well, she seemed awfully friendly, she put on some records and we danced a little bit. Just she was super friendly and she was kind of arousing me, I suppose. Then the telephone rang. I was thinking about a whole mess of things, first I was getting carried away and then I was thinking about, you know, that what I was doing was wrong, I just fell guilty about it.

E Hmmhmm, in what way do you feel guilty though?

S Well, she was a good looking middle aged woman, but it was like thinking there though, what would her husband say, she had children, things like that you know, just didn't feel right after a while. At first it was all right, but at the end I was looking for an excuse to get out, you know. (???)

E Are you describing what's in your mind's eye?

S No, I'm just, feel guilty you know. IDK...I'm very uneasy. It's nice, but IDK.

E Are you describing what's in your mind's eye?

S Well, I'm thinking about it very heavily, but that's about it. IDK, I just feel bizarre about it.

E Can you describe this feeling?

S Uneasy, itchy type, you know, sweating a little bit, hesitant to talk about it. (E Hmmhmm.) Just uneasy, you know.

E Just wait for things to come into your mind's eye and then describe them for me, you know, and try to say as much as you can about them and just how you're feeling, emotions and sensations that come along with it, just describe them. How are you doing?

S Fine. I start getting comfortable about it, you know, and then I get a lapse of guilt. (Sigh)

E What's happening now?

S Just thinking about the apartment.

E Can you describe that to me?

S Well, the couch, (??), ahm, nicely furnished, stereo-type record player. Bathroom, you know, nice cocktail room, lamps, soft carpeting.

E HOW ARE YOU FEELING?

S Now that you bring it up, I feel guilty again. She made it... you've done something wrong, and yet she was the one that made almost all the advances, so to speak you know.

E Are you describing what's in your mind's eye?



- S Yah.
- E What's happening now?
- S She's very friendly, but I'm just hashing it over, you know, and debating myself was I wrong or right, or....
- E Can you explain these emotions and feelings that you're feeling right now?
- S It's hard to describe.
- E In what way is it hard?
- S Well, it's kind of like a block, you know, that..just feel very uneasy about the thought. It builds up nice and then it gets to a point where guilt starts again, you know. It's just bizarre.
- E Could you just wait for, like, images and pictures to come into your mind's eye and describe them for me?
- S A bus stop. She comes out, she's kind of sad, she says that she lost her purse. I come back with her to the bus stop. I reach for my wallet, in order to pay her way, and she asks me to come back to her apartment with her so that she can pay me back. While she goes in back to get some money, she asks me to look over her record collection. When she comes back she fixes me a snack, something to drink, offers me a drink. Then we dance. Very friendly, she's getting excited, the sense, she's sexually aroused, I suppose. The telephone rings. She goes to the phone and answers it. And I suppose that I'm thinking along the lines that she's thinking, her thoughts that she's thinking about her husband, feeling guilt feelings, analyzing the situation and thinking that if she's so much older than I am, you know, I think about the others she may be involved with. Something comes to mind about...person. Somehow I'm (?) related to ur, directly, you know, associated with this experiment.
- E Could you describe that in greater detail?
- S She's Mr. Grey's wife? Grey's wife, the mother of five kids?
- E What are you seeing?
- S The lady...
- E Can you describe her in greater detail?
- S Oh, nicely built lady, barely middle-aged, like, I wouldn't say, a little bit, thirty maybe, twenty-eight, thirty-two. Red hair and brown eyes, auburn hair I should say. Good looking, nice figure, nice curves. She's just l-A.
- E What's happening now?
- S Amazing! I feel guilty. Nothing happened, but I feel guilty, you know.
- E What are you seeing?

- S IDK, I just visualize what I've done you know.
- E What are you seeing, though right now?
- S Oh, visions of both of them. Uneasiness, churning of the stomach, I suppose, you know? (E Hmmhmm.)
- E Could you describe what you're seeing in greater detail?
- S Well, IDK, I'm visualizing the situation where I'd be caught, you know, it's just a picture, IDK, it would be a situation where he walked in and here I am with his wife, it would be, IDK, a bad situation, I suppose.
- E Is this what you're seeing now? Is this what's in your mind's eye?
- S Yah, yah, I would just, visualizing what would happen if he did, you know.
- E Could you describe this image in greater detail?
- S I just, you know, I see the apartment and he walks in, and what, I'm standing there stunned, what would I do?
- E What's happening now?
- S Hm, I'm listening, I can hear something outside (you can hear the playing of videotapes in the background of kids playing in the play room - Stollak's project.), kind of makes me feel a little jumpy.
- E HOW ARE YOU FEELING?
- S I've settled down, I'm all right. Relaxed.
- E Can you wait for images to come into your mind's eye and then describe them to me?
- S Well, along with the sounds that they're making outside, I think of why, him walking in, maybe in a bad situation.
- E This is what you're seeing in your mind's eye right now? What are you seeing?
- S Her. It's pretty scrambled, events jump around and let's see.
- E What was that?
- S Events jump around, you know, like I flash back and I seem like I'm at a bus depot and then I flash back and I'm at her apartment, and then another flash and he's walking in, and...
- E Eh-yeh. What are you seeing now?
- S Ah, just a second; the apartment again.
- E Can you describe what you're seeing now in greater detail?
- S Apartment. And dancing. I don't know. I don't know. Just there.
- E Are you still seeing the apartment?
- S It's wearing out it would seem. Not too much any more.

E How are you doing?

S All right.

E Ok. Just wait for something to come into your mind's eye' and when it gets there, describe it for me.

S By the river. And back comes the apartment.

E What are you seeing?

S I'm back at the river waiting something float downstream. And there's the bus depot. Leaves are slowly falling, the object in the river, back to the apartment. I'm walking in, it's lapses of, you know, it doesn't last. It's hard to keep a steady train of thought. Just bobbing around.

E What are you seeing?

S I'm not quite sure, sitting on a bus now, we're going into her bedroom after I got, arrived at her apartment.

E What are you seeing now?

S We're just walking in, things..

E Can you describe what you're seeing in greater detail?

S Well, I just, me in an embarrassing situation with his wife and finding out at that instant I know him, and it's his wife. It's guilt.

E Can you describe this feeling at all?

S It's bad. Uncomfortable, it's very uncomfortable.

E In what way?

S It's a sensation, you know, you feel like you're guilty because you've been thinking thoughts of what you might have done, but you didn't do it. I just feel guilty.

E What are you seeing now?

S There in the apartment, record collection, sofa, chairs, bedroom, partly furnished, it's nice. And then he comes in...

E This is all in your mind's eye right?

S Yah.

E What's happening now?

S My imagery is pretty blurry.

E OK, can you just wait until something comes into your mind's eye, and when it gets there, just describe it to me?

S I keep hearing these noises outside, it brings back the thoughts of him walking in.

E In what way?

- S Thinking that it's her, you know, uneasy. The noises outside sound like a lady's voice and I just visualize it as her, but he keeps walking in.
- E Are you describing what's in your mind's eye right now?
- S Yah. It's what's there. I can't tell if it's easing off or if it's nice (?).
- E What are you seeing?
- S And the voice speaks and sounds from outside and all of a sudden it's guilt, you know, I settle back to relax about the situation and think well, it's going to be all right, and then I hear something and it comes back, you know.
- E What are you seeing now?
- S Oh, light patterns.
- E Can you describe these in greater detail?
- S Hmm, colors, greens and oranges. I get to visualizing the bus stop, big, now it's faded, it isn't as brilliant as it was before. It's, you know, only certain objects seem to stand out.
- E Such as..?
- S Such as, ahm, wood bench type with, painted green and typical bus stop that I can associate it with, it's a bus stop sign and the lady standing in front of it. It blurred out.
- E HOW ARE YOU FEELING?
- S Guilty.
- E In what way?
- S Guilty, just, uneasy, sweaty type, you know, down in my socks and shoes, I feel guilty, and lapse of guilt again, and like I did something terribly wrong, yet I didn't go anything wrong.
- E What are you seeing right now?
- S Tha bus stop and some colors, patterns that fade in and out.
- E This is all in your mind's eye right now, what you're describing?
- S Right. I see visualizations as far as events that seem to have happened, and then it fades and I see nothing but a few colors or not a few colors but a few matter of fact, and then it comes back and then it's gone again, different, like at the bus stop getting on a bus, apartment, husband walking in, it's bizarre. IDK...
- E What's happening?
- S Oh, not too much, just IDK, I feel strangly.
- E In what way do you feel strangly?
- S IDK, it's whatever I've just taken or something, IDK, maybe it's the drug.

- E Can you describe this feeling that you're feeling in greater detail?
- S Light-headed, lofty, floating, very soothing. Causing my mind to work, then I get visions and I can feel parts of my body tingling.
- E Such as?
- S My feet..very distinctly in my feet.
- E What are you feeling?
- S Very heavy, heavy feeling and a warm sensation.
- E And what are you seeing?
- S A river. Walking alongside, very comfortable, very comfortable.
- E What are you seeing?
- S Leaves, it's a meadow. I'm laying in a meadow.
- E Are you describing what's in your mind's eye?
- S Yah. (Sounds exasperated) I'm laying in a fairly green meadow. And then the sound from outside makes me uneasy.
- E In what way?
- S I hear a woman's voice and I feel guilty.
- E So how do you feel now?
- S It's faded a little, all right, guilty. You ask me how I'm feeling and I feel like I'm guilt ridden, you know, like automatically there's a sensation or, boom brings it right to mind, and then, wow.
- E What are you seeing?
- S I did something bad, terrible!
- E What are you seeing?
- S I just visualize the bit of getting caught.
- E And you keep seeing that again and again?
- S Yah!
- E What happens? What do you see in the scene?
- S I just, I just, it doesn't carry through, it's like, I see Grey walking in you know, and the ultimate shock of him knowing that I was even considering something that I would not have done if I had known it's was, you know. I just look...
- E Can you describe what you're seeing in greater detail?
- S Well, he just comes through the door and I'm just standing there embraced in her arms you know...
- E And what happens?
- S He just stands there and stares and it's just like, it melts me or something. Then all of a sudden and I'm relaxed, I'm very relaxed right now.

E What are you seeing?

S Patterns of, not too, I'm not visualizing anything right now. A green color.

E Can you just wait for something to come into your mind's eye and when it does just describe it to me?

S A couch, a black couch. I'm laying on a couch. Very comfortable. Ah, it's just a great couch! It's gone, nothing.

E OK, just wait for something to come into your mind's eye and when it gets there, describe it for me.

S A beach, wow, laying on a beach. Just laying, comfortable, very comfortable, it's gone. Great feeling though.

E In what way?

S A buzzing like sensation, boy, a high, very, very nice, very comfortable.

E Hmmhmm, are you describing what's in your mind's eye right now?

S No, it's just a feeling. I'm really not thinking about it that much, but it's a feeling, you know, drowsiness, very very much drowsiness, my eyes feel like I could almost fall asleep, you know.

E What are you seeing?

S I see colors on the left, and the bus stop. Sorry, there's something about the bus stop.

E Can you explain that bus stop in a little more detail?

S Bus stop. Hard to describe. Just a green chair, bench type, waste paper baseket, paved street, on a sidewalk with a waste paper basket, er not a waste paper basket, a garbage basket, what ever you want to call it and a lamp post. And a bus stop sign. A wallet.

E Wallet?

S Yeh, she cared for my wallet. I don't know why. She wanted money.

E Who?

S This lady. She had lost her purse.

E You're seeing this is your mind's eye?

S Yeh.

E What's happening?

S We're on a bus. Go to a bus; get on; and pay her way; she's lost her purse. The sound that was then; outside the room and it makes me a little guilty.

E How are you feeling right now; HOW ARE YOU FEELING?

S Very guilty. It's a sensation I get when I feel guilty; I get a tingling all the way up from my toes through my backbone and I really feel guilty.

E In what way?

S Like I'd like to dig a hole and just crawl into it, you know, and... I did something wrong, but I haven't done anything wrong; but I feel like I've done anything wrong.

E What are you seeing right now?

S The lady. The I hear the sound from outside again and I feel guilty. And I don't know, you know, it's, I mean, it's just, I've done you know, Very uncomfortable feeling, very uncomfortable. Very relaxed again, very relaxed.

E What are you seeing now?

S The beach; and the bus stop, That's what I see, the bus stop. The apartment. And him walking in.

E It seems like you keep seeing it over again.

S Constantly; over and over and over...

E Can you describe this scene again? Maybe in greater detail?

S Well, the door opens, and he's standing there. I just, I see him standing there. It's somebody I know. And yet I haven't done anything. But, you know, I, it's just that I was thinking and I feel so guilty. But yet I haven't done anything. When I'm there, and I'm thinking that I did think of -- oh! Guilty.

E All right, what are you seeing right now?

S Him just standing there, starring at me.

E What else? Can you describe this scene in greater detail? What else do you see?

S Her. She's just standing there too. It's weird. I just feel like if I had been caught, you know, it would have really been bad news. Now I see green color. It's gone. Very comfortable. Very comfortable. Dozing, you know what I mean, just feel like eh.

E What do you see?

S I'm looking up at the sun, like I'm at a beach.

E Are you describing what's in your mind's eye?

S Yes sir.

E What do you see? Can you describe what you're seeing? The scenery around?

S Ahh...looking out over an ocean; at a bus stop; oh, shit. A bus stop. Excuse my language.

E It's all right.

S It's hanging over me, you know.

E You're plagued.

- S I don't know. Like I should have just walked on by or something and not got involved in something. You know that I didn't do! But I didn't. Well, I keep fading in and out.
- E What do you see?
- S Different events.
- E Can you explain these?
- S They're connected with this lady. And then, I jump off on far fetched things, like a river. And a beach, and a meadow. And these things are flashing in front of me, you know, and yet I haven't done it but I'm thinking it. And then I hear voices and I get very paranoid. (You can hear voices from next door.) Very paranoid. I feel these chills going all through my body. I don't know if its from out in the hall or what, but I do feel very, very, very uneasy.
- E Can you describe this feeling in greater detail?
- S Oh. Very, very, uneasy; scared.
- E In what way are you scared?
- S Frightened; very frightened; it's just a feeling of aloneness and not knowing how to combat what's you know, the forces that are coming at you, you know, you don't know what to do with the situation at all. I hear the voices again and I get chilled you know, it's bizarre, really bizarre.
- E Bizarre in what way?
- S Well, the sensations in my body you know, it just...I don't really know what it is.
- E What do you see? What are you seeing?
- S I just hear the door slam and here's this guy standing right there, you know. It's him, and he's standing there and...
- E What's happening?
- S He's just looking at me, just looking; that's all he's doing; just looking. It's gone. Comfortable again. Very comfortable. And then I hear a voice--oh, no--I don't know where is this coming from?
- E Can you describe that voice in greater detail?
- S It's the voice of the lady, you know, it's just--I hear it outside the room some place; I don't know where it's at but, I get a guilt sensation when I hear it, you know.
- E What are you seeing right now?
- S Now, nothing. I don't hear the voice I'm faded out. I get a lapse of eh, when I hear something outside the room, it sounds like a lady's voice or something. And I picture myself in a situation where he walks in the door. Now I see nothing. Very comfortable.
- E In what way?



- S Ohh...just very comfortable just feel like I'm floating.
- E What are you seeing?
- S Not too much; well, the bus stop. The bus stop is there again.  
Thinking about an apartment. With her in it. (?) Very comfortable.  
Now I'm in the middle again. Sliding in the middle.
- E What do you see?
- S Blue sky; (?) white clouds; few trees along the river bank; playing  
in a meadow; playing and falling down.
- E You can open your eyes now. This part of the interview is over.

SUBJECT NUMBER 28: SESSION 1

- E OK, LET'S BEGIN THE INTERVIEW. For this part of the session, I'd like for you to lean back in the chair and close your eyes. I would like you to describe any pictures or images that come into your mind's eye, also please report any sensations or feelings and emotions that come to your attention. I want you to describe all that you see and feel without omitting a thing. What's happening?
- S I'm drawing a blank.
- E What's happening?
- S Nothing.
- E Nothing in what way?
- S I'm thinking of nothing, IDK.
- E You don't know? What's happening?
- S Kind of up tight.
- E Up tight, in what way?
- S Just realizing that things are just all pushing in at once.
- E Pushing in in what way, can you describe that?
- S It seems like everybody wants something. Classes and friends. Can't be everybody's (???). I might as well quit.
- E Quit in what way?
- S Just let things slide for a while.
- E How are you doing?
- S IDK, kind of confused.
- E confused in what way.
- S Feel like I should be saying something and that something's there, but I just don't know what it is.
- E Can you describe what might be therein greater detail?
- S Can't make it out.
- E What's happening?
- S Starting to loosen up. Like I'm floating in air.
- E Can you describe the feeling of floating in greater detail?
- S Spinning slowly, like I'm on a merry-go-round.

E How are you doing?

S Fine, just great.

E What's happening? You just wait for images to come into your mind's eye, or feelings and explain them for me?

S It's kind of scary, but

E Scary in what way? Scary in what way?

S I'm trying to blank it, not thinking of nothing right now, except finishing up this experiment (?). Like I'm standing on my back (?).

E Can you describe that feeling of standing on your head in greater detail?

S I feel like everything's just working up this way, everything's going to my head. Just my mind's very relaxed but my head's really up tight.

S Up tight, in what way?

S Like a throbbing, pushing too hard to think.

E HOW ARE YOU FEELING?

S Up tight again.

E Up tight in what way?

S Feeling whatever's going on, confused, my mind feels empty.

E Confused and empty, in what way?

S There's nothing there, no thoughts. I was thinking about the fact that I should be thinking of something, but I can't think.

E Can you just wait for images and feelings to come to your mind's eye and then describe them for me? What's happening?

S I feel myself looking at, turning over and doing somersaults. I'm spinning.

E Spinning in what way?

S Well, like I want to cut loose and fly. My arms feel really light. Kind of relaxed again.

E How are you doing?

S Good.

E Good in what way?

S I'm loosening up all over, I haven't a care in the world. I'm just getting fine (?) now that's all that matters. It's kind of nice just now, not worrying about anyone. It's as though things have been erased.

E Erased, in what way? Could you describe the feeling in greater detail?

- S I just feel as though I had no memory right now, can't think of anything.
- E What's happening?
- S A lot of pressure on my head.
- E Pressue in what way?
- S Feel something pounding inside my head.
- E Can you describe that feeling of pounding in greater detail?
- S It's as if somebody was driving a hammer right through my forehead. From the inside, as though it were going to break out. It's really strong and then it kind of loosens up and then it goes back at it again.
- E What's happening?
- S IDK why. I feel like I want to fly.
- E Can you describe that feeling of wanting to fly in greater detail?
- S I want to be free, so loose, great, not worrying about anything, just floating through the air, feel the breeze in your face.
- E Are you describing what's in your mind's eye?
- S Yah, I feel like I'm floating.
- E What was that?
- S It's great.
- E Great in what way?
- S Things are starting to stop in my head and my arms are getting heavier.
- E Can you describe the feeling of heaviness in your arms in greater detail?
- S It's like lead, it just wants to stick to the chair, IDK, my head's starting to pound again. I'm trying to drive something out. It's frustrating.
- E Frustrating in what way?
- S Something wants to come out, but can't find it, nothing there, it just keeps pounding, pounding away at my head.
- E What's happening?
- S Oh boy! There's so much pressure on my head. It's as if my head were going to split right open. It's getting to the point where it's painful. It's really painful. My arm's starting to get sore.
- E Sore in what way?
- S My bones ache. They just want to rest.
- E What was that?

S They just want to rest. Flying's too much for them.

E Excuse me, what was that?

S Flying's too much for my arms.

E Are you describing what's in your mind's eye?

S The pounding is starting to stop, it's loosening up again, it's not as painful. Feel scared that I'm all alone.

E Scared and alone, in what way?

S Nobody cares. Somebody rejected me.

E Can you describe the feeling of rejection in greater detail? And wait for any images and feelings to come to your mind's eye?

S I think that I'm afraid of (??), IDK.

E Afraid to let it out, in what way?

S I don't know what it is. And I'm afraid to find out, I don't really know why.

E HOW ARE YOU FEELING?

S Really up tight.

E Up tight, in what way?

S Like pressure.

E Pressure?

S I feel like I'm being pushed.

E Can you describe.

S Pounding again in my head, it really hurts.

E What's happening?

S I want to break away from this feeling, I'm uneasy and up tight and I don't like it. Worried about what's going to come up.

E Worried, in what way?

S Afraid to relax. Afraid to find out why I'm lonely.

E Can you describe this loneliness in greater detail?

S I'm all alone, it seems, and nobody cares. Nobody wants to sit down and help. It's like I'm walking on the street and nobody's looking.

E What are you seeing?

S I see myself in a room full of people and everybody's laughing, laughing at me!

E Laughing at you, in what way?

S They're being derogatory. (???)

E What are you seeing?

- S I see myself running away from people, like I've been hurt, like I've been rejected.
- E Rejected in what way?
- S Somebody's said "no."
- E No? What are you seeing or feeling?
- S There's something that I wanted really bad, but I didn't get it, and I don't know what it is.
- E What's happening?
- S There's that pounding, my heads pounding again. I feel my body tightening up.
- E Tightening up in what way?
- S It's just knotting up, I feel so heavy, like I couldn't get out of this chair if I had to. I'm so tired.
- E Tired in what way?
- S Tired with the way things are. I feel myself in a rut. Myself, I'm so far under, I don't know if I could ever take back out. So much to do, and nobody wants to help. I want somebody to, IDK what I want, I'm not sure, I'm really confused.
- E Confused, in what way?
- S I don't like to make decisions. It's times like now that I can't be sure.
- E What are you seeing or feeling?
- S I see somebody standing there in my way, I don't know who it is though. (??) It's just...
- E What's happening?
- S Somebody's shutting me out.
- E Shutting you out in what way? What are you seeing or feeling?
- S Feel like I look, like I ought to be running.
- E What are you seeing?
- S Take in, into my head (??). Somebody's trying to drive something up.
- E Drive something out in what way?
- S IDK, I can't describe it.
- E What's happening?
- S (???)
- E What was that?
- S Something's pounding in my forehead. It's trying to get out. I can't relax. I'm up tight and nervous.

E What's happening? What are you seeing or feeling?  
S I want to relax but I can't. I want to forget.  
E Forget, in what way?  
S Something happened that I want to forget about. I can't remember what it is.  
E What's happening? What are you seeing or feeling?  
S I see a girl. And ahm, what's she doing here? She wants it.  
E What was that?  
S She wants it.  
E What's happening?  
S She's moving away.  
E What are you seeing or feeling?  
S That I won't be around, she's leaving, she's moving away. There's the hammer again.  
E HOW ARE YOU FEELING?  
S Frustrated and up tight. I (???), I don't know which way to turn, or what to do.  
E What are you seeing?  
S (Something is said as E moves the microphone) it won't let up.  
E What's happening?  
S I forget, I want to sleep and forget about her.  
E What are you seeing or feeling?  
S Hurt.  
E Hurt, in what way?  
S Because I was rejected. She ran away, she left. IDK why, I'm confused.  
E Confused in what way?  
S Why she left me. That she went.  
E What are you seeing or feeling?  
S The hammer, it won't quit driving. It's pushing harder and harder.  
E What are you seeing or feeling?  
S I feel as though I'm going down.  
E Going down in what way?  
S Things aren't going good. I was put down. I don't understand that. She pushed me away. I want to relax but I can't, I'm so tight.

E What are you seeing or feeling? What's happening?

S That hammer, it's hammering, it's slugging me in the side. Wishing I could stop it. It's unbearable, I want to scream. I want to hurt her. I want to get even.

E What was that?

S I want to get even. (???).

E What are you seeing or feeling?

S A hammer, I can still see that hammer.

E What's happening?

S Too much pressure.

E Pressure in what way?

S I'm mad!

E Mad, in what way?

S I've been put down and I don't like it. Why didn't she want me? What did I do wrong?

E What are you seeing or feeling?

S I want to push back, back against that hammer.

E What's happening?

S (Heavy breathing is audible).

E What are you seeing or feeling?

S Can't see her. Want to get even. I want to hurt her like she hurt me.

E What are you seeing?

S Ah, I think the hammer's trying to tell me something. The hammer thinks that I should get even.

E Get even in what way?

S I want to hurt somebody, as I'm hurt.

E HOW ARE YOU FEELING?

S Tight.

E Tight in what way?

S I'm angry.

E Angry in what way?

S I'm angry because I can't get even.

E What are you seeing or feeling?

S (Heavy breathing).

E What's happening? What's happening?



S (???)

E How are you doing?

S Pain.

E Pain?

S It's unbearable. I want to shove back. I want to hit myself (??).  
I want to hit hard and harder and harder. I feel like doing something  
that I wouldn't want to do.

E Are you describing what's in your mind's eye?

S Yes.

E What are you seeing or feeling? What's happening?

S Now it seems to have let up.

E What's happening?

S (???)

E What are you seeing or feeling?

S I feel pain.

E Pain in what way?

S In my forehead. I want to forget, forget what she did.

E What are you seeing or feeling?

S

E That concludes our interview for today, you can open your eyes now.

SUBJECT 33: SESSION 2

- E OK. LET'S BEGIN THE INTERVIEW. Now for this part of the interview, I'd like ...(recorder static)...interests, or concerns, or feelings that you may be having. And,...(recorder static).
- S IDK, for some reason, right now, I feel embarrassed.
- E In what way?
- S IDK, it's just something that I did.
- E Something you did?
- S Something I did. I'm embarrassed to be around here right now. ...(static)... Some lady, she works here, she tried to seduce me. Being an amiable guy.
- E Hmmhmm.
- S Being a fool, I, I just started thinking ...(inaudible).
- E Huh?
- S She's swell. Then I found out that she's married and got quite a few kids. I don't want to see her again, you know, (inaudible).
- E You seem to be feeling a little frightened right now by the whole situation.
- S Yah, and I'm a little nervous, apprehensive. It's so embarrassing, I should never have gotten myself into such a spot. But I know many people who have, so...
- E You seem to feel that she has something on you.
- S Oh, yah. She's got that control on me, she could blow the whistle on me, anytime she wants. I like to control people, I don't like people to control me. Right now she's kind of controlling me. She can do just about anything that she wants..she can sue me, she can command, because she has that one thing over my head. That's why I know I shouldn't be here, that's why I'm a little apprehensive, I'm afraid that she might walk in.
- E Being here in this room?
- S I know that she's around here, som, she works in the psych department. I just don't like being around here, you know, just nervous about that. Because I'm sure if she walked in I wouldn't know what to say, and she could say anything that she wants to.
- E Hmmhmm.

- S I really, right now, it's the only influence on me. But, I'm kind of sitting on edge waiting, I almost expect her to come in here.
- E You seem to be giving a lot of thought to this, to this woman.
- S Oh, yah. Well, they, if somebody's got something that they can pin on you anytime they want to, I think that you'd, wouldn't you give a lot of thought to this?
- E Hmmhmm.
- S Because I'm the kind of guy, I get away with hell, I never get caught at anything.
- E Yah.
- S This is one thing I'm not going to get caught at, I'll go to extremes to prove a point, I don't get caught, I'll make sure. I don't know how I'm going to do that, but I'll figure it out my game plan. I'll get something going. I guess I'll just have to wait, I don't like to wait and stuff. You have to wait for her to come and make the first move.
- E You feel like you're waiting right now?
- S Yah. Just waiting for something to happen, and I don't like what's going to happen. I get this instinctive feeling that what's going to happen isn't what I want. What I want would be for her not to show up. But I don't know whether or not she's going to show up. I don't know (inaudible). So I'll just wait to see what she does, then I'll have to react to it. For all I know she's coming here with her husband and have a shotgun.
- E Hmmhmm.
- S Blow my face apart. Rearrange my facial features. Right now I'm staring at that door waiting for it to open. When it does I'm going to be a little lost, lost for words. Things are a mess.
- E In what way is it a mess? How do you feel like you got into it?
- S Dupped. Now that's embarrassing too, because I was duped and I realize it now. I was stupid, what a sucker! Come back to my room ...that whole thing was so corny, what a set-up. She didn't have any money for bus fare. What I can't understand is one part though. She didn't have any money for a bus fare, so I told her I would pay the fare, walk her to the bus and pay the fare, but she said, come back to the room, and I'll get the money for you.
- E Hmmhmm.
- S Then why didn't she just go back to the room by herself and get the money? I was duped. And then she got a phone call, and I don't have any idea who that was from. She changed into a completely different personality, just a set-up. She was completely normal until she got me inside the house. Then she came on as a completely different person. People who change like that also give me a little, ah, (???).

But she changed real abruptly then you don't know how she could change if she came in here now. That's for sure.

E You seem to feel pretty worried that someone is going to walk right through that door right now.

S Why? I have a great sense of self-preservation. If it comes down to me and her, then of course it's me, I'm number one. Oh yah, I'm worried that someone's going to come into this room. You see, that's just it, just waiting is the kind of stuff that bugs me. You wait, and for all you know you're worrying about something that's never going to happen. But if someone could this easily get ya, if she were right here now, I have no idea, how she could take me to court.

E In what way could she now?

S Hmm? Rape. The question is should I be going into all of this? Is this what I'm suppose to be talking about?

E Anything that's on your mind I want to hear about, you're doing fine.

S Well, she could nail me for rape. I...I can't afford to have this kind of stuff, how am I ever going to get into law school with a rape charge on me? Now you see, if I wasn't here none of this could ever happen, I'd be in seclusion, I'd hide for a while (???) I know if I can avoid her here I can avoid her on the street.

E Hmmhmm. You seem to be feeling pretty scared right here.

S Yah, well cripe she works here. How do I know that she's not going to walk in any minute. I do I know that you guys aren't setting me up? I'm very suspicious of you guys of course. Now see, listen to those footsteps! Can you lock that door?

E No, I don't think so.

S See, well, she could just walk right in while you've got me in this little room. You could kill me for all I know. You guys could kill me and then...then she saves her life and her husband gets revenge and I got duped! Just because I was trying to be Joe-nice-guy and give her some bus money.

E You seem to be giving a lot of thought to being, to being harmed.

S That's right! That was stupid. I should never have done that. Now I'm getting myself into a mess. All I was trying to do was to be a nice guy. Stupid! It pisses me off when I don't think, why didn't I even think of that might happen? When she told me she'd go back to the room, why didn't she get the money, why did she have to bring me back, she could have gotten the money. How dumb! I really get down on myself when I don't think when I should be.

E Hmmhmm.

S Sometimes I do the stupidest things!

E HOW ARE YOU FEELING?

- S Embarrassed that I ever got into this mess, that's ridiculous! She I hate, especially for a woman to treat you like that. I have to give her something, she must be a pro, I'm not the first guy, I'll bet. I'll bet she's got something else, because she's so good, man. She cried, she looked for real! At first I said, "Oh, all right," "yah, sure," you know, she said "come on over" (????) She's older too. Hangs around with the social elite. But, ah, I was stupid, man! She could just walk in here and make me, just make me look like an idiot. That's, she'd embarrass me thoroughly. She just walks in here and exposes all the cards--she made a monkey out of me. She made me, an experimental little chump! I did every thing she wanted me to. It's, it's just not suppose to work that way. I'm suppose to make everyone else look like a monkey. I'm suppose to control people, they're suppose to be on my strings. I'm not suppose to be dancing around like that. Dealt my cards (??).
- E You seem to feel like, ah, she had total control over you?
- S Yah, she does. There's nothing that I can do! Unless I kill her. But ah, that's not right. She can, you see, she can do anything she wants to within the law to really nail me.
- E Hmmhmm.
- S And I'd have to break the law even to come out on top. But that gives me no alternative because I disapprove of that. But if it ever came down to nuts and bolts (????). I could leave town, that's what I could do. Canada is nice, they say. And Montreal is suppose to be really clean. I wouldn't mind losing my citizenship, I'll tell ya, it's a lot easier than getting a (???) victim.
- E You seem to be awfully worried about what this one woman could do to you.
- S Well, yah. I've never, you see I'm new to these kinds of situations and, it's the first time for me really. I'd say that about 9/10ths of the stuff that you hear about has never happened. I always seem to get that 1/10th. And I hate getting caught at anything (????). My old lady used to do that to me all the time.
- E Used to what?
- S Run around. She'd hop out on a date whenever (???). I haven't let her get away with anything since. You know those kinds of people, you just got to win, that's all there is to it. There's no being a nice guy, or getting away from them.
- E Maybe you can describe that idea of wanting to get away from them...
- S Wanting to get away from what?
- E This older woman. Wanting to get away from the whole set-up. What feelings are you having?
- S Guilt. That's it, guilt. At first I had a lot of feelings about her at first when I met her. She was crying and everything and I felt

sorry for her (???) And then, ah, she said come on over and she seemed in a better mood, so I felt kind of good for her. It feels good to make somebody smile.

E Hmmhmm.

S And then she came out as a completely different person. I've forgotten how. Kinda, tried to wonder what's going on. And then, ah, maybe there's more of this than I can think of, and I say, "OK, at least you pulled something off right." And then, her thinking of cause and effect, consequences, and, she never thought of (???) and, her dish of, a good sense of morals was overwhelming. I thought I'd better get the hell out before I got in trouble. Well, now I feel guilty that I was over there in the first place. That I got suckered into it in the first place. Quilty and embarrassed, I guess. Embarrassed that some, supposed to be, smart guy gets duped like a chump... (???)...especially by a, IDK, I don't understand how that happened.

E In what way do you feel duped?

S She suckered me, man. I played right up to her. She just played this little crying game, it's easy to figure it can't be for real now.

E Hmmhmm.

S But then, I did everything she wanted me to. I came over, would have probably even gone ever further if the phone hadn't rang. Came over, played right, didn't even think, played right into her hands. Everything she wanted I gave to her...and everything. She had no problems at all. That's why makes me feel so stupid because then she feel o.k. That shows how much experience I have. I don't mind over-eating (inaudible).

E Hmmhmm.

S I really feel stupid to react to all of what's going on. I get a lot of people calling me stupid. I guess (inaudible)....how smart they were.

E Hmmhmm

S I grew up I had....3, 4 sharp girls...telling me how stupid I was all the time. I got back with her this term (inaudible) I dunno. Just lately it gets on my nerves.

E It looks like you'd like to get back at the people who make you, uh, look stupid.

S Yeh, well, they go out of their way to make me look stupid. Now that's fine. Like, I notice lately she'll go out of her way. Cause I took off; I left; out of state; I don't know what would have happened. But I took off and she didn't want me to do that. So you know she's gonna come back and make me look like a chump. Maybe either for coming over in the first place or leaving, not having the nerve to stay.

E Hmmhmm

S But uh, if it fits the one that I'm thinking of, I don't think she's gonna come over. It'd be real nice but ah apparently she didn't get what she wanted when I left. So she's trying to con me, to embarrass me, make me look like a chump for leaving. No reason I.... Seems like all these games, competitive little games played, mind games.

E Hmmhmm

S (Inaudible) To put it bluntly, she got me. And, uh, she won the battle. (Inaudible). As you can see, I'm a bore with most everyone.

E Hmmhmm. Well, what do you want? I mean like...

S I don't know. It seems like everybody's playing little games. You burn this guy and you get that guy and all these other (inaudible). I'll put him, pull the wool over him. In the end I'll get everybody. And they'll all be sad. Now see like with this lady. I gotta keep telling myself this, ya know, if you don't have confidence that you're going to win this little mind game, battle, this lady, she'll pull something... I'll get out of it some way. I manage to get out of most everything. See now I gotta just sit and wait for this lady to do something. Either that or I may just walk out completely... She may not even come in here tonight.

E

S Madder than hell.

E Are you feeling like she's gonna be coming in here pretty soon?

S I feel like she's sitting outside that door and just listening to all this.

E Hmmhmm.

S She's just waiting for the opportune moment. Walk in and say, "Hi, S, I gotcha." But uh, I don't know. See if I could see through that door or if I could predict the future; know right where she is right now...things would be a lot better.... Probably relax a little more.... Think up some meaningful nasty. Just, you know, the whole low down plot. Boy. I just don't know she's gonna do right now. So I guess I'm gonna have to sit home. If I can hang out for another week, I'm home free. I'll just leave for home; she'll be stuck up here.

E Hmmhmm

S Now, if I appear in long hair, of course, and she'll never recognize me....

E Hmmhmm

S She may leave...ya know?...or I may transfer. But I'll get out of it some way, you watch.

E You feel like you have to get out of it?

S Ya, I can't have people hanging stuff over my head. How would ya like her to come back 5 years from now, and remember that one night, well you're under arrest? I got enough things to worry about right now without having her on my back, coming over and saying, "Remember that one night, stupid. I got you now." ...No, I got a lot more things to do. I can't be bothered with that now. It's just gotta be eliminated one way or the other. Get it off my back so I don't have to worry about it. Saves me embarrassment too.... Saves me embarrassment, saves me guilt feelings. Gets her off my back. Then I don't have to think about it or don't have to worry about it. Don't have to wonder what she's gonna do next; don't have to wonder if she's gonna come in here now. Don't have to bother about seeing her on the street or in the psych building. I like that. Don't have to worry about moving.

E Maybe you can describe that guilt feeling now in a little greater detail. You're feeling guilty too, did you know that?

S Ya, more than not. I found out that I got the guilt feeling more after the whole thing was over.

E Hmmhmm.

S Cause right at the spur of the moment you've got everything you want available if you ask for it. Stuff never really hits you til after. I found out she was married and had four kids. 5 kids. Ah, Christ, you know what I did? That's dumb. If that guy had ever walked in right then. If word ever gets around that I'm doing this. Holy Christ. Not only would the police get me but my girl friend would just kick my ass. I can't have that kind of stuff going on. Well, see, I'm supposed to get away with it. I can play around, but she can't. She sits at home and reads the Bible. I go out and dance around at night. But I don't get caught and, but if she goofs around, she gets caught (?). I have this guilt feeling that I should sit home you know. I found out that she had five kids!

E HOW ARE YOU FEELING?

S Guilty. I'm telling all this to you, and I know that you know this girl, don't you?

E Well, what makes you feel that, that I know her?

S Somebody told me that. I can't, I, you know this girl, and you could blow the whistle on me too. That's why I feel suspicious that's why I feel guilty, and that's why I'm embarrassed. Other than that (????), that's something to think about. I just feel guilty, IDK, shouldn't have gotten involved. It's a mess. I was just minding my own business, so it's not my fault.

E Hmmhmm.

S Just come back from the library.



- E Are you feeling guilty because you feel like you were duped into the entire situation?
- W Well no, feeling guilty, because I found out that she had, if I'd, if she wasn't married and had five kids, I won't feel as guilty. IDK. And if she wasn't doing it just as a ploy just to ah, gee, if there was really something on her mind, besides seeing if she could talk me into it. I wouldn't feel guilty. But just that one, just trying to be able to use ya, just to say, ah, yah, I got him too. If she didn't have all those relations in the past, it wouldn't be too bad. She was good looking. Wow, what a bummer. I'm an egotistical maniac, and I can't afford to be feeling guilty. I've just got to be one of those guys who can take a girl to bed today and never give it a thought tomorrow, or get caught. All those mafia guys stick-up and run through a (??) shop. They know you're doing wrong or they know you're doing something but they just can't prove it. I'm sort of, all the nice citizens are involved. There's no, if this lady gets a hold of me, there's no mysticism in it, if she blows the whistle and everybody know. I can't afford for that to happen, that destroys the mysticism. (???) I wonder what she's up to. If she ever comes in here and blows the whistle on me everybody knows, it takes all the fun out of it, then.
- E You seem to be giving, giving an awfully lot of thought to that woman.
- S Oh, yes, I've been, there's, IDK,...I wouldn't mind cracking her brains out, but ah, I would have minded having her husband come in. Where did she hide those kids too? I never saw any of them, I never thought about it. "Look over my record collection." It's so stupid though, to put that record on (???). That's the kind of stuff you hear on TV. Look at this, I'm going and I'll be back in a second, so cool it. But that's just too dumb, I guess I was just overwhelmed by the way she looked that I didn't really think a lot. She was good looking (??). Look at the wall I guess. I guess I just got overwhelmed by the way she looked at me (???) little broad. Then after awhile that wore off and I started looking (???), then I pulled a real fine move, "Well, see you later. I've got to go." I'll call you sometime when your husband's not around. Why am I telling you all this? Don't tell her (???), a little bit of a chump.
- E You're wondering why you're telling me all this?
- S Yah, especially seeing as you know her. That must show you one thing. I've got a lot of confidence in you. You won't blow the whistle on me. It does seem like I'm forever stuck on this one subject. She was ah, oh no. Now I think there'll be a lot of red tape, I don't think that she'd be saying (???).
- E You seem to be worrying about what she could do to you if she got a hold of you now.
- E Yah, I feel kind of threatened, threatened yah, I don't want to spend the next twenty years in jail, that's not my idea of a \$160,000 home with your own pool. But that's not, ah, jail never entered my long

term plans, and she could put me there, and that would interfere with my plans. And I don't like (???) she put me in jail, I'd come out with a criminal record and I can't let that happen. I've got to eliminate the possibility of that ever happening. Therefore, eliminating her, I might save myself.

E You feel like you have to eliminate her because she can incriminate you in some way?

S Right, exactly. She can put the finger on me. But, ah, I really don't know to what degree. Something's got to be done. You can sit out and wait and watch how she plays her game, if she does. Or you could just forget about it. It could be I'm just one of the multitude that she's tried to, and then again, IDK, maybe something should be done. IDK, she could have gone straight to the police. I could be worried enough that she could squeeze me and put the change away.

E You seem to feel that you're just one of a number of guys who have been duped into her, ah, little game. Is that right?

S It seems like that, because she had it down awfully pat. She was pretty smooth about it. The crying, crying stopped abruptly as soon as I said I'd come back to her apartment. She had, everything was lying there, she had everything set up. It's not like the place was a mess. And if she's got five kids, she had to get rid of them. And her husband was gone. See? Now this had to be some kind of a set-up. She's got to be something. I'm sure that I'm not the first she's too, too smooth. Especially the way she looked calm, just like she'd been through it before, she looked just right. Experienced. The way she suckered me in. I'll give her an A+ for that.

E HOW ARE YOU FEELING?

S Embarrassed, still. Yah, look what they can do to me, man. If she ever puts the finger on me, do you know what...what my old man would do? Bad news (???). It wouldn't be too, oh, Joe College (???).

E Are you feeling worried about what your father would think?

S Hmmhmm. Father and everybody else. I tend to make a lot of predictions too. I'm going to do this, and do that and by the end of four years I'll be here. Then people tend to laugh at you when they find all this out, and they say, "you won't do that, and you won't be that." And, boy, that doesn't look good on the record, does it. On any record. Embarrassing, OK, you were stupid enough, dumb enough to get caught, let your emotions ride long enough to get duped into that (???). You weren't mature enough to ah, take care of (???). You just weren't mature enough to handle the situation. "Well, didn't you think she was going to do this, or ah, didn't you have any idea that this was going to happen?" You know what, I'm just sort of dumb, that girl set me up.

E Maybe you can describe that feeling that you have, with your father.

S That feeling, it would be one of stupidity, he would say. Nuts, I'd be embarrassed, I'd be hum, humili,

E Humiliated?

S Yah, that's it. Because he'd be saying, nice going. You blew it again. Give you a chance, and you blow it. First year away from the home town and you fucked off. Nice going. I'd be, I'd be humiliated, man! He'd shoot my ego down, and I'd feel, I feel 95% of the time like that, low down (???). I just kind of shrink into the wall. Like when you take away my ego, you take away everything, that's it.

E You seem to be worried that your father will find out about this.

S I just rather that he didn't, because I'd be embarrassed. It would embarrass him and make him look bad. And he'd end up humiliating me and make me look bad. So it would just save a lot of hassle if he never found out about it. But I can't come back here again, so you pay me this week for what we've done and I'll go my own way. If I ran into her, I don't know, I don't know what I'd do. (???). That's not logical. But there's always, there's a way out of everything, I've found that out. But a fella doesn't always find his way out before it's too late. There's a way out of it, and I'll find it, because, as soon as I get out of here, I'll just go home and (???). Think of all possible solutions..

E You seem to be giving a lot of thought to getting out of the entire situation.

S Well, yah, wouldn't you? I'm sure you, it's like a black cloud that falls on ya. I gotta worry about me and there's always the chance that she's going to see me in here. You know, any time man you could, you could be going to take a dumb in the john and she would walk in there, you know. Yah, she could, IDK, just walking down the street. How would you like to be walking down the street with a bunch of friends and have this wench come up to you and say, "Oh, look at this, you owe me this, but I can take it." It's embarrassing, you could be with your girl out one night, and, or she could come over completely different attitude--a bunch of friends and she comes up and starts bitching at you, naming all these queer little things. It would be bad news. I'd look kind of bad.

E You seem worried about what your friends would think.

S Yah, they'd think I was a chum (???). But ah, you're too good to go out with somebody...where in reality if you go out with the older woman you're too good (recorder static) you're too good. "Frank Smooth, Mr. Smart." But I just, you know, just feeling apprehan, just waiting. To find out what she's going to do.

E Do you feel real apprehensive right now? You feel like you're waiting right now...

S Exactly, just waiting, you know something gotta happen. Just waiting for it. You don't know when or how or to what extent what's going to happen, but you know that sooner or later you won't, this won't be the last time you see her. You'll see her again, and when you do it's got to be your greatest (???). You can't figure out, a person that can come out with so many different moods at that one night, you, you know, you're going to be curious. She could cry and be seductive and keep crying to set off (??). A person who can change like that, you don't know what to expect. For all I know the next time she could come up and kiss me and blow my balls off with a... it's on its way, you don't know what to expect, you don't know when to expect it. I'm just kind of edgy (???) slam the door and I'm in jail.

E Hmmhmm.

S IDK, I know I'd feel a little better if I got out of here, this building.

E This building is what's bothering you right now?

S Well, knowing that she works here. She might not know that I'm here but she could just drop by, you know, just coincidentally, to pick up some tapes or something, and you know that's the last person that I want to see. Right now, I'd feel like just a subordinate to her. She's got something on you so you got to be nice, and you have to act, someway other than natural. Out of the way that you'd normally act. You got to be nice to her, because you can't afford to, ah, screw-up because of what she can do to ya.

E And you don't like to be a subordinate to anybody?

S No, not at all. I don't mind being even with somebody, but ah, don't like to be subordinate. I don't like to be pushed around by people, where you've got to do that, you've got to do this because you realize that you can't afford to pay the consequences if you don't. (???) I'd see her right now as...

E Maybe you could describe the feeling that you'd have if you saw her right now.

S Scared, right away, I'd be scared, you don't know what to say, you don't know what to do. You just kind of go "Well, ah, I," and you'd just wait. You don't know whether she'll drop a bomb on you, or...

E HOW ARE YOU FEELING?

S Humiliated, that I ever got into this mess. Stupid!

E You, you feel humiliated in front of other people or feelings..

S Well, no, they don't know about it.

E Hmmhmm.

S Yah, for myself I feel humiliated, but not in front of other people because they don't know about it, and I, I can't change my whole attitude (???) to let on that there is something wrong, because then they'll want to find out what. You got to play the role.

E Hmmhmm.

S I kind of wonder how I do it (???) I do the same thing.

E How is it that you would feel?

S (??? voice real low) If it was a different one? I'd probably be a lot more cautious this time, a lot more reluctant to go to the house. And If I went to the house, I wouldn't go inside, I'd just wait outside for the money. I probably wouldn't even ask her for the money, to forget it. That saves the whole hassle right there.

E Do you feel like you've learned something from this?

S Oh, yah, you learn something from just about everything. This is something that I'm not going to forget for awhile. It's something that won't happen again.

E And It's really bothering you that you feel that somebody has the edge over you?

S Yes.

E And you'd like to get rid of the, ah, whatever it is that that edge is?

S Ah, yes, it would make me feel a lot better if you didn't have to worry about that, you know. You could always say it won't hurt much, but, ah, I just don't like that feeling at all. She can always say, well, I've got the better of you, and I'll still feel like, "Oh, shit!" When I make people, I either know all the cards in their hand at that time, or, ah.

E Do you, can you describe what you mean by all the cards in their hand? What do you mean by that?

S I want to know everything that's going to go on before it happens, and if I know wht to expect, so that I never get caught off guard, that's what happened, she caught me off guard. I never knew what was coming off. That's when you end up looking like a chump, and I hate to look like a chump, when I go into something I got to know all the cards in my hand and hers. Before they go (?).

E You feel like you don't like to be caught off guard then?

S I hate to be caught off guard, because things could happen and it embarrasses you to get caught off guard. You get humiliated. I don't like to do that, get humiliated.

E You feel like you're being caught off guard?

S She caught me off guard, what, obvious. She just humiliated me. I let some older woman do that to me, how stupid! Of course, I'm going to be more careful next time. I guess that's why they say you learn about, ah, not getting caught off guard. (???)

E What was that?

S It seems reasonable.

E In what way?

S (??)...caught off guard, boom! I must have survived one (?????)

E You seem to be giving a lot of thought to never letting anyone ever have the edge over you, anyway, you'd like to always have the edge.

S Like to have the edge over people, and always like to have them wondering what I'm, what I'm thinking, what I'm going to do. I like to keep them wondering, I like to know what they're doing and to keep them wondering. Because if I know what's going on and they don't, that gives me the edge over them. And I like that. Because it makes things easier to work for, makes what I want to do a little easier. It has a definite advantage right from the start if you know what's going on and they don't. (???) You're farther ahead then, in everything, your job. You're better free (?), no that's a lie...

E You seem to feel that you have to always be ahead in a situation like this.

S Yah, I do. I, just, devise being caught off guard as far as I'm concerned. That's just got to go. Unless I do the surprising and I catch somebody off guard. Sure it's great to have people come up to you and say, "Do you know what happened the other night?" and I can tell them, "Yah, I know." You know how it is. (??) I like catching people off guard, but I don't like being (???). I like to have the upper hand all the time to the point where they can't tell you something you don't already know. I like to be that far ahead. (???) It just makes things go a lot smoother and a lot easier for me and my lifestyle, if I know what's going on even in the dark. I just feel kind of rotten when I think about it. I just feel like hitting her back (???). I can't take things like everyone else takes it. Besides, I don't know what's going on. Somebody here, Grey says I'm going to know what it is before the days over.

E Hmmhmm. HOW ARE YOU FEELING NOW?

S Ignoring it. Because I didn't know what was going on! When she caught me.. you see, now if, I could have made her look like a chump if, if I had been told like maybe ten minutes beforehand (??), I could have made her look like a monkey, instead of having her make me look like one. But the thing is, I didn't. Just the opposite. She knew everything and I was just in the dark. She worked everything, and, man (???). She got me right over to the room (??? mumbling). You see, she got me off guard. She was two minutes ahead of me. She made me look like a chump. She had the complete situation, she had the whole situation, the whole situation made me feel like a fool. See, then you start fumbling around and you start looking like an idiot, or acting like an idiot, you start thinking like an idiot. It's just a portion of the whole response.

E OK, this ends the interview for today.

SUBJECT NUMBER 44: SESSION I

- E OK, LET'S BEGIN THE INTERVIEW. Now for this part of the session, will you please lean back in the chair and close your eyes. I would like you to describe any pictures or images that come to your mind's eye. Also please report any sensations or feelings and emotions that come to your attention. I want you to describe all that you see and feel without omitting a thing.
- S I just see a bunch of jumbled images, nothing really.
- E Can you describe those images in any detail?
- S No, it's not even that, it's ah... (long sigh).
- E What's happening?
- S Well, I ah, I don't know if I was hypnotised that last session, it was sure a different feeling, but it is something that I've had. I used to have that feeling in childhood sometimes when, a little while before I woke up, it was like, just like I was the very essence of me, and my body was, was incredibly huge. IDK, it it's clear, but it was that sort of feeling.
- E Huge in what way?
- S Ah, say like, ah, the life force, the moving force that would move my finger would be the size of my finger, but I could, I, I would feel that my body was like that big, so if I wanted to move my finger, this, I would feel this move and the whole thing would move like that. It was very, and your voice was very far away. And not only that, but I remember what you told me about, ah, (pause and sigh).
- E What's happening?
- S Well, I don't know if I should say it. Ahm, about the experience that you said that I had, but that I didn't have.
- E So you're asking me whether or not you can talk about it during the session?
- S Well, it's not that, it's ah, I know what you told me, and I ah, but I don't know if that's any connotation as to whether I was hypnotised or not. Because you didn't say that you'd block it out. So, I aah, so I remember, but I don't, I don't remember ever having experience with the older woman that you said that I did. And I have a things in my mind that back that up. You said maybe, you said maybe that it was repressed. I, I don't think so, because I ah, never repressed anything in my life. And I felt that, you know, that I've felt a guilt feeling about or anything like that. Ahm, and ah, I, I just

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don't remember it. It's ah, sort of a conflict between a part of me inside that says that I just don't remember it, or I, I don't think that you're telling the truth because I don't remember it, and there's a conflict with another part of me that says, I know why you told me that, you know, you, ah, you gave the, ah, posthypnosis suggestion, and ah, there's a conflict, there's a definite conflict inside.

E Can you describe that conflict in greater detail?

S Well, it's like I don't know which side to believe, you know, the side that says that took you at your word, and would admit that you're wrong or might be wrong because I don't remember myself ever having that experience that you describe; on the other side there's says that it's a just a posthyp, ah, suggestion. And that it was, ah, that it was introduced for the sake of the experiment. And ah, I lean more toward the posthyp suggestion side but, ah, I have my doubts.

E Can you just wait for images or feelings to come into your mind's eye and describe them for me?

S Just as I, just as I say you relating the experience to me, I see the same now, and that's standing outside the library, there's a bus there, and woman getting on there. And I can see, I can see the whole story relating, I get ah...

E What are you seeing?

S Getting on the bus, going...to an apartment somewhere. Talking about me as if...

E What's happening?

S Oh, trying to decide what to tell you about, ah, the feelings that I'm having as the story relates, ah, feeling very, ah, masculine. Being very suave I guess you could say. And being reacted to with movements and a gesture, and all that kind of thing. The story as it relates, ah, to dancing I would, if by, if I was invited up, I would be puzzled but I would refuse and, ah, had the same feeling as ah, another dance that I went to, I've gone to, and had the woman that I was dancing with, ah, dance very close, dance very tight..I'm enjoying it! The story is, ah, I disagree with ah, the entire story as it related out because I, I wouldn't leave, I wouldn't get nervous, assuming that I would do this, ah, this sort of thing, I, I wouldn't have those sort of doubts. If anything, I would exploit the situation. And so I, I ah, there's another conflict there in that, ah, the way that you described the story, differs with what I would do on the basis of what I have done in the past. (Heavy breathing). But, that, ah, also takes into consideration that I did go to her apartment, that I did accept the drink, that we did dance, that at each, each, each crucial decision point, I decided it in favor of that progression; which ah, which I probably wouldn't.

E HOW ARE YOU FEELING?

S I disagree with the story, I, I now there's more marked disagreement. It's ah, it's like I rejecting it.

E Rejecting it in what way?

S Ah, I don't think it's me, I don't think that it describes something that I would do. Ah, right now I'm just noticing that I've got a very a very strange spacial orientation with my body. It's like that hugeness again. It's like feeling that my hands are on my belt buckle that if I try and see it, you know, in my mind, it's just so far away. And that the locus of my memory, the locus of the, ah, of my voice, my, ah, just myself is very small. Ah, as to the conflict I'm rejecting...I don't, I don't think that I would be, that I would complete, I don't think that I would be caught in a compromising situation, or ah, of dancing, had, had I gone to the apartment, which I might have done, or accepted the drink which I might have done, but dancing, I, I, I think I would have been very hesitant and very reserved. And then anything further I would have, I would have discouraged.

E Well, what are you seeing?

S Ah, the same, I'm seeing L-- and myself dancing, actually the basis for the internal picture is ah, from one of any dozen old movies that I've seen. I see a woman trying to kiss me and I see myself adroitly avoiding it, and ah, being kind, being friendly, being warm, but ah, discouraging further physical advances. Not being nervous or afraid per se of who she is or what she is, but ah, protecting myself as it were. And, after talking with her for a little longer, getting up to, ah, to leave and telling her that I'd call and that I'd, and really meaning that I would, ah, I'd like to get to know her better, but ah, and just leaving and not, not nervous, not afraid, not panicky, just ...just knowing where I stood with a with her. And knowing that I'd done what I'd done for a reason. That I'd made a decision at the, ah, at the proper place and have good reasons for it, which could be any number of things, if this was in my past, it would be self-protection, ah, she could be married and things like that. If it had been in my newer past, it would be for fidelity reasons. Thinking back, if it was in my far past, but than again it couldn't be, otherwise I wouldn't see the image of the MSU Library and an MSU bus, and, she wouldn't

E Can you describe that, that situation in greater detail?

S Ah, the back of the library, by the book drop-off with a bus there, well it looks like the library, let me say that, it has a ramp and it's very, it's a sun-shiney day. She's wearing a dark dress of some sort, ah, long, shoulder length brown hair. I, ah, have a shirt and slacks on. The bus is an MSU bus, it's green. I can't read the writing on the location sign. And there's a bus stop sign there, and ah, I bring in a rational concept into it, I ah, I would say that that's impossible because behind the library is just a

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parking lot and the bus wouldn't be back there, it couldn't fit back there anyway. And, ah,

E What are you seeing?

S My wallet, my hand, taking \$10 out of it, trying to give it to her. I don't, I don't see myself per se as going to, it's irrational to go with her to the apartment, because I probably would just pay her fare and get change from the driver. I would leave then, because presumably, I would be going someplace anyway, when when I noticed her. And, and the small, the small fare wouldn't bother me in the least, financially, and giving, it would give it to them, anyone who needed it and wouldn't expect, or wouldn't want payment.

E HOW ARE YOU FEELING?

S My eyes hurt. Inside I am, (long sigh) I'm relaxed and...

E You're relaxed?

S Yah. Ah, very subliminally though, ah, there is still a conflict.

E Conflict?

S As ah, oh, I can't really describe it. It's like it's in the very back of my mind, and as I try to see it, I don't know what it is.

E Can you just wait for that image to come and then describe it to me?

S Yah, it's, like I say, what I've done is, ah, rationalized the the whole story, the whole... all the conflicts so far, I've rationalized them all and come to a conclusion or an answer for them. And so I, and so there are no more conflicts, there are rationalizations which are used as answers. I guess the conflict in the back of my mind is, did it happen? And if it did, I would either remember it or it was repressed. So at least to, is my memory trustworthy or do I repress-suppress? Or did I? And I, ah,

E Are you describing what's in your mind's eye?

S As in seeing?

E Yes, something like that, seeing or feeling? In your mind's eye.

S Well, right now, there's nothing, I really don't see anything. Ah, images, one of them being a frying pan, now ah, a frying pan.

E What's happening?

S Oh, nothing, colors, shapes, movement of shapes.

E Shapes, could you describe them in greater detail, or the movements?

S Ah, ah when I try to solidify them, I feel like I'm faking them, really.

E Faking, in what way?

- S Well, what I, what I, just watching their shapes, they may be suggestive they may not be, when I try to solidify them, so that they become suggestive, I get the feeling that I'm, I'm creating them so, ah, there's no spontaneity, they can be anything that I want them to be. Excuse me.
- E That's all right.
- S I, I, so there's really not, not that much there, because just as soon as I try to describe with my voice, ah, they're not the same. And if they were a different shape, it's too fast, the shape, the shape's change, they rearrange, they, even into different sorts of colors. Nothing solid, there's nothing solid, nothing that I can describe. I, maybe I don't understand, possibly the concept of the mind's eye, I'm trying not to look with my, my ah, my eyes, because when I do, all that I get is red light and things like that, but to look in my mind's eye, there's nothing, there's just nothing. I am of, (sigh) I'm a creative person, and so I can make anything be what I want it to be, and it doesn't just ah, flow free as a solid form.
- E The concept of the mind's eye is more or less just reporting the images that you're seeing when your eyes are closed, using the same analogy as when you report the images when your eyes are open, but you know, most people don't very often report images when their eyelids are over their eyes, so it is a little more difficult, a little more difficult to get in touch with, because images do flash around a lot.
- S Because like I get like fuzzy pictures, ah, and like, it's hard to call them pictures, it's like say there's ah, an octagon, there's no solid definite like, it's like a, a row of, like the outline would be a row of a chromatic, chromatic lines which have all colors in them. And ah, they're more like patterns than anything else, very fast moving patterns that are very multi-chromatic in color. Ah, there's no solid mental image. And even the colors aren't really definable at this point because once you define them they aren't the same, because you have to solidify them. And, ah, there's really nothing, I don't really see anything. Except patterns and eh, the patterns go in patterns of color or patterns of repetitious shapes. Not all the time geometric shapes. Oblongs, peanut shaped things but a lot of times, they are repetitious. Arranged in a circle that is very multi-chromatic. Some eh, what appear to be ideic images but are just solid light so I can't tell what they are.
- E What's happening?
- S Just, it seems like there is a horizon or a background-foreground for ah, these images, in that if one set of images go across the front, they don't fill up the entire eh, viewing space. You can see in the back, it's like if you were sitting in the audience of a stage, in an audience looking at a stage, something, there's a scenery with a foreground but you can see over and around that to the back of the stage, and sometimes there's images in the back, not

in the front; it's ah, it's almost ah, 3 dimensional. Looking at a house. Big, ornate. Looks sorta like the Union. Reminds me of the Union. Lot of windows, lot of window sills. Dark red brick, dark reddish brown brick. Ivy. Lot of spires on top. Very ornate, very ah, spires have rings on them. Around them every few feet, they ah, the window sills have like, ah, curly-ques on them. Picture's crooked.

E What are you seeing?

S The same shapes again. That is unusual to have that building go through.

E Unusual in what way?

S It was solid. Oh, it wasn't solid, ah, it was very clear; it was something. It was maybe from a memory or ehm, maybe from an imagination that I had; that I had made out of something that I had read. Or a combination of many memories. Of architecture. Street, ah, sidewalks, by the sidewalks, bushes, look sort of ah, rich; there's a low wall with ah, sort of a low pillar with a wall connected to it made out of brick. Top to it--concrete. And the trees are ah,

E How are you feeling?

S Little confused; I don't know what what I am supposed to be seeing; I don't know--I'm not seeing anything really; just maybe now I'm starting to. I got a terrific headache. I'm really tired too.

E Eh-mm. Is the headache very severe?

S Yeah, It's shooting in from my eyes and ah, the towel over my head.

E Do you think that it's caused by the, ah, would you perhaps like to pull those little slats out from under your eyes? Could it be the pressure of the towel against them you think?

S Ah, yah, that's part of it.

E If it is, you can pull them out here and I'll cut down the light a little bit, but try to keep your eyelids closed as much as possible. We can rearrange things if that's what's causing it.

S Well, I had it while we were sitting out there.

E You had the headache? You had the headache in the other room.

S I had the headache, yah. It hurts to keep my eyes closed. (This S has a great deal of scar tissue over the entire extent of his face, and this makes it extremely difficult for him to voluntarily close his eyelids and keep them tightly closed. We, therefore, had him use a blindfold in order to keep the light out during hypnosis and free imagery.)

E What are you seeing or feeling?

S I, ah, I just have that fear that, that I'm creating it, that it's not spontaneous, because I, I have a highly developed imagination,

a fantasy sense. I can and often do create out of a, the formless imaged that I see, you know, or the images that I see, I make them consolidate the way that I want them. And maybe that cuts down on the spontaneity, IDK.

E What's happening?

S I, ah, I'm really tired and I'm really considering asking you and Grey to excuse me, and try again maybe Sunday or Monday.

E For the complete 50 minutes is that what you're saying or?

S Ah, the entire, ah, yah.

E We only have about 15 more minutes to go. We can cut it down to the ten and make it a 45 minute session. Do you think you could make it through that, for the next ten minutes?

S Yah, I could, I didn't know

E HOW ARE YOU FEELING?

S My time sense, it's really strange. I thought that I had just started, you know, maybe it's only been like, you know, 15 minutes. I'm feeling, ah, like I ah, like I disappointed you, even in a moderate sense, not that you're disappointed that I'm ah, that I haven't come through, that I, that I failed. It's not a guilt type thing, it's just ah, a realization that I, ah, I really don't see things as it were. I can make them and present, you know, make a shape that I see represent what I want. And ah, I see ah, two lines of, ah, of wiggling, two while lines that, ah, on one end the light spreads out, it becomes diffuse and they mix together, and ah, I can, represent that as a ah, a type of letter, such as "A" or make it represent a stream, or, but I don't really know how to describe what I see. Like I say, it's in patterns like that, in wavering lines, or colors that are (??) shape that are repeated over and over. I have an image of a mountain, or pointed, pointed marks like a mountain. Seem to be thinking about the, when I couldn't, when I couldn't think of the right word for, ah, promotion company, production company, in the other room, I was, ah, I was sort of paranoid in there, worrying about if that if that woman was going to come in as part of the, a pre-arranged signal and how I'd react to that. Ah, thinking that you and Grey were just biding your time until then, until that point, ah, wondering what ah, effect, the, the pill Grey gave me was going to have. Ah, being cold, having a headache, being really tired. Ah, what else, there really was the feeling, expecting something, looking for something, very nervous. Now I, letters I don't recog, stylized letters of the sort that are like solid, don't recognize the name-H I A L. Very small.

E What are you seeing?

S That's, I'm describing it. It's, ah, like I could draw them very easily, not accurately, but easily, but to describe them is another

thing because, ah, it ah, it implies interpretation. See a couple of purposes, a lot of it also comes out of ah, like I said before, comes out of memories. I can trace those memories back. The lettering that I'd seen on a poster someplace, where the, the poster wasn't moving, it was a picture, in a book that I'd read, about advertising, I think. Two of them.

E What's happening?

S Trying to see something, trying to understand what I see. I get the image of a, of a warehouse in summer time, it's yellow, painted yellow, a light yellow, I'd say, it's got garage doors, it's only one floor, perhaps it's not a warehouse, maybe it's a small garage or a storage place for garden tools or something like that. Asphalt pavement around it. It's still there now that I focus my attention on it, I, ah, I make it solid, and I make it stay, can't relax and let it go. Have a memory of the houses along 7 Mile Road there in Detroit. They're very well kept, two-story 1930's English Tudor, very close together, small yards, a lot of trees.

E HOW ARE YOU FEELING?

S Tired, just wasted. Ah, getting a little panicky, IDK what to do.

E Don't know what to do about what, or in what way?

S I, I don't know how to read or interpret what I've seen and describe it out again, without ruining it or feeling that I'm creating it, that I'm faking it...I'm bringing it up for the sake of having, having, something to bring up. I have this feeling that I'm doing this. It's very frustrating. Then there's questions, questions I am questions like, ah, "Will I see that woman?" "If I do, will I react to her?" Ah, my head hurts. I don't know the problem (long sigh). I see some stairs, and they have, ah, they're like outside stairs on a street that's on a slope, and the stairs lead up to a house that's built up, there's a wall that's right next to the sidewalk, like in Cincinnati or any other town where it's hilly. Get into a car, but I don't see a car. I see something that's known of squarish and orange and has round things on it, maybe some kind of a little car.

E OK, that concludes our interview for today.



SUBJECT NUMBER 46: SESSION 1

- E OK, LET'S BEGIN THE INTERVIEW. Now for this part of the session, could you lean back in the chair, close your eyes and I would like you to describe any pictures and images that come into your mind's eye. And also with that I'd like you to report any sensations and feelings and emotions that come to your attention. I'd like you to describe all that you see and feel without omitting a thing.
- S Well, I feel kind of nervous.
- E Nervous, in what way?
- S Ah, I'm not really sure, I just, something about the interview, I just feel kind of, IDK, up tight really, and, ah IDK, there's some-  
thin' about a lady or something. Ahm.
- E Could you describe that in greater detail?
- S Well, it's just this, ah, story, you know, that keeps going..ah, and the way that I understand it, it's about a lady about a, she was going to the bus station, or she was going to pick up the bus and she didn't have any, or she'd lost her purse, and so I asked her if I could help her. I checked in my wallet and all I had was a \$10 bill, and so I told her that I'd go get some change and she said that's all right, IDK, I went with her to the bus and I paid her ticket and then I, ah, she, I went with her to her apartment. She was going to get some money to pay me back, and she put on some records and ah, IDK, she came back and we were talking and then we danced for a while. And then, ah, she was this older lady and she, ah, she was trying to seduce me and so I just let it go for a while and my mind just kept telling me to fight it and the, you know, the phone rang and when she went to answer the phone I told her I was, made an excuse and just took off.
- E What are you seeing right now?
- S IDK really, I I just see a picture of that whole thing, it just ran through my mind, just as I was explaining it. I still feel awful, pretty nervous. IDK, but my heart seems to be beating really hard and loud, and my head feels like it's pounding.
- E Can you describe this nervous feeling or tense feeling in greater detail?
- S Well, it, I can, it's just that, in particular my eyes right now just, IDK what it is, but it's like they're opening and closing real fast, just the change in the light, or IDK what it is, sort of a throbbing, but it isn't a pain really. It's going throughout my

whole head. Well, like I said, I just feel really nervous, you know, just kind of jumpy.

E What are you seeing now?

S I'm seeing a picture of the old lady.

E Can you describe that in greater detail?

S Well, not, she seemed a little bit older, and she's wearing a dress, and, ah IDK, just the thought just come into my mind that ah, she's your best friend's wife. And then, she's got three kids. And, ah, she's pretty good looking.

E OK, just wait for things to come into your mind's eye and then describe them for me in as great as detail as you can. And also report any sensations and feelings that you seem to have or any emotions that come into your mind.

S I keep, just every time I really, ah, let my mind go for a minute, I keep seeing a picture of, I'm in a room, I don't think that I'm alone, I think that there's someone with me, and just I see this lady opening a door and taking a step in the door, and, and it's like, you know, maybe that's where my nervousness is from. Because I keep seeing that picture, and just like they say your heart is up in your throat, I just kind of, you know, kind of stop breathing and everything.

E How are you doing?

S All right. You want me to talk about something in particular?

E Just like, describe any pictures and images that come into your mind's eye. Just report any sensations or feelings that come along with it or anything that comes to your mind or attention, the kind of feelings that come into your attention and stuff.

S I have a total, just not thinking about anything for more than just a second, because, IDK, why, because,

E What are you seeing?

S Right now, I just saw, it was really strange, like before my head was just kind of throbbing, and all of a sudden I felt this sensation, like, my head was shaking back and forth, and I was just, IDK, and you know, like I could just kind of see it, my head was just kind of shaking back and forth and I wasn't saying anything, but it was like I was trying to say "no." IDK, what it has to do with.

E What's happening now?

S Hmm, well, not much. It's just, everytime I think about some, just like a picture goes in my head. Just like, you know, something goes through it that's totally unrelated to anything, but you know, just something that I think of.

E Can you describe that in greater detail?

- S Well, just like, well a minute ago I just kinda, I pictured a little girl, IDK why, and then I just saw a picture of this really old car that's fixed up. I see that girl again, she's just, something tells me that she's the daughter of the lady.
- E Can you describe her in greater detail?
- S Ah, you mean as far as what she looks like? Ah, she looks like she's about seven, has brownish hair, and she's wearing a red and white dress. I remember that when that lady walked in the door, she was wearing a red dress too.
- E HOW ARE YOU FEELING?
- S I feel all right. I just...IDK, it's hard to concentrate.
- E In what way?
- S Well, I just see little flashed of you know, you know just a second's worth of picture, not very much of it.
- E OK, any of these things that flash through your mind, could you describe them?
- S IDK, that lady just keeps going through my mind. Everytime, you know, she, she's trying to look really nice you know. You know, she looks really pretty. I'm just thinking about dancing.
- E Dancing?
- S Yes. There's nothing really, there wasn't, I couldn't, I wasn't I couldn't see if I was dancing with anyone, or who it was, but I was dancing, you know, to really soft music, the lights were on, I just ah, you're the guy's best friend, then I should be feeling really terrible around you because, IDK, well, feel guilty.
- E Can you describe that in greater detail, the feeling?
- S Well, it's just kind of the feeling, you know, like, well it's a feeling of nervousness and not feeling kind of hesitant about saying things because you're his best friend.
- E Just, like describe any of the, you know, feelings or anything that comes to your mind. Just, you don't have to worry about that, just, you know, explain anything that comes into your mind's eye and pictures and images that come to you, also sensations and feelings that come to your attention.
- S OK, right now I have ah, for just a really quick second I, just a feeling of anger. But it wasn't to anyone in particular that I could tell, just a feeling, you know. Like I knew it, that I was mad or something. Couldn't tell who, who it was at.
- E Could you describe that feeling in greater detail?
- S Well, it was really, just quick, like a second, as I was thinking about it, just started, I didn't, couldn't even tell what started



it, and it built up real fast, just growing, just anger. You know I felt myself, you know, how when you get really mad, and, you know, just get tense and stuff and really get mad and that's all. It's just, I doubt my muscles tense up, it's just inside it felt all tight and angry, you know, and then it just dissipated right away.

E How are you doing?

S OK, I...

E What was that? What are you seeing?

S Right now I just saw a picture of a cross. That was, it struck my kind of funny when I saw it, it was either in the shadows or, it wasn't just really black, but it, you know when you usually see a cross it's just brilliant white, but it was dark, like it was in the shadows or something.

E What are you seeing now?

S Right now I wasn't seeing anything in particular, just that cross, I was wondering, you know whether, why I was seeing it, a cross.

E OK, just wait for things to get there, and when these things get there, when anything enters your mind's eye just describe it to me in as great detail as you can without omitting a thing.

S I just, there's a, in a florist shop and IDK, I was buying something some flowers, and IDK, they were yellow and white and in a vase, not a vase, but they were kind of potted and they were really beautiful. And, I'm not, I'm not really sure where I bought them, just remember being in the flower store, without remember it, I just see myself being in a flower store. Now, I, I'm ah, writing a card, like a greeting card. I'm not really sure that it says. But, I don't think that it was a birthday or anything.

E What's happening now?

S Just, ah, another picture of a, of a table, like it was just a really small table. It looked, it was decorated like it was in a restaurant. It was like in a dining room, somebody's home. It had candles, and was set for dinner.

E HOW ARE YOU FEELING?

S Everytime, I just feel really, IDK, just up tight, intent.

E Can you explain this feeling in greater detail?

S Ahm, it's just I'm really, I guess about something that just happened or something that's going to happen, some situation or something, just, you know that I don't, you know, that I'm going... Something makes me think it's in the future you know, and ah, IDK, that's something that I don't have any control over. Just, I'm in a really awkward position.

- E Can you describe that in greater detail, what you think or why you think that this might be?
- S Well, I just noticed that my hands are really, starting to get tight and tense. Ah, I really don't know, exactly, it's just that something's going to happen that puts me in an awkward position, I don't have any control over of anything, you know, just I have a feeling that something's going to happen...and, ah, IDK, might embarrass me or something.
- E What are you seeing now?
- S Just that dinner table again. It's those flowers that I bought that are sitting in the middle of the table. And, a though just ran through my mind, that, ah, I deep sort of ah, every, every little bit I think about that lady, then I keep thinking that I've, you know, just gotta try and bury that thought, because, you know, start talking about something else or thinking about something else, and I keep talking about that.
- E What are you seeing?
- S Right now, I just saw the, you know those two symbols that for male and female? I just saw them. Can. Door. I saw, like first of all I saw the male and then I saw the female. Or I saw the female first and then the male, maybe. I don't know, just it was like a picture or two, you know, the first one flashed on and then the second one. They weren't together in the same picture. And then, I remember it was white and they were on a dark background.
- E How are you doing?
- S Right now, when you say that I just have this feeling that there's something that I want to say or am suppose to say, but IDK what. I just, IDK, kind of lost for words here.
- E What are you seeing?
- S Right now I just see a picture of a big bed.
- E Can you describe that in greater detail?
- S Yah, just looks like, IDK, it has a red bedspread on it, really bright red. It's kind of, IDK what they call it, embroidered or something. It's got a tecture to it, and, ah, what else? I guess, IDK, what kind it is, just mahogany comes to mind, and it, that's what the head frame is and it's really intricate pattern. And, ah, IDK, the light's on it but it just seems really dull.
- E What's happening now?
- S I'm just looking all around the bedroom, and, ah, IDK why, but the carpet seems almost, the carpet seems red, or looks red.
- E What's happening now?
- S I'm just wondering now, IDK, I was just thinking that the bed is too big for a, for one person. It must be a king sized bed. Right now,

I'm just wondering why everything that I saw was red. Right now, I just saw a picture of, ah, a knife, some kind of knife or axe or something. I thought that it was a knife at first, but it was too long, it must have been a type of machete, that was curled toward the end. Then, just wondering, I was wondering, something keeps telling me, ah, I wonder what I'm suppose to say, or what you're looking for. Like a thought keeps running through my mind that, ah, that, IDK, I feel like I'm hiding something, I can't, I can't get to what it is, or tell what it is.

E HOW ARE YOU FEELING?

S I feel just, like saying that I feel fine, but it's like I feel fine but...

E Could you explain in greater detail what you're talking about? You say you seem to feel fine, but...

S But, I just don't know what it is that, you say, "How are you feeling?" and I say, IDK, the first impression, the very first thing that came to mind was the typical answer. Anytime somebody asks you that, you say, you know, "All right, fine!" And, just when you ask me, I, the first thing that hit my mind was to just say, "Fine." And then, IDK, it just, it was right on the top of my head, but then the more I thought about it, there's something else that I should say or...Right now, I, it's like I can see a picture of the other room only it's like I was standing back and watching me sitting there, and you sitting there.

E What was that last thing that you said?

S It's kind of like I detach myself and just, you know, I was able to stand there and watch you, you know, I thought that I was being hypnotised before, I was able to watch it going on, like an observer.

E And is that what you felt last time, when I hypnotised you earlier?

S No, I just, that picture went through my mind.

E Hmmhmm. What are you seeing now?

S Just, ah, a reel of tape.

E How are you doing?

S You said that, IDK, it's just, I just feel like I'm really pressing my mind.

E Pressing your mind?

W Well, just pushing it, trying to find out, you know, what, IDK, just this, "How are you doing?", IDK, I feel like kind of answering something other than physically.

E In what way do you feel that?

S Well, ah, just, right now I feel really confused, because, like, I just think that, I keep thinking that, you know, that there's

something else that I should say, but those words keep coming back to me, they go running around the room (?), I'm suppose to say something when you say that, and I just can't, my mind just seems blank.

E What are you seeing?

S I just saw some lights. Looks like the end of a hallway or ah, in a room. I'm not sure what it is, it's just like a long room, but it's lit with a one of those rectangular desks in it. And then, just now, I feel like, you know, as I was watching myself before, when I said like I could see myself being hypnotised, it feels now like I was just trying to put my mind back, because I know that I heard those words before, and I'm trying to, ah, think something.

E What are you seeing now?

S It's really strange, these, I just saw this fact that was painted all white. Like those clowns faces that you see in the circus, but they have, you know, all that other paint on them. This was just a face that was a solid white.

E Could you explain that in greater detail, the face?

S Ah, it had one of those caps on, you know, to make it look bald, and it was all white, and the face, it was just creamy white, you know, it wasn't like flesh colored, it was just solid white. It was in a white outfit, and as soon as I saw that, a second afterward, I pieced it together with this, this movie that I saw one time, this symbolism of, ah, Christ. And, like I just started out with that face, and when I associate it with that movie, I can see the whole body, you know, it seems really strange.

E What's happening now?

S Right now, man, that's really strange! The thought just went through my mind, that a, that like I have something to protect, you know, to keep from you. I can't describe it, it was just a thought went through my mind that I, I was trying to tell you, like saying whatever you're trying to get at, you won't get to it, you know. You know, I don't understand it, but, I can't explain it, that's just, went through my mind, you know.

E Can you explain that in greater detail, what the thought might have been, or...?

S It's really, this is really confusing, because as soon as you said that, you know, another thought, these are just going so fast that I didn't have time to deal with it or anything, just I'm saying, "No, you're trying to trick me."

E In what way is it confusing to you?

S Is what confusing?

E These thoughts that come into your mind?



- S Because it's just like, like IDK, like you're trying to get at something, you know, and I wouldn't let you, that I'm trying to cover up something. Ah, just, ah, I mean they're just like, before, sometimes, some of the other things that come to my mind. I'd be sitting here and all of a sudden a thought would come to my mind, and as soon as you said that, you know, that just, you know, that didn't even take any time, and it was right in my mind.
- E HOW ARE YOU FEELING?
- S Ah, just, just before you said that, ah, I was just feeling a little strange in my head, and, it was like, it wasn't a headache or anything, it was just a little pain in my head.
- E Can you explain that in greater detail?
- S Well, it's like, it wasn't, just, a throbbing or anything. Just kind of pressure in both of my temples.
- E And this is strange to you?
- S Well, ah, either it was there and I didn't notice it, or it just came on, IDK, but just a second or two before you said that, before you asked me.
- E What are you seeing?
- S You're not going to believe this, but, I just saw a picture of Abe Lincoln. Man, I don't know, I thought more about that and I said, "Where'd I get that?" Just thinking about it, this girl said that, you know, when I was first growing my beard, she said I looked kind of like Abe Lincoln, so I, ah, IDK, it's the only thing that I can think of, or that's what came to my mind.
- E Are you still seeing that now?
- S Hum, well I wasn't thinking about it, but when you asked me, then it just kind of popped into my mind.
- E What are you seeing now?
- S This picture, like, ah, it's like in a movie. And, it's in a room, like in a large house, and ah, it's just, all the lights are off in the house and the only light coming in is through the window, you know, is the moon, and ah, I just saw a shadow standing out in the light, and it walked out of, you know, out of the moonlight, and, you know, it was only a shadow. IDK, I just took it to be a prowler or something.
- E What are you seeing now?
- S I just feel like, I was just seeing, ah, that my eyes are really tightened, you know, they seem to be, to kind of hook together practically. But it still seems really bright, you know, all around me, but I was just trying to think, it's later at night and it can't be light outside, but in this room it's really light.

E What are you seeing now? Are you seeing anything in particular? Any type of images or pictures that come to your mind?

S I just, I keep seeing these things, like that decorate the inside of a house. It's like you just look around and instead of seeing a whole room full of furniture and pictures and things, I just pick one out at a time and looking at that.

E How are you doing?

S It's just really the same old thing, I keep, I have this feeling that I'm suppose to say something, but I can't seem to tell what it is, to find out what it is.

E Can you describe this in greater detail, what you think it might be or?

S Well, it's something like, I either don't want to remember it, like I can't analyze it, but everytime that you say, you say that, I just, you know, I don't even want to say that I feel fine, because I just, it's hard to explain, just, something else that I'm suppose to say, and, and, I, right now, I have a feeling of guilt kind of because I can remember, I think, I keep thinking back about, I'm sure I heard you say that before and that, either that I heard it and I forgot it, my mind was wondering or something. But I can't I can't seem to pick up, you know, what it was.

E What are you seeing now?

S Right now I just saw the letters of the word "search" kind of flashed through my mind. Because I guess, I was trying to look through my mind and pull out.... Just now I saw a picture of a, I don't know how it was set up but it looks like a nut and a bolt. It's hard to describe, they must have been huge because I was sitting in the bolt or in the nut, and I looked up and something was coming down to screw the bolt on, and, ah, you know, you see it and it closes, like gets smaller and smaller, and as soon as it gets on it starts turning and there wasn't any more light and then it's all of this, ah, like the bottom was against the ground, so I was kind of stuck there. And right now things are just kind of floating together. I was just thinking about, ah, what I read about Freud in my Psych 170 book. It's about this girl, it's strange it reminds me, you know, like when I said that I had that pain in my head, it's like I was trying to, ah, you know, I don't know if it has to do with, but I was thinking about the story in there about Freud had a couple of patients, or he'd examined these two and, ah, this one lady was so suggestible that whatever, you know, that she would get terrible headaches or so. And the reason was because, you know, she would have a feeling, she would tell later about having a feeling like someone was looking at her hard enough, was like looking right through her, you know, or something like that.

E OK, why don't you open your eyes again, and that will be it for the interview part.

SUBJECT NUMBER 47: SESSION 1

- E OK, LET'S BEGIN THE INTERVIEW. What I would like to do is for you to lean back in the chair, get comfortable and ah close your eyes. Just relax in the chair. For this part of the session I would like you to lean back and keep your eyes closed. I'd like you also to describe any pictures, or images that come into your mind's eye, also please report any sensations, feelings or emotions that come to your attention. I want you to describe all that you see and feel without omitting a thing.
- S I thought you were going to ask questions? OK well right at the moment I'm kind of remembering what went on in the last session. In terms of the suggestion you gave me about the lady who I was suppose to have helped out, and I don't know, it's kind of like my head when you said it, tried to accept it but, rejected it because I knew it wasn't me. So I just, I never really ever truly accepted it. But I just decided that I would wait and see because maybe I would accept it without consciously accepting it. I didn't want to screw up the experiment at all. And...while you were talking I was trying to connect up that lady with someone that I knew and just thinking about that and not saying anything.
- E Are you describing what you are seeing right now?
- S Right now, I'm seeing...I've got a picture of me sitting here with my eyes closed talking, and it's kind of like I'm straining to closed my eyes. And it's like I'm forcing my eyes down, and I feel like I'm twitching.
- E Ah huh.
- S And, my eyelids hurt in the opposite way that, you know. It's almost hard to keep them down. Whereas when I was going under it was hard to keep them up. And it's like I'm forcing them to stay down. And that's about it, I'm comfortable.
- E OK just wait for any images or feelings that you have and them describe any that you have,
- S Now I can hear some air circulation and it's like, well I can just hear it, I can't describe it. And it's like flowing and every now and then I get a picture of that girl I know. Well, I'll tell you her name, it's easier to do that than say the girl that I know, her name is Barb.

E Could you describe what you are seeing?

S Well, when I'm seeing Barb I'm just seeing her face. She's got long blonde hair and I'm just getting a shot of her face and hair right now, it's not a full picture. It's like just the image of her going through. And she's happy and smiling. Now there's a picture of me creeping in, but I'm fighting it. I don't know why I'm fighting it. Maybe I don't want to admit it. Um...Now I see a picture of me sitting here trying to think of something I'm seeing. I'm not getting anything. Now I'm feeling more relaxed, instead of images I've got a lights in the eyes. I can feel the warmth of it. It's just going all through the eyelids and warming it up.

E Could you describe that feeling in a little more detail?

S Well, it's a soothing warmth, um it's much like the soothing feeling you get when you first close your eyelids but it's not cool. It's just the water there is cooler than the eyelid. Cause the eyelid is warmer and the water is like a, the water on my eye is like a buffer on my eye ball and the eye lid. And it's just a soothing feeling and it's just peaceful and the soothing part I'm not fighting to keep my eyes closed. It's like the sunlight when you are laying there in the sun and it's just beating down on your eyes, it's restful.

E What are you seeing now?

S Nothing except the glare like of the light, yellow, yellowish, darkness.

E How are you feeling?

S Right now I'm nervous.

E In what way?

S I'm just, I'm jumpy. Ahhh, I can feel it because my leg twitches and I'm talking with my hands which is a sign of nervousness for me. And I guess I, I don't know why I'm nervous, there are parts of me telling me not to be nervous, that there is nothing to be nervous of so why be nervous, but then there is a part of me that is being nervous, so I can't ignore it. Now my eyelid is getting to the point where I am almost fighting it again. Only it's just the right eye. Of course, I don't know, maybe it's just sinus or something that I'm, everything now and then the right eyelid doesn't feel that it's right. It feels heavy sometimes like a twitch in it so maybe it's just a phsyical thing.

E Can you describe the feeling in a little more detail?

S Well, the right eye is, my left eye is sitting there and the light just, just sitting there, it's not having any trouble at all. But my right eye is, it's watering more it's like it was irratated, and it's just, I'm aware of it where the left eye is just sitting there. It's soothing where the right eye is agitating.

E What's happening?

S Nothing. Well I'm twitching and I don't know if I'm, I'm really not doing it too voluntarily, but I'm wondering if it is going to stop my eye from irritating.

E In what way?

S Well, it just, I don't know. I did it once, it just had twitched, and, so it did it a second time to see if it would have any effect on it, and it didn't seem, my left eye really seems like it's just there, like it can just lie there without any care in the world. Where my right eye is watering and it's, ah it's just, it's hard to describe, it's not dormant, it's, I don't want to say alive because I know the other one is alive but it's not being hyper. It's agitated, that's the best word I can use to convey it.

E What are you seeing?

S UM....nothing, except a warm glow and the yellowish, well, it's still dark on this side but it's kind of light dark. My right eye is just plain black. Periodically I get a picture of the whole room that we are sitting in now. Ummmmmm just a picture of me lying here, and you sitting there. Either listening to questions or the tape recorder going and. Now I can see a guy pounding. Ummm but I'm wondering why he is pounding because this is suppose to be a sound proof room. And I'm wondering if it was a real pounding outside, if they are doing construction, or if I was suppose to hear pounding. And I think I was suppose to hear it. And I'm wondering if I'm screwing up everything by remembering this. But I imagine you want everything that I'm thinking, so I'm telling you everything that I'm thinking. Um....I can still hear the pounding, and I can hear the air, it's like the air was going down a long hall or corridor. And it's like an endless corridor and it's, you can hear the air whistling like in a seashell or something. It sounds like the waves supposedly, but it's, you know, the air vibration.

E What are you seeing now?

S Um just an endless void. The wind's portraying that image.

E Could you describe the image in a little more detail?

S Um well um like if you had a spiral coil that's never ended, and it's just really long, it's in front of you or you're in it, like there is no end, it wouldn't even have to be a spiral, it could just be a hallway, well, like in the old time machine things that they used to have, the series that they used to have back it must have been 5 or 6 years ago. Um....where they had that long coil that they used as a time machine, in the series. Well, it looked like that only it never ends, there's a void out there, there's nothing out there. And there's no stop. There's no end like a wall, it just keeps going. And that's what the wind sounds like. How the air would sound in there, I imagine. It's very hard to describe, Um it's well if, well

if, well like when you're in kids reading something, a story or something, and they say like the bottomless pit. Now if you could look down in a pit, that's what you would see, is this corridor that never ends. And now we have a pounding I'm almost thinking that I should discover a pattern in the pounding, but I wouldn't want to be that analytical. I can still hear the wind sound. I'm not really seeing anything, but when I hear the pounding I envision a hammer falling down. I don't envision it hitting nothing, but it's just, I don't see it hitting anything, but there's an arm attached but that's all. It's going up and down, striking. And now my right eye really feels ah, my right ear just popped. My left ear didn't do anything. Ummm it's like one half of me. It's like the right half of my face is kind of falling asleep like, because the cheek was feeling a little numb. And the eye is slightly irritated. And it's almost in fact, is there were a muscle on the ear it would be tense right now. And it almost kind of hurts there.

E What are you feeling?

S I feel ok, but I get a little discomfort, well not really discomfort from the right side of my face but it's quieting a little. And especially when the hammer is the loudest.

E Could you describe that further?

S Well, it's like the effort of hearing the hammer is, it's not doing anything at all to the left side of my hearing even though it's coming from that direction. But it's almost physically painful to the right side. It intensifies whatever feeling I'm hearing on the right side and I feel them when the hammer strikes. And that's when they hurt almost, when the hammer strikes, when it's really loud they are intense enough that it hurts.

E What are you seeing now?

S Nothing. Just the blackness and the yellowish-blackness in my left eye. In fact it's more yellow than dark in the left eye.

E In what way?

S It's just...I called it yellowish-darkness because golden-darkness is just as good. It is bright but yet I can't see anything, cause my eyelids in front of it. So, that it's dark in that way. Well I don't know why I called it dark. It's not really dark at all, it's golden. But I can't see anything so I called it dark. It's golden, it's not dark. Whereas in my left eye it's almost a touch of golden at the top of it, but in the corner near my nose at the top of my nose it's a touch of golden because that's nearest the light. But it's like it's not golden at all, it's dark. And, I don't know why, I don't know if I'm just not facing the light or what. But I would think that it would be golden throughout. And I was getting tense again, because I was gripping the sides of the chair. And it was probably a result of trying to answer questions,

instead of relaxing, and answering questions brings out thinking. Now my lips are dry, I don't know, that's another sign of nervousness.

E What are you seeing now?

S I'm not seeing anything. I't like I'm hearing something else umm It's another wind sound only it's just a tingling. Whenever I lie still it's a tingling within my head. Um.... I don't know how to describe it, I really don't. Um....it's like I can hear or I can feel the things happening in my head. Um...there's no word I have ever heard that could ever describe it cause ah it's just nothing I've ever talked about. Um...now my left eye had disquieted, it's not relaxed anymore. It's, I can hear the activity, like only it's a very soothing, ever happening perpetual activity. Um...it's not anything major, usually if anything, talking itself disrupts it because talking is so much louder. I don't really hear it when I talk. Um...I don't know it's .... I'm really lost for words. Oh ...I can't think of anything that it could be an image producing word to describe it.

E What are you seeing now?

S I'm seeing that sound...It's like I'm seeing or could be making the sound. But I can't understand what it is.

E Could you describe that in a little more detail?

S Ummmm... Well, now and then a picture comes into mind where I have two poles, like if you had a continuous bank of electricity passing through them, and it wasn't crackling electricity, it was humming electricity, only it wasn't humming, it was pulsating, ya know, it's the soothing kind of electricity rather than a...You think of electricity and you think of a crackling spark. It's like a slow arc between those two poles, and it's like arc itself is the hum. Yeah, that's about as close as I can...it's like a humming sound, but it's a pulsating kind of hum.

E What's happening to you?

S It's still there, I can't hear it when I talk because my talking is so much louder. But when I quit talking I can hear it, and I really don't see anything now. Ummm...except I have a picture of my hands being up in the air and possibly casting shadows. I can see them like moving, only I'm not seeing the hands, they were casting a shadow on my face. What that would be like.

E How are you feeling?

S Um...OK...I almost felt a little queasiness in the stomach, but I don't think I really felt hardly anything at all.

E Can you describe that in greater detail?

S Well, it was like, I know I took a drug, I know it was a minute dose, whatever, and it's like um even if the drug were nothing, it's like

my body were a little apprehensive of it, because I don't know what was in it. And I can remember back to when I used to do acid um how that used to make me nauseous and then I never really knew what it was that was making me nauseous. So, it's like my stomach sort of tensed up. Like it was almost fighting something.

E What are you seeing now?

S A drill.

E Can you describe that in more detail?

S No, because I...well all I see is the drill bit, it's like I was watching a drill bit. It's inside a room and on the outside of the room just a big bit about an inch and a half in diameter, not real long, can through the wall and or even bigger than the inch and a half came through the wall and just cut a hole in the wall and all I saw was the drill bit move in and out.

E What are you seeing now?

S Nothing. I'm back to my ummm hum. I'm searching for a word that can describe it and not be able to find it. I'm just going, just trying to think and let it come to me. I can picture someone knocking on a door.

E What's happening?

S It's just like someone was knocking on a door. As if you were waiting to go into an office or something and just knocked.

E Could you describe the image in more detail?

S Ummmm well, it was just a regular brown door with a square panel of glass in the middle, now I'm wondering why I didn't have them knocking on the glass, probably because it didn't sound like he was knocking on glass. Um...it was just a regular door and I didn't see who was knocking. I generalize that it was a female because I just immediately thought that it was a secretary knocking. I just pictured a feminine hand knocking on the door. I didn't see who was knocking. And now I'm just relaxing and back to the golden light in the eyelids. Now my right eye is even seeing golden instead of blackness. And I just felt cold for an instant of course I get those every now and then, that's a natural feeling for me to, body feels cold for half a second so I get the shivers.

E Can you describe the feeling in greater

S There was just like an an rush of cold, it wasn't air, the air wasn't cold or anything. It was like a tremor of coldness moved up throughout my whole body. I've had that since I was a little kid. I can remember once a month or once every two months I'll be sitting there or standing there and a cold tremor will come over the body just for a second shake for a minute. I don't know why because I's not



usually affected by cold too much to any degree. Just an idiosyncrasy of mine. I'm just sort of relaxing now.

E What are you seeing?

S A brighter light than the golden I've seen, um it's like my eye balls move back half a step and are looking at it from a new angle. It's just like a new light, like looking down instead of looking up. Well, they are looking down instead of just looking straight ahead. They just stepped back for that second and took a new look at things and it was bright. I can feel my heart beating. It's beating a little faster than normal or maybe not so much faster. Well, a little faster than normal or maybe not so much faster, well a little faster and a little more intense, it's beating harder. I'm a little restless.

E In what way?

S I don't know, I'm just moving around. I can feel myself moving around and I'm not sitting quietly which would be relaxing.

E What are you seeing now?

S Nothing, well I was yawning. And I was kind of tired. And now I'm imagining the funny faces I could be seeing.

E Could you describe that in more detail?

S Well, basically it's pictures of myself looking around, only my head only looking around a corner and it's like a comical face that will be blown up. Um...hair frizzed out or whatever, um..cheeks puffy, just different faces. And now a high arching doorway just became smaller. Um...it didn't get any thinner in it's width, just um it was an arching doorway, instead of the usual square doorway. It just like shrunk a little bit.

E What's happening to you now?

S Um...It's there, it's just there not doing anything, only now it's a multi-colored doorway. Um...I don't know how you can have a multi-colored doorway because there is nothing there except empty space, where a wall should be, but ah cause there is no door there, it's just a doorway. Um...

E How are you feeling?

S I feel I'm in tune with what I'm seeing and right now I just started seeing things like, much like when I'm high, umm. It's like an egg shaped thing that's different colors, it's getting bigger and bigger and getting smaller, getting bigger, and it's changing colors, and it's I would say psychadelic. There is no definition for psychadelic, but, to use it in terms of that, ah...it's, I'm getting a lot of different colors, seeing an awful lot of colors. Umm it's just like a strobe light was playing in my head. I just saw a bunch of turning blue triangles, different sized, just spinning around in circles, like somebody had dropped them from the air and they had swirled down.

All the colors seem to be moving, they are not standing still and they sometimes change when they are moving.

E What's happening now?

S Well, ah...half of me is not seeing anything, and the other half, it's like my head was fighting, ah...

E In what way?

S Now it's like my whole body was fighting. It's like my right side was trying to relax to, my left side is tightening up to the point where my knee hurts, and it's like the two sides of my body were at war with each other. Or they are taking shifts to torment me. Ummm my left leg is almost, it isn't comfortable and the right side of me isn't feeling anything. It's just, I don't know, it's not an itching type, it's just a pain. It's like a dull ache, it's not a sharp pain.

E Ok our time for the interview is over!

APPENDIX F

OFFICIAL CORRESPONDENCE

## APPENDIX F

### OFFICIAL CORRESPONDENCE

The investigator needs to obtain official clearances from two different groups any time a medication is administered for research purposes to an otherwise normal subject. An application must be made to the Bureau of Drugs, of the Food and Drug Administration, for an exemption so that the physician supervising or conducting the investigation may legally administer that medication to experimental subjects. This application should be made at least thirty days prior to the anticipated starting date for the research project. Application materials and further information can be obtained from:

Food and Drug Administration  
Bureau of Drugs  
5600 Fischers Lane  
Rockville, Maryland  
20852

Upon approval of an investigator's application, the FDA assigns an Investigation-New Drug research number (IND number) to that investigator and he can then conduct his research. Our IND number is 10586, and copies of official correspondence can be found in this appendix.

A local clearance must also be obtained from the appropriate committee at the institution at which research is being conducted. The appropriate committee at Michigan State University is the Committee on Research Involving Human Subjects and is coordinated by the Office of Health Programs, Room 423, Administration Building.

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
FOOD AND DRUG ADMINISTRATION  
ROCKVILLE, MARYLAND 20852

IND 10,586

Lionel Rosen, M.D.  
c/o Mr. Grey R. Larison  
Department of Psychology  
Olds Hall  
Michigan State University  
East Lansing, Michigan 48824

MAY 28 1974

Dear Dr. Rosen:

We acknowledge receipt of your Notice of Claimed Investigational Exemption for a New Drug submitted pursuant to section 505(i) of the Federal Food, Drug, and Cosmetic Act for the following:

Sponsor: Lionel Rosen, M.D.

Name of Drug: d-amphetamine, meprobamate, amobarbital and ethyl alcohol

Date of Notice: April 18, 1974

Date of Receipt: April 22, 1974

Assigned Reference Number: 10,586

Please identify all future communications concerning this Notice with the IND number shown above.

All submissions should be forwarded in triplicate.

As sponsor of the clinical study proposed in this exemption, you are now free to obtain supplies of the investigational drug and to initiate clinical studies.

The interstate distribution of this drug for investigational use is subject to all the applicable provisions of the Act and regulations. This includes the immediate reporting of any alarming reaction, and submission of progress reports at intervals not to exceed one year.

Sincerely yours,

Barrett Scoville, M.D.  
Deputy Director  
Division of Neuropharmacological  
Drug Products  
Office of Scientific Evaluation  
Bureau of Drugs



WILLIAM G. MILLIKEN, Governor  
BEVERLY J. CLARK, Director

May 3, 1974

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

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Lionel W. Rosen, M.D.  
MSU Health Center  
Department of Psychiatry  
East Lansing, Michigan 48824

Dear Doctor Rosen:

Our office acknowledges receipt of your letter of March 28, 1974 together with a copy of your protocol entitled "The Use of Emergent Uncovering, Client-Centered Therapy and Selected Drugs To Lift Post-hypnotic Repression".

Your registration as a physician under the Michigan Controlled Substances Act, Act 196, P.A. 1971 as amended entitles you to prescribe or dispense controlled substances and to conduct research.

Under paragraph R 338.3133 (4) we quote:

A physician registered to prescribe or dispense controlled substances listed in schedules 2 to 5 may conduct research with those substances and a registered physician authorized to conduct research with schedule 1 substances under federal law may conduct research with those substances upon furnishing the administrator evidence of that federal registration. A separate registration is not required for this research activity.

We trust the above information will answer your inquiry and that of Mr. Grey Larison.

Sincerely yours,

MICHIGAN BOARD OF PHARMACY

*Robert R. Eldredge*

Robert R. Eldredge  
Executive Secretary

RRE/rr



MICHIGAN STATE UNIVERSITY -- East Lansing, Michigan, 48823

To Grey Larison

The project entitled The Use of Emergent Uncovering, Client-Centered Therapy and Selected Drugs To Lift Posthypnotic Repression

whose principal investigator will be Grey Larison

has been reviewed by our institutional committee for the use of human subjects.

       This application does not include activities involving human subjects.

  x   This application includes activities involving human subjects. Our committee has reviewed and approved it on 5/22/74.

*Robert D. Schultz*  
Asst. Coordinator for Health Programs  
Title 5/22/74  
Date



APPENDIX G

RAW DATA

# APPENDIX G

## RAW DATA

Index of Awareness scores and their log transformed values.

Groups and Subjects			Session 1 or 2	T <sub>1</sub> or T <sub>2</sub>	Raw Score X	Log X
No drug	G <sub>1</sub>	1	1	2	100	2.000
			2	1	180	2.255
		2	1	1	44	1.644
			2	2	112	2.049
		3	1	2	40	1.602
			2	1	84	1.924
		4	1	1	16	1.204
			2	2	4	.602
		17	1	2	76	1.880
			2	1	8	.903
		18	1	1	220	2.342
			2	2	140	2.146
		19	1	1	4	.602
			2	2	8	.903
		20	1	1	50	1.699
			2	2	32	1.505
Placebo	G <sub>2</sub>	9	1	2	20	1.301
			2	1	18	1.255
		10	1	1	130	2.114
			2	2	14	1.146
		11*	1	2	60	1.778
			1	1	8	.903
		12	2	2	42	1.623
			1	2	52	1.716
		13	2	1	144	2.158
			1	1	24	1.380
		14	2	2	18	1.255
			1	1	48	1.681
		15	2	2	144	2.158
			1	2	14	1.146
		16	2	1	72	1.857

## Index of Awareness scores, cont'd.

Groups and Subjects			Session 1 or 2	T <sub>1</sub> or T <sub>2</sub>	Raw Score X	Log X
Alcohol	G <sub>3</sub>	5	1	2	10	1.000
			2	1	100	2.000
		6	1	1	74	1.869
			2	2	44	1.644
		7	1	1	2	.301
			2	2	14	1.146
		8	1	2	44	1.644
			2	1	120	2.079
		21	1	1	4	.602
			2	2	24	1.380
		22	1	2	24	1.380
			2	1	80	1.903
		23	1	2	30	1.477
			2	1	1	.000
		24	1	1	170	2.230
			2	2	188	2.274
Amphetamine	G <sub>4</sub>	25	1	2	32	1.505
			2	1	144	2.158
		26	1	2	144	2.158
			2	1	112	2.049
		27	1	1	16	1.204
			2	2	190	2.279
		28	1	1	36	1.556
			2	2	4	.602
		37	1	2	14	1.146
			2	1	28	1.447
		38	1	1	80	1.903
			2	2	72	1.857
		39*	2	2	10	1.000
		40	1	2	48	1.681
			2	1	58	1.763
Amytal	G <sub>5</sub>	29	1	2	32	1.505
			2	1	72	1.857
		30	1	2	28	1.447
			2	1	40	1.602
		31	1	1	4	.602
			2	2	6	.778
		32	1	1	24	1.380
			2	2	6	.778

## Index of Awareness scores, cont'd.

Groups and Subjects		Session 1 or 2	T <sub>1</sub> or T <sub>2</sub>	Raw Score X	Log X
Amytal, cont'd.	41	1	1	128	2.107
		2	2	150	2.176
	42	1	2	12	1.079
		2	1	106	2.025
	43	1	2	26	1.415
		2	1	128	2.107
	44	1	1	14	1.146
		2	2	54	1.732
Meprobamate G <sub>6</sub>	33	1	1	80	1.903
		2	2	280	2.447
	34	1	1	36	1.556
		2	2	27	1.431
	35	1	2	26	1.415
		2	1	56	1.748
	36	1	2	4	.602
		2	1	8	.903
	45	1	2	160	2.204
		2	1	96	1.982
	46	1	1	108	2.033
		2	2	48	1.681
	47	1	1	8	.903
		2	2	14	1.146
	48	1	2	8	.903
		2	1	18	1.255
				$\bar{X}=60.101$	$\log \bar{X}=1.536$
				$s_X=59.033$	$s_{\log X}=.527$

\*Data from these two subjects was incomplete due to faulty recording procedures.

Affect scores and their ranks.

Drug Group and <u>Ss</u>		Affect Scores				
		$T_1$	$T_2$	$\bar{T}$	Rank	$T_1 > T_2$
No drug	1	9	5	7	40.5	+
	2	4	7	5.5	27.5	-
	3	7	5	6	31	+
	4	1	1	1	2.5	=
	5	1.5	7	4.25	19.5	-
	6	11	7	9.	48	+
	7	1	2	1.5	6.5	-
	8	4	4	4	17	=
						$R = 192.5$
						$\bar{R} = 24.06$
Placebo	1	4.5	4	4.25	19.5	+
	2	6.5	3.5	5	24	+
	3	5	5	5	24	=
	4	1	3	2	11	-
	5	9	8	8.5	47	+
	6	1.5	4.5	3	12	-
	7	4	9	6.5	36.5	-
	8	9	3.5	6.25	33.5	+
						$R = 207.5$
						$\bar{R} = 25.94$
Alcohol	1	5	2.5	3.75	14	+
	2	7.5	4.5	6	31	+
	3	.5	2	1.25	5	-
	4	6.5	6	6.25	33.5	+
	5	1	2	1.5	6.5	-
	6	10	6	8	45	+
	7	.5	3	1.75	9	-
	8	8	8	8	45	=
						$R = 189$
						$\bar{R} = 23.63$
Amphetamine	1	9	4	6.5	36.5	+
	2	7	6.5	6.75	39	+
	3	3	9	6	31	-
	4	9	1	5	24	+
	5	5	3	4	17	+
	6	5	9	7	40.5	-
	7	3.57	2.5	3.04	13	+
	8	5	3	4	17	+
						$R = 218$
						$\bar{R} = 27.25$

Affect scores and their ranks, cont'd.

Drug Group and <u>Ss</u>		Affect Scores					
		$T_1$	$T_2$	$\bar{T}$	Rank	$T_1 > T_2$	
Amytal	1	7.5	4	5.75	29	+	R = 183.5 $\bar{R}$ = 22.94
	2	5	4.5	4.75	21.5	+	
	3	1	1	1	2.5	=	
	4	2	1.5	1.75	9	+	
	5	8	7	7.5	42.5	+	
	6	11	2	6.5	36.5	+	
	7	6	5	5.5	27.5	+	
	8	3	4.5	3.8	15	-	
Meprobamate	1	5	10	7.5	42.5	-	R = 185.5 $\bar{R}$ = 23.19
	2	6	4.5	5.25	26	+	
	3	7	2.5	4.75	21.5	+	
	4	1	1	1	2.5	=	
	5	8	8	8	45	=	
	6	9	4	6.5	36.5	+	
	7	1	2.5	1.75	9	-	
	8	1	1	1	2.5	=	

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