

A COMPARISON OF OEDIPAL AND PEER SEX
THROUGH THE USE OF HYPNOTICALLY
IMPLANTED PARAMNESIAS

Dissertation for the Degree of Ph. D.
MICHIGAN STATE UNIVERSITY
AARON KARNILOW
1973

THESIS



3 1293 10477 2581

BRARY

Michigan State
University

U-241

B-30-320

~~MAR 0 1977~~ R56

~~MAR 23 1977~~ R70

~~MAR 23 1977~~ R60

~~MAR 23 1977~~ R71

~~JUN 22 1977~~ R67

~~MAR 4 1977~~ R55

~~MAR 12 1977~~ R54

~~JUL 23 1977~~ R38

~~AUG 0 1977~~ R50

~~OCT 15 1977~~ R91

ABSTRACT

A COMPARISON OF OEDIPAL AND PEER SEX THROUGH THE USE OF HYPNOTICALLY IMPLANTED PARAMNESIAS

By

Aaron Karnilow

Two groups of twelve hypnotized male Ss were given posthypnotic conflict involving sexual impulses directed towards either an oepipal or peer age female. The conflicts were posthypnotically activated through the use of tachistoscopically presented conflict words and the resultant behavior scored for degree of repression, type of symptom and frequency of symptoms. No difference was found between the two groups in terms of type of symptom and degree of repression, but the oedipal group produced a significantly higher frequency of symptoms than the peer group.

The finding that a curvilinear relationship exists between degree of repression and frequency of symptoms was consistant with that reported by earlier investigators.

A COMPARISON OF OEDIPAL AND PEER SEX
THROUGH THE USE OF HYPNOTICALLY
IMPLANTED PARAMNESIAS

By

Aaron Karnilow

A DISSERTATION

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

DOCTOR OF PHILOSOPHY

Department of Psychology

1973



6986557

ACKNOWLEDGMENTS

I wish to take this opportunity to thank all of those people who made this study possible. Dr. Gil DeRath and Mr. Connors who got the equipment going. Mike Bowman and Joel Cavazos who kept my morale up. Ruben Gur, Ira Moses, David Rubin, and Don Stern who helped with the various aspects of the study. The members of my committee, including the late Dr. Bill Kell who taught me that people are more important than theories, Dr. Griffith Freed, for his understanding and contribution to my graduate education, Dr. Donald Grummon for his helpful criticisms and worthwhile suggestions, and Dr. Norman Abeles who was kind enough to join my committee at the last moment.

I would also like to thank my two favorite psychiatrists, Drs. Sam Black and Morris Levy, for their friendship, supervision, and encouragement to seek a professional career in psychotherapy, as well as Dr. John Wakeley for granting me the interview which directly led to my being admitted to the clinical program.

Dr. Joseph Reyher, my mentor, has been with me throughout my graduate career. During these years he has, more than any other person, influenced not only my education, but my

life. He has helped me to become a psychotherapist and tried his darnedest to turn me into a competent researcher. Without his efforts this dissertation would not have become a reality. Joe has always set the very finest example for my emerging identity as a clinical psychologist and I am sincerely grateful for all that he has done for me.

To a kid who dreamt that he would someday become a psychologist.



TABLE OF CONTENTS

	Page
LIST OF TABLES	vi
LIST OF FIGURES	vii
INTRODUCTION	1
Hypotheses	5
Method	6
Apparatus and Experimental Setting	6
Subjects	6
Procedure	7
Word List	7
Introduction to Implantation of Paramnesia	8
Oedipal Paramnesia	8
Peer Sexual Paramnesia	10
Posthypnotic Suggestion for Activating Drive	12
Light Response (LR)	13
Activation of Posthypnotic Conflict	14
Pump Priming Instructions	14
Amnesia Determination	15
Removal of Paramnesia	16
Synopsis of Experimental Design	16
Measures and Scoring Procedures	16
Amnesia Determination Checklist--Oedipal	19
RESULTS	21
Experimenter Bias	21
Interrater Reliability	21
Efficacy of Experimental Procedure	22
Hypotheses	24
Additional Analysis	33
DISCUSSION	40
REFERENCES	51
APPENDICES	54

LIST OF TABLES

Table	Page
1. Spearman Rank Order Correlations Between Degree of Repression (R) and Both the Symptomatic Reaction Scale (SRS) and the Proportion of Psychosomatic Symptoms . . .	32

LIST OF FIGURES

Figure	Page
1. Post hoc R Vs. Original SRS (Reyher 1958) . .	30
2. Post hoc R Vs. Burns SRS	31
3. Proportion of Psychosomatic Symptoms Vs. Post hoc R	34
4. Modified R Vs. Burns SRS	35
5. Mean Frequency of Symptoms Vs. R	36
6. Mean Frequency of Symptoms Vs. Modified R . .	37
7. Mean Frequency of Symptoms Vs. Post hoc R . .	38

INTRODUCTION

Luria (1932) pioneered the first important research use of hypnotically implanted paramnesias by demonstrating that an induced conflict was responsible for posthypnotic disturbances in breathing, verbal associations and hand pressure. His findings were essentially replicated by Erickson, Huston, and Shakow (1934) and extended by Bobbitt (1958) who provided for the increased awareness of the paramnesia and reported a curvilinear relationship between degree of awareness and disturbance as measured by G.S.R. Eisenbud (1937) and Wolberg (1947) were the first to report manifestations of clinical psychopathology resulting from suggestions to act upon a reproachable impulse.

In a continuing line of research, Reyher (1958, 1961, 1967), Perkins (1965) and Sommerschield (1969) used a word recognition task to stimulate posthypnotically anxiety-producing drives and drive related impulses based on either anger or oedipal sex. These drives and drive-related impulses stemmed from an implanted paramnesia (a false memory of a made up story). They reported that most Ss spontaneously inhibit (repressed) the drive and/or drive-related impulses and their findings consistently show that a

particular sequence of symptoms is generated as repression weakens. This sequence (See Symptomatic Reaction Scale, Appendix A) initially was determined by Reyher (1958), who correlated each category of symptoms with the degree of repression and then ranked them in terms of the magnitudes of their correlation coefficients. A second method for empirically determining this sequence was utilized by Reyher (1967) and Sommerschild and Reyher (in press). In these investigations the induced drive was activated posthypnotically at three levels of intensity and for those Ss who progressively achieved greater awareness it was found that mean intensity was correlated significantly with the Symptomatic Reaction Scale. Reyher (Reyher 1958, 1967; Sommerschild and Reyher, in press) maintains "That the degree of repression of a drive (any drive) is a crucial factor in the production of a particular symptom" (Sommerschild and Reyher, in press). These investigators theorize that as repression weakens, anxiety increases in intensity affecting more physiological functions until at some point the drive begins to achieve representation in S's behavior and/or symptoms. As this breakdown of repression continues, the drive or drive related impulse eventually enters S's conscious thoughts and ceases to be pathogenic.

Burns (1972) used free imagery to recall a paramnesia tinged with oedipal sex. Activation of the S's sexual drive was accomplished by eyeclosure and E's query "How

are you doing?" They found that recall of the sexualized elements of the paramnesia did not occur for many of the Ss and that these Ss reported and experienced symptoms. Since this did not happen with their simulating Ss, they concluded that the induction of the paramnesia actually stimulated S's own oedipus complex. Burns also presented evidence to support a curvilinear relationship between dependent variables and degree of repression. He opined that as repression breaks down and the drive or drive-related impulse begins to encroach upon the awareness threshold, it acquires increasingly greater response-producing properties, progressively activating more biological systems until that point when the drive or drive-related impulse crosses the awareness threshold and, while in process of achieving progressively more blatant representation in awareness, is subject to rational secondary process evaluation. As this secondary process evaluation commences the intensity of the anxiety produced by the drive and drive-related impulses decreases. Thus the relationship between the degree of repression and a dependent variable (e.g., frequency of symptoms) should be a curvilinear one, first rising and then peaking after which all values begin decreasing until complete representation of the drive occurs in awareness.

Briefly summarized the theoretical position taken by the previously mentioned investigators in this line of

research is that there is a sudden rush of drive-related affect and impulses which are temporarily too powerful for the existing inhibition against impulses of this type resulting in the encroachment of the impulses upon awareness, producing anxiety and/or symptoms until a new equilibrium between impulse and repression is reached.

Karnilow (1971), Wolfe (1971) and Veenstra (1969) used a different paramnesia, which did not include a reproachable act, and failed to produce an inhibition of the posthypnotic impulses. Also, their S's did not report symptoms. Larison (1972) utilizing the same paramnesia as Karnilow, Wolfe, and Veenstra, did report some mild symptoms. These may be accounted for by his use of a pump priming procedure, also used by Reyher, Perkins, and Sommerschield; specifically the posthypnotic suggestion for S to give a complete and accurate description of how he was feeling, cued by the question, "How are you doing?", and asked after S verbalized a stimulus word. This procedure may have caused a sudden intensification of the impulses. Larison found that an amnesia for the paramnesia did not produce more symptoms than the absence of amnesia.

While reviewing this line of research this author's attention was particularly drawn to the aforementioned studies done by Sommerschield (1969) and Burns (1972). In both of these studies a paramnesia with strong oedipal

connotations was significantly correlated with the production of psychosomatic symptoms. Since his own earlier investigation (Karnilow 1971) utilized the paramnesia involving anger developed by Veenstra, the contribution of the experimenter to the obtained effects could be ascertained if this same E also used the oedipal paramnesia used by both Sommerschield (1969) and Burns (1972). Furthermore, if the oedipal paramnesia proves to be pathogenic for Karnilow also, is this due to its oedipal implications or to some other factor in the paramnesia?

Hypotheses

Hypothesis 1

The sudden activation of sexual feelings and impulses associated with an older, married female will produce greater repression in males than the sudden activation of sexual feelings and impulses associated with a female peer.

Hypothesis 2

The type of symptom¹ produced by the sudden activation of sexual feelings and impulses is related to the degree of repression.

Hypothesis 3

There is a curvilinear relationship between the frequency of symptoms and the degree of repression.

¹See SRS scale Appendix A.

Method

Apparatus and Experimental Setting

The sessions were conducted in a sound insulated lab with a Sony tape recorder being used to record the session. The tachistoscope consisted of a Kodak Automatic Slide Projector, equipped with an automatic shutter, and a Variac, which was used to regulate the level of illumination. The stimulus words were typed on transparent plastic material and mounted in standard 35mm slide frames. During the tachistoscopic presentation the Ss were reclining in a large comfortable lounging chair and instructed to look at a screen approximately four feet in front of them.

Subjects

Twenty-four susceptible male volunteers over the age of eighteen were selected from a group of introductory psychology students who had volunteered to be subjects in hypnosis research. They had previously participated in a group hypnosis session where the Harvard Group Scale of Hypnotic Susceptibility had been administered and were selected for this research on the basis of the following criteria:

1. Absence of outstanding psychopathology.
2. A score of ten or higher on the Harvard Scale.

All Ss were told that this was research in hypnosis and perception, and that upon completion of the project they

would be invited to attend a session where E would explain what this line of research was all about and answer any questions which they might have.

Procedure

The Ss were randomly assigned to either condition I, which contained a paramnesia of a sexual experience with an older woman, or condition II which contained the paramnesia of a sexual experience with a female peer, until twelve were present in each.

Word List

Ten conflict words (C-words) and five neutral words (N-words) equated in terms of frequency of usage according to the Thorndike-Lorge word count, were selected from a larger list of words used by Reyher (1958) and Perkins (1965). During the experimental session following the hypnotic implantation of the paramnesia, S was awakened and the word list was presented through the use of the "T" scope.

Conflict Words		Neutral Words
<u>Food</u>	<u>Money</u>	<u>Geometric Shapes</u>
butter	quarter	triangle
soup	dollar	cone
cucumber	penny	circle
rye	dime	angle
milk	nickle	square



Introduction to Im-
plantation of
Paramnesia

Erickson's (1944) preliminary instructions were used:

"Now as you continue to rest in a deep, sleep-like state, I'm going to recall to your mind an event which occurred not too long ago. As I recount this event to you, you will recall fully and completely everything that happened. As I recall this experience, 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 remember the emotions which you had at this time, and you will feel as you did while this occurrence was taking place. Nod your head if you understand."

Oedipal Paramnesia

Sommerschild's (1969) modification of Eisenbud's (1937) original was used:

One evening while you were out for a leisurely walk your attention was drawn to an attractive, older woman who seemed quite upset. She was frantic and revealed that she had lost her purse and did not have money for her bus fare. Wishing to help her, you took out your wallet, but discovered that you only had a ten dollar bill. Still wanting to help, you offered to accompany her to the bus stop and pay

her fare. She, however, insisted that you accompany her to her apartment in order that she might repay you. You agreed, although somewhat reluctantly. Once within her apartment, she suggested that you might like to look at her coin collection while she left to find some money for the bus fare. There was a dime, a penny, a dollar, a quarter, and a nickel. If you saw all of these as I mentioned them, raise your right hand. When she returned, she seemed very friendly and was reluctant to have you leave. After talking with her about the collection, she offered you a drink and a snack. There was soup, rye bread and butter for sandwiches, milk and a cucumber. If you saw all of these as I mentioned them, raise your right hand. She then turned on the record player and invited you to dance. 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 by her physical closeness, glances and words. Her heavy breathing indicated that she was becoming extremely sexually aroused. And you too found yourself becoming extremely aroused sexually. You were just starting to make love to her when it occurred to you that she was older, respectable, perhaps married and undoubtedly, very experienced. You wondered if you would be able to satisfy her, and thought of 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. Later you learned that the only way you could attain peace of mind was to completely push the whole experience into the back of your mind.

Peer Sexual Paramnesia

The oedipal paramnesia was altered to make it peer sex rather than oedipal sex:

One evening while you were out for a leisurely walk your attention was drawn to an attractive young lady about your own age, who seemed quite upset. Frantically, the girl revealed that she had lost her purse and didn't have money for her bus fare. Wishing to help the girl you took out your wallet, but discovered that you only had a ten dollar bill. Still wanting to help, you offered to accompany her to the bus stop and pay her fare. She, however, insisted that you accompany her to her apartment in order that she might repay you. You agreed, although somewhat reluctantly. Once within her apartment, she suggested that you might like to look at her coin collection while she left to find some

money for the bus fare. There was a dime, a penny, a dollar, a quarter, and a nickel. If you saw all of these as I mentioned them, raise your right hand. When she returned she seemed very friendly and was reluctant to have you leave. After talking with her about the collection, she offered you a drink and a snack. There was soup, rye bread and butter for sandwiches, milk and a cucumber. If you saw all of these as I mentioned them raise your right hand. She then turned on the record player and invited you to dance. 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 by her physical closeness, glances and words. Her heavy breathing indicated that she was becoming extremely sexually aroused. And you too found yourself becoming extremely aroused sexually. You were just starting to make love to her when it occurred to you that she was undoubtedly very experienced. You wondered if you would be able to satisfy her and thought of 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. Later you learned that the only way you could attain peace of mind was to completely push the whole experience into the back of your mind.

The word "respectable" which is included in the oedipal paramnesia was deleted from the peer paramnesia as the young lady could not logically be both respectable and very experienced.² Due to the moral and ethical considerations of the word respectable it is not inconceivable that this variable contributed to or was responsible for the pathogenicity of the oedipal paramnesia.

Posthypnotic Suggestion for Activating Drive

Sommerschild's (1969) instructions were used.

Now listen carefully. The woman I told you about actually works in this laboratory. In fact, you will meet with her briefly following this experiment. After you are awakened, you will not be able to remember anything about this session. However, sexual feelings will well up inside of you whenever words associated with food or money are mentioned. You will realize that the feelings are directed towards the woman, whom you'll see shortly, and you will want to tell me how you would like to express these feelings towards her.

Your sexual feelings will be uncontrollable and you will have an irresistible urge to tell me how you would like

to express these sexual feelings towards this woman¹ when you see her. The sexual feelings will boil up inside of you and you will feel compelled to talk about expressing your uncontrollable sexual feelings.

Also whenever I ask you "How are you doing?", you will give me a complete and accurate description of what you are feeling.

Light Response (LR)

The LR provided an objective indicator of drive or drive-related impulses which operated outside of Ss awareness, and therefore, was not subject to suppression.

A simple handle was constructed that had a micro-switch situated on the finger rest. This device was placed on S's side and positioned in such a way that he could conveniently grip it with his left hand. When depressed, the microswitch closed a circuit lighting a small bulb on E's side of the panel. The bulb was shielded in order to eliminate reflections. In the awake state, S was told to hold on to the handle with his left hand in order to complete a circuit, and while in the hypnotized state, he was told:

Now I want to tell you about something else that will happen after I awaken you. Whenever I say the word "ready," you will grab the handle on your left with your left hand in such a way that your thumb is placed lightly

¹Girl was substituted for woman in the peer condition.

on the switch. You will do this even though you will not be consciously aware of your thumb. Nod your head if you understand.

Now, listen carefully. If anything happens that further stirs up your feelings, even though you may not be consciously aware of it, your thumb will come to life and automatically push down on the switch. You will have no conscious knowledge that your thumb is behaving in this way. Nod your head if you understand.

Activation of Post-hypnotic Conflict

Stimuli were presented via an ascending tachistoscopic procedure with the "T" scope originally set to an exposure level below Ss verbalized recognition threshold and ceasing upon Ss verbalized recognition of the word being shown. A signal that S had correctly identified the word being flashed was provided by sounding a buzzer. This method of communicating with S was chosen to avoid differential reinforcement of conflict and neutral words which may have occurred due to inflections in E's voice. A stimulus always consisted of a conflict word or a neutral word, with conflict words and neutral words presented in random order.

Pump Priming Instructions

The following question was asked if S failed to speak after the presentation of a stimulus word: "How are you doing?"

The pump priming instructions were included in the procedure, despite strong demand characteristics, in an attempt to insure a sufficient amount of psychopathology to test the hypothesis of the research. The pump priming instructions should cause a further intensification of the activated impulses.

Amnesia Determination

The purpose of this was to ascertain, via open ended questioning, the amount of recall S had for the paramnesia. A direct question (4) was not given until last, as a specific request or challenge may serve as a cue for S to recall the paramnesia. Question 4 was included for its intrinsic interest and was not used in assessing the completeness of the amnesia for the paramnesia.

After the tachistoscopic phase was completed, S was asked:

1. Is there anything you would like to comment on about the research?
2. Could you tell me what thoughts were going through your mind while I was presenting the words to you?
3. Is there anything on your mind that you were reluctant to tell me about?
4. Do you remember anything at all about what took place while you were hypnotized?

This amnesia determination differs from the repression score R (page 17), in that R is a measure of the induced drive and sexual impulse expressed by S during the tachistoscopic presentation of cue words. The amnesia determination is a measure of S's amnesia for the paramnesia per se, and was made

on the basis of S's verbal responses to questions 1-3, which were asked by E immediately following the presentation of cue words.

Removal of Paramnesia

At the conclusion of the experiment S was hypnotized and told that the events which were recounted to him earlier really did not happen at all. The experience was not true, and the feelings were not his own. It was a completely made up story. He was then told that all suggestions which I had given him are cancelled.

Synopsis of Experimental Design

Group hypnosis session.

Establishing the mean visual recognition threshold for the tachistoscopically presented words.

Hypnosis.

Paramnesia implanted.

S awakened.

Tachistoscopic administration of word list.

Amnesia determination.

Hypnosis reinstated and treatment removed.

Discussion of experiment.

Measures and Scoring Procedures

The frequency and type of symptoms produced by Ss during the tachistoscopic presentation of stimulus words

were classified according to Burns Symptomatic Reaction Scale (See Appendix A).

A repression score (R) was calculated according to the following formula which is a modification of the earlier formulas made in order to increase the differentiation between Ss for the higher degrees of repression:

$$\text{Where } R = \frac{1}{A}, \text{ when } A = \frac{4(FA) + 3(PA) + 2(CC) + (LR)}{TC}$$

Where A is the average degree of awareness of the induced drive and sexual impulse over the experimental sessions; FA (full awareness) awareness of both drive and impulse (see below) upon c-word recognition; PA (partial awareness), awareness of either the drive or sexual impulse upon c-word recognition; CC, conscious correlates of the unconscious sexuality upon c-word recognition such as feeling groovy, hyper or excitement; LR, light response; and TC, the total number of c-words presented.

Drive is scored when there is a general awareness of sexual feeling e.g., "I feel horney." Sexual impulse is scored when S specifically refers to his sexual feelings in relation to an object, as they are embedded in the aspects of the paramnesia, e.g., "Last night I was over to this woman's house. We were dancing very closely, and I wanted to make love to her."

In the event that S responds to a c-word in a manner which would normally be scored a conscious correlate but might reflect S's idiosyncratic way of verbalizing sexual drive, E will, after the presentation of all conflict and neutral stimulus words, ask S "What does _____ mean?" For example, if S were to respond to a word with, "Junior is getting excited," it would be scored a conscious correlate if he explained that Junior was the name his family called him; however, if Junior was his idiosyncratic name for his penis, then it would be scored partial awareness.

S's verbal responses to the words and amnesia determination were typed prior to scoring. Two raters, advanced students in psychology, were used to score the protocols. The scoring was performed blind in the sense that the raters did not know if the protocols were from Condition I or Condition II.

Protocols of similar data from previous studies in this line of research such as Perkins (1965) and Burns (1972) were scored in a similar fashion. Perkins reported product-moment correlation coefficients of .907 and .967 between judges scores for an earlier form of the Repression and Symptomatic Reaction Scales respectively, while Burns reports the reliability of his judges scores for the symptomatic Reaction Scale, as determined by the Spearman Rank Order Correlation Method, to be .97.

Amnesia Determination Checklist--Oedipal¹

1. Out walking.
2. Attractive woman.
3. She frantically revealed she lost her purse and didn't have money for her bus fare.
4. Older woman.
5. Took out wallet and discovered only a \$10 bill.
6. Offered to accompany her to bus stop and pay her fare.
7. She insisted that you accompany her to her apartment.
8. Agreed reluctantly.
9. Looked at coin collection.
10. "Signal when visualize coins."
11. Offered you a drink and a snack.
12. "Signal when you visualize butter, bread, etc."
13. She turned on record player and invited you to dance.
14. You were beginning to get turned on, she was very good looking and it seemed like a pity to have all her beautiful softness and curves go to waste.
15. She seemed to be silently inviting you by her physical closeness, glances and words.
16. Her heavy breathing indicated that she was becoming extremely sexually aroused.
17. You, yourself, became extremely sexually aroused.
18. You were just starting to make love to her.
19. When it occurred to you that she was older, respectable, perhaps married and undoubtedly very experienced.
20. Could you satisfy her? How traumatic it would be if she laughed at your advances.

21. Became increasingly excited and aroused.
22. Wanted to make love.
23. Phone rang.
24. Became more aroused.
25. Made excuse and left, promising to call back.
26. Only way to obtain peace of mind was to push experience into the back of your mind.

¹For the Peer Paramnesia items No. 2 and No. 19 were changed as follows:

2. Young lady about your own age.
19. Occurred to you that she was very experienced.



RESULTS

Experimenter Bias

To determine whether the experimenter biased the results by differential verbal behavior the sessions were taped. The tapes were then edited to include only the experimenter's recounting of the paramnesia and posthypnotic instructions to the subjects. The oedipal and peer instructions then were randomly paired so that there were twelve pairs of tapes. The judges listened to each pair and rated them either yes or no, for differences which would indicate that the experimenter had communicated his biases through his verbal behavior. Earlier research such as Wiseman and Reyher (1973) has shown that the tape recorder when used for this purpose serves as an effective control on the experimenters behavior. Both judges scored each of the twelve pairs no, giving us 100% agreement that this had not occurred. Using the binomial expansion the probability that this would occur by chance is less than 1 out of 1000 ($p < .001$).

Interrater Reliability

The verbatim transcripts of the subjects verbal responses during the tachistoscopic presentation of stimulus words then were independently scored for SRS symptoms by

the two judges. The per cent of interrater agreement for the SRS was found to be 60.77%.

The greatest source of disagreement between judges was item 49, state of confusion. Of the 31 times that the judges disagreed, 21 of these times involved item 49. Since item 49 could not be reliably scored, a decision was made to exclude it from the Burns SRS used in scoring our data. The per cent of interrater agreement for the SRS with item 49 excluded was 81% which is comparable to that reported by Sommerschild and Reyher (in press) and which is quite acceptable for research purposes.

The protocols were scored for awareness by a judge who had not participated in the SRS scoring and the senior judge who had. The per cent of interrater agreement for the awareness scale (modified R) was found to be 82%. The scored protocols of the senior judge were used in analyzing the data.

Efficacy of Experimental Procedure

Comparison of conflict and neutral words. To assess the pathogenic (symptom producing) properties of the experimental procedure the frequency of symptoms produced upon recognition of the conflict words was compared to that of the neutral words using a t test. The obtained T was found to be 3.23 which is significant at the .01 level and the

mean difference was in the predicted direction. The means were 4.67 and 2.58 for the conflict and neutral words, respectively.

What follows are selections from the protocols which this author found interesting in that they illustrate the development of particular types of psychopathology. The reader is referred to Appendix B which contains the complete set of all 24 protocols and their Burns SRS scores.

<u>Protocol</u>	<u>Word</u>	
1	Soup	I feel antsy.
	Nickle	Same way. All of a sudden I'm hyper, my hands are all cold sweat.
3	Nickle	Somebody knock at door?
4	Rye	My hands are tightening up and my palms are getting sweaty, and it seems like they are falling asleep.
7	Dime	My legs kind of feel tense.
9	Butter	My body feels like its floating on air.
12	Soup	I'm still, I don't know why I feel fidgety, things don't seem right.
	Dime	My back is starting to sweat.
13	Butter	My heart is beating a little faster.
15	Soup	Feel a little nervous.

<u>Protocol</u>	<u>Word</u>	
19	Nickle	Fine, nervous, I don't know, I just can't explain it.
20	Soup	I can't really describe how I feel. I feel like just kind of floating in this chair.
23	Cucumber	Well, my feet, they started to tingle.

The following protocols illustrate both the high proportion (100%) of psychosomatic symptoms developed by a good repressor, subject seven, and the low proportion (0%) of psychosomatic symptoms developed by a poor repressor, subject nineteen. (The development of psychosomatic symptoms by both good and poor repressors will be discussed elsewhere in this dissertation.)

7	Soup	Well, uh, a little light headed.
	Dollar	My body feels tingly all over.
	Penny	I feel a little hot and clammy.
	Cucumber	Relaxing, getting a little sweaty and clammy.
19	Soup	Really getting nervous now.
	Dollar	Nervous again, anxiety.
	Penny	Still nervous.
	Cucumber	It seems that the better I read the word, the more anxious I get.

Hypotheses

Hypothesis I, that the sudden activation of repressed sexual feelings and impulses associated with an older,

married female will produce greater repression in males than the sudden activation of repressed sexual feelings and impulses associated with a female peer was not supported by the data. The t test comparing the mean repression score (R) of those subjects who participated in the oedipal condition ($\bar{X} = 3.63$, $n = 12$) with that of the subjects who participated in the peer conditions ($\bar{X} = 3.75$; $n = 11$) was not found to be significantly ($t = .00$, $df = 21$) different.

Hypothesis II, that the type of symptoms produced by the sudden activation of sexual feelings and impulses is related to the degree of repression was rejected using the Burns and Reyher SRS and a modified formula for R .¹

The modified formula is $R = \frac{1}{A}$ when $A = 7(FA) + 6(PA) + 5(CC) + 4(LR) + 2(D) + 2(E) + Am$ where "D" represents derivatives and emotions other than those which were implanted, namely anger, and verbalized by the subject during the tachistoscopic presentation. "E" stands for elements of the paramnesia verbalized during the tachistoscopic presentation, and "Am" stands for the subject's score on the amnesia

¹Our original intention had been to use the formula $R = \frac{1}{A}$ when $A = \frac{4(FA) + 3(PA) + 2(CC)}{TC}$ used by Perkins (1965).

However, as the data was being collected, it became obvious that many (1/3) of our Ss had complete repression and would receive zero as their awareness score. In an attempt to make the R formula more discriminating, it was decided, prior to the actual scoring of the protocols, to include more information relative to awareness so that this problem would be curtailed. The new formula will be called modified R to differentiate it from R , and was used in evaluating hypothesis II. The Spearman rank order correlations computed using both R and modified R , and the SRS appear in Table 1.

determination if 2 or greater e.g., if S scored 1 on the amnesia determination his Am score in the formula would be zero; if he scored 2 it would be 2; 3 would be 3 etc. Full awareness (FA), partial awareness (PA), conscious correlates (CC) and light response (LR) were retained from the earlier formulas. Subjects were ranked according to A within each category beginning with FA, followed in descending order by PA, CC, LR, D, E and Am. This was done in order to assure that Ss having the greatest awareness would be ranked first. After a subject was used in a category he was removed from the pool. Hypothesis II was tested again and also rejected using this modification and the Burns SRS. Theoretically, it is expected that as repression decreases (awareness increases) and the ordinal value of the symptoms on the SRS should increase resulting in an inverse relationship between degree of repression and the SRS. The Spearman rank order correlation was not significant for either the peer paramnesia ($r_s = .15$), the oedipal paramnesia ($r_s = -.02$) or the two groups combined ($r_s = .04$).

Proportion of psychosomatic symptoms. Substituting the proportions of psychosomatic symptoms for the SRS scores, the above analysis was repeated. The obtained correlations for the peer paramnesia ($r_s = .43$), the oedipal paramnesia ($r_s = .06$) and the combined groups ($r_s = .23$) were non significant. The direction of the correlation is positive and

as theoretically predicted there is a direct relationship between degree of repression and the proportion of psychosomatic symptoms.

Post hoc R. Since the seven subjects who did not manifest symptoms did not enter into these analysis, it was decided to include them and generate a continuum of repression characterized by zero scores tending to concentrate at either extreme, the left extreme representing complete repression and the right extreme complete awareness. As described earlier both complete repression and full awareness should not be associated with symptoms.

To approach this ideal continuum only subjects who had elements (E) and/or who had high amnesia (Am) scores needed to be shifted to the right extreme. The fact that most of the zero symptoms scores were accounted for by E and Am suggests that these were misplaced in the weights given to them in the modified formula. Instead of coming last, they should come first. They probably indicate greater awareness than the FA and PA categories because elements of the paramnesia are being recalled, and therefore, the sexual impulses lose their pathogenic properties. The new order of categories was E, Am, FA, PA, CC, LR and D, and the method of ranking within each category was retained. If this new ordering of Ss with zero scores has any validity, the negative correlations between this post hoc R and the

SRS scales, as compared to R or modified R and the SRS scales, should increase. That is, those Ss who were placed in the E and/or Am categories and who manifested symptoms should receive higher ranks because these categories now come first instead of last (have larger weights). Also, the correlation between this post hoc R and the proportion of psychosomatic symptoms should increase, and the correlation between post hoc R and the frequency of symptoms should more closely approach zero. Using this method, the obtained correlation (post hoc R and Burns SRS) though not significant for either of the two paramnesias or the two groups combined, it showed the hoped for increase in the magnitude of the negative correlation for both the combined groups and the oedipal paramnesia. The correlation for the proportion of psychosomatic symptoms was significant for the combined conditions ($r_s = .45$) and showed the predicted increase for both the peer and oedipal conditions (Table 1). The correlation between post hoc R and the frequency of symptoms (combined groups, $r_s = -.08$) was close to zero. Using post hoc R and defining poor repressors as belonging to categories E, Am, FA, and PA and good repressors as belonging to categories CC, LR, D or having zero awareness scores, it was found that 9 of our subjects were poor repressors and 14 were good repressors. As promising as the post hoc R appears to be, it has no bearing on the hypotheses under investigation. This investigation must be replicated with the post hoc R.



In order to determine if our use of the Burns SRS, which was not used by Reyher (1958), Perkins and Reyher (1971), or Sommerschild and Reyher (1973) had in some unknown way altered our findings, all of the correlational analysis involving the Burns SRS, R, modified R, and post hoc R were repeated substituting the original SRS (Reyher, 1958, see Appendix A) used by the above authors. Significant correlations were obtained for both the oedipal condition ($r_s = -.65$) and for the combined condition ($r_s = -.50$) using post hoc R. The obtained correlation between post hoc R and the proportion of psychosomatic symptoms for the combined oedipal and peer conditions, was found to be non-significant when the proportion of psychosomatic symptoms obtained from the original SRS was used in the analysis. Previously, using the proportion of psychosomatic symptoms obtained from the Burns SRS, this analysis had been significant (Table 1). In no other case was there a change in significance of any of the obtained correlations (Table 1).

Figures 1 and 2 graphically show the relationship between post hoc R and the two SRS scales. The relationship between the degree of repression and the ordinal value of the SRS is inverse, as repression decreases (moving from left to right on the R scale), the value of the SRS increases; there is a negative correlation between post hoc R and the SRS.

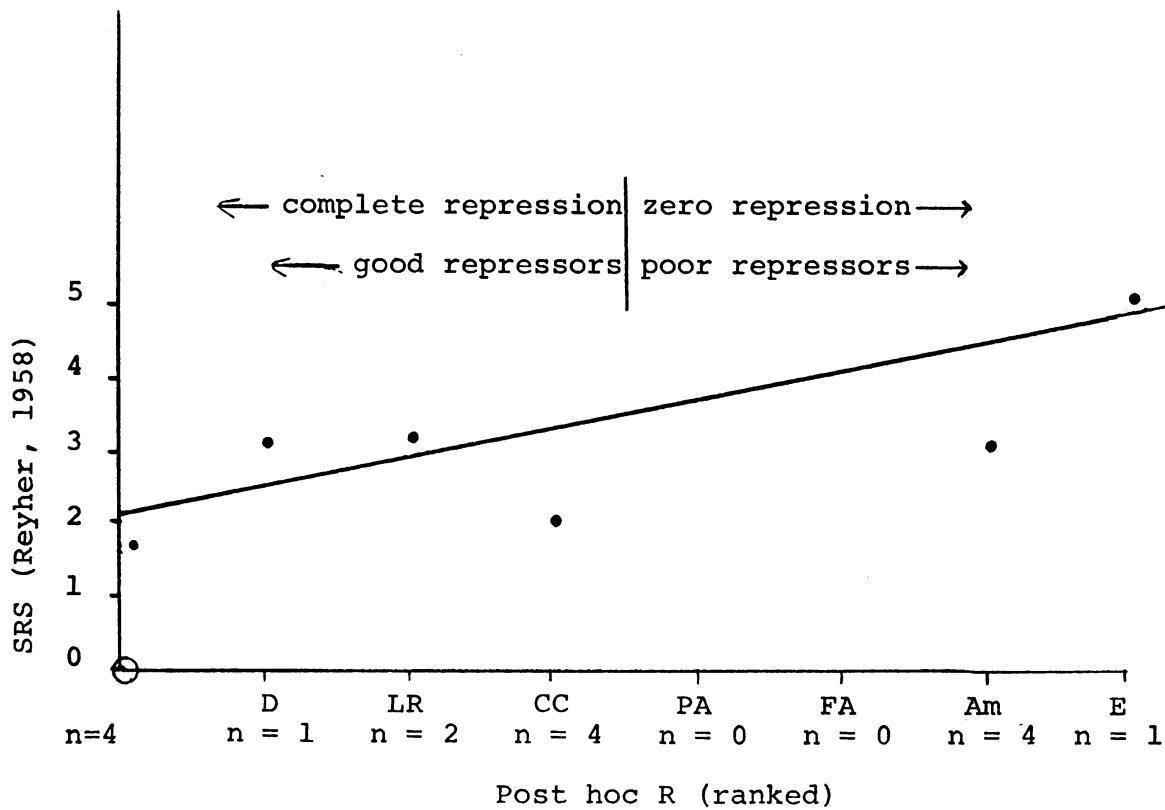
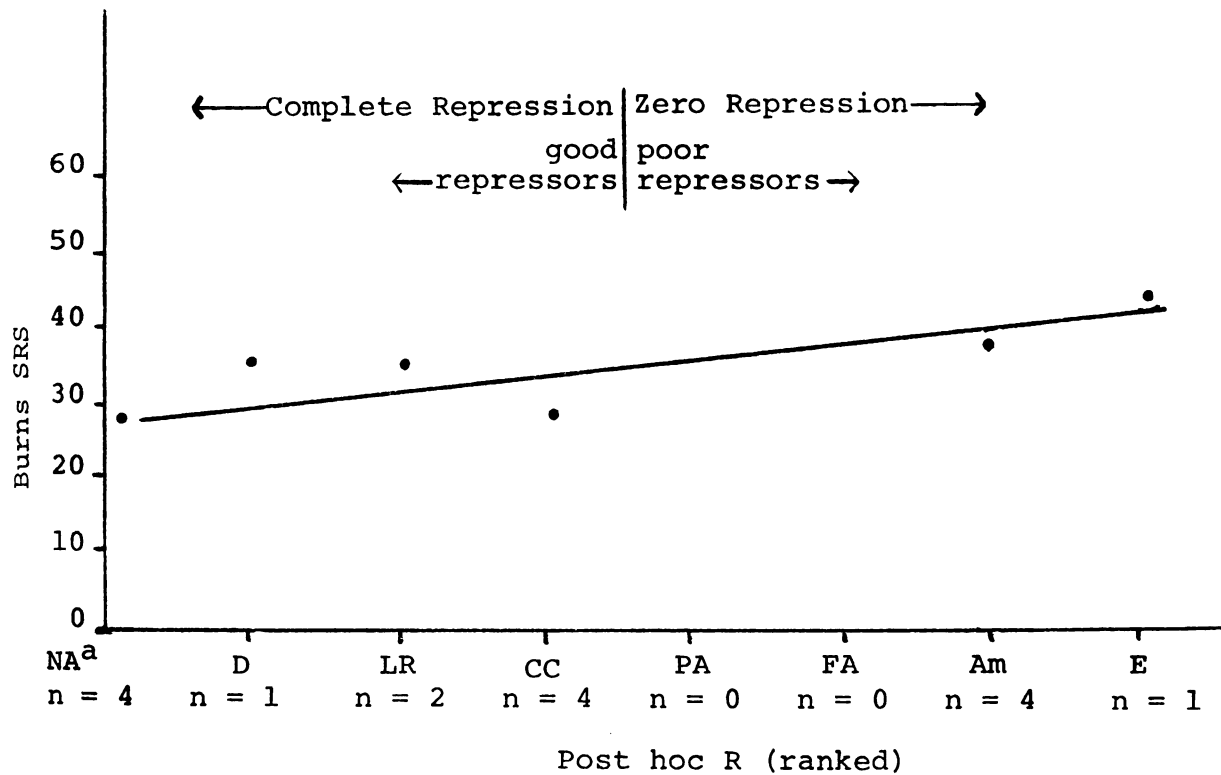


Figure 1.--Post hoc R Vs. Original SRS (Reyher, 1958)



^aNA = Zero Awareness (complete repression)

Figure 2.--Post hoc R Vs. Burns SRS.



TABLE 1.--Spearman Rank Order Correlations Between Degree of Repression (R) and Both the Symptomatic Reaction Scale (SRS) and the Proportion of Psychosomatic Symptoms

	Oedipal and Peer Condition Combined			Oedipal Condition Only N = 9			Peer Condition Only N = 7		
	R	Modified R	Post hoc R	R	Modified R	Post hoc R	R	Modified R	Post hoc R
Burns SRS	.07	.04	-.23	.20	-.02	-.23	.18	.15	-.18
Original SRS	-.04	-.17	-.50*	-.04	-.18	-.65*	-.04	-.01	-.04
Proportion of Psychosomatic Symptoms using Original SRS	-.23	.03	.34	-.34	.02	.37	-.32	-.35	-.32
Proportion of Psychosomatic Symptoms using Burns SRS	.01	.23	.45*	-.37	.06	.30	.44	.43	.44

*
P<.05



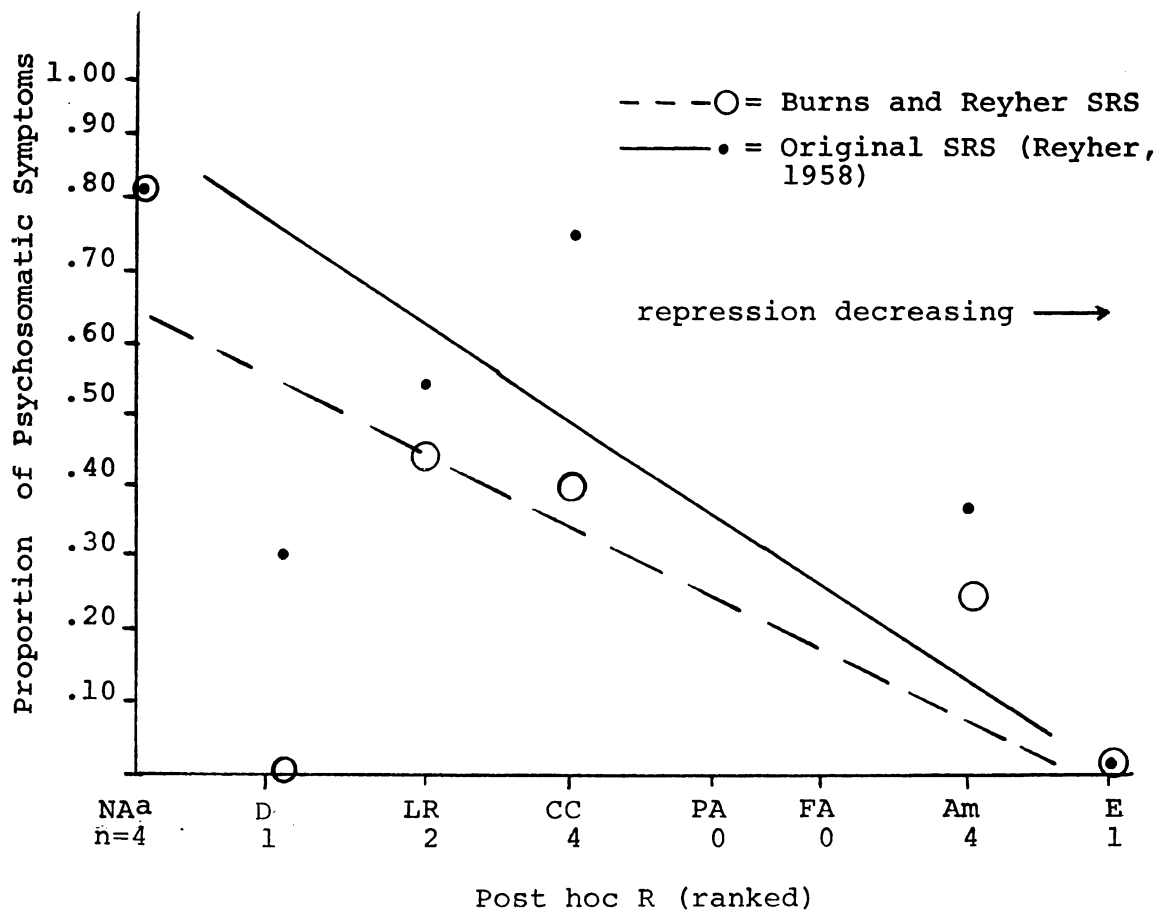
Figure 3 graphically shows the relationship between post hoc R and the proportion of psychosomatic symptoms. This relationship unlike the above ones is direct, that is, as repression decreases the proportion of psychosomatic symptoms decreases.

Figure 4 shows the essentially zero correlation relationship ($r_s = .04$) between modified R and the Burns SRS. It is provided so the reader may visually compare the differences (previously discussed) resulting from obtaining the correlation using modified R as against using post hoc r (Figure 2 vs. Figure 4). The relationship between R and the Burns SRS, as between modified R and SRS, is essentially zero ($r_s = .07$).

Hypothesis III. That there is a curvilinear relationship between the frequency of symptoms (F) and the degree of repression (R) was consistent with the sampling distributions of R (See Figure 7). Figures 5, 6, and 7 show the curves of the three formulas. As in the previous investigations, the sample is small and our conclusions must be drawn tentatively.

Additional Analysis

Frequency of symptoms. Earlier studies in this line of research (Perkins and Reyher, 1971; Sommerschild and Reyher, in press) have described the relationship between



^aNA = Zero Awareness (complete repression)

Figure 3.--Proportion of Psychosomatic Symptoms Vs. Post hoc R.

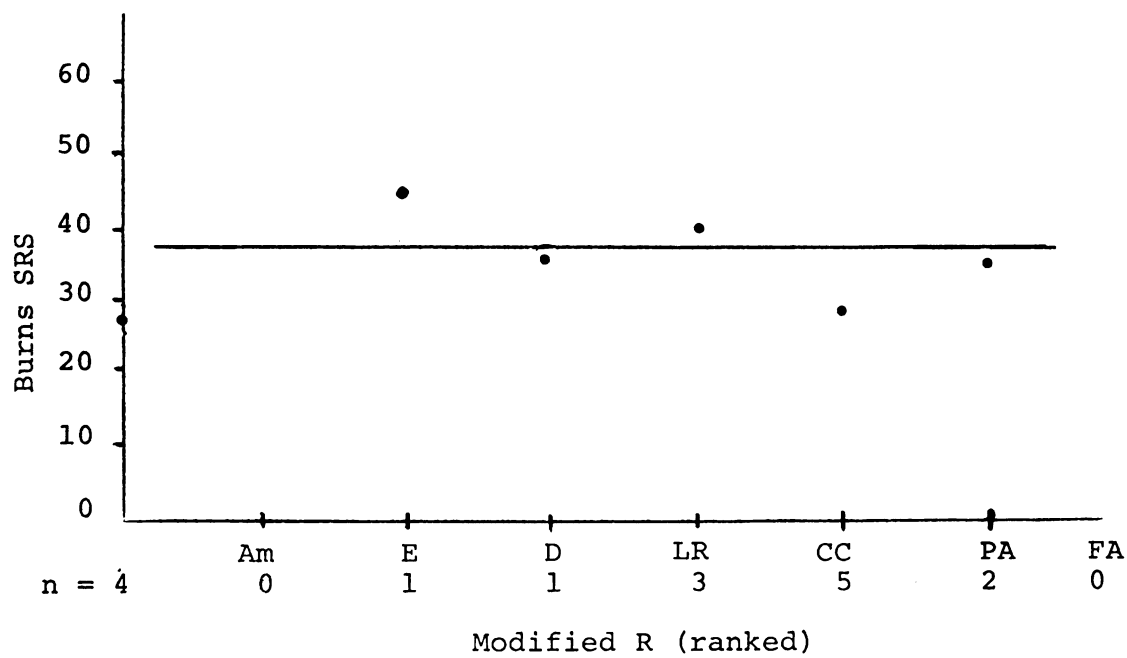


Figure 4.--Modified R Vs. Burns SRS.

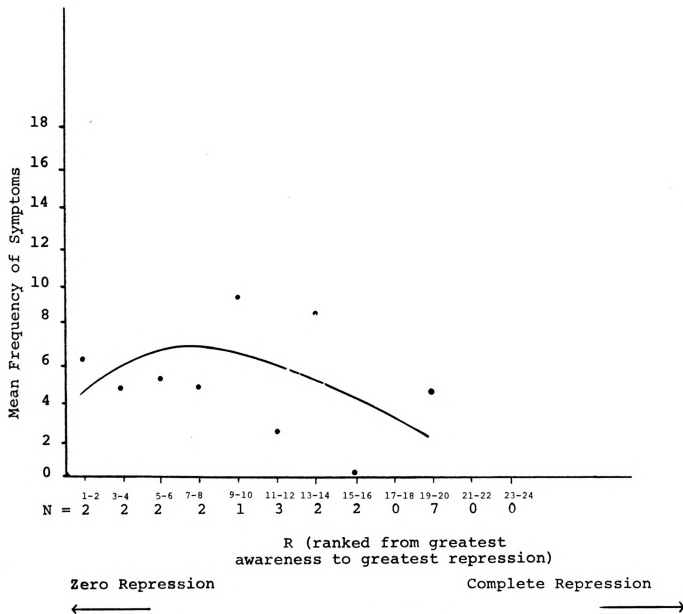


Figure 5.--Mean Frequency of Symptoms Vs. R.

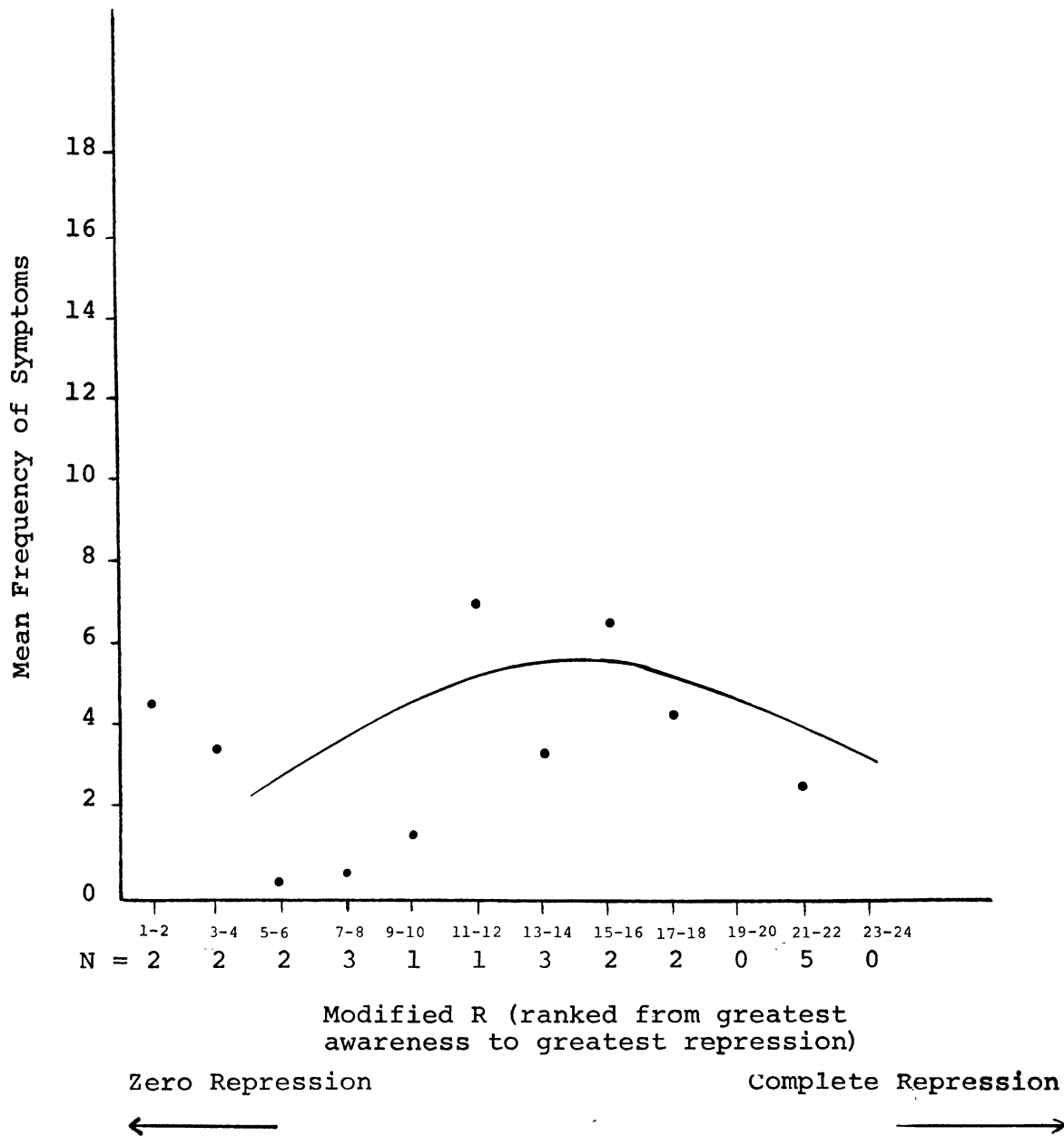


Figure 6.--Mean Frequency of Symptoms Vs. Modified R.

81

81

81

81

81

81

81

81

81

81

81

81

81

81

81

81

81

81

81

81

81

81

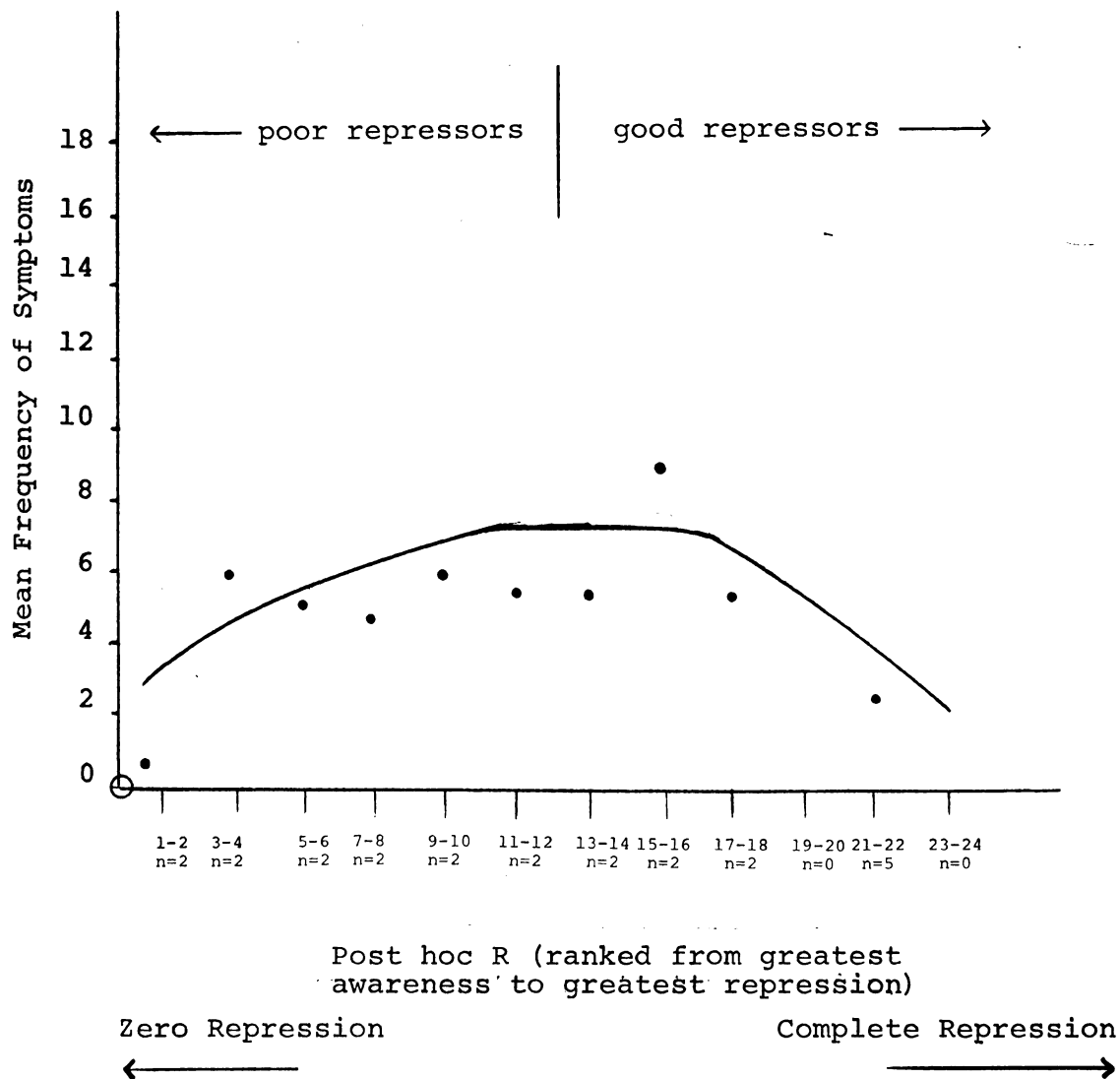


Figure 7.--Mean Frequency of Symptoms Vs. Post hoc R.



frequency of symptoms and the repression of sexual and aggressive impulses. In order to determine if there were any differences between our conditions in terms of this variable, a Mann-Whitney Test was performed comparing the frequency of symptoms for the oedipal and peer conditions. The value of U was found to be 37, $n_1 = 11$ $n_2 = 12$, which is significant at the .05 level of significance. This analysis was repeated using frequency of psychosomatic symptoms, Burns SRS. The value of U was found to be 60, $n_1 = 11$ $n_2 = 12$, which is not significant.



DISCUSSION

The successful production of symptomatology in this study stands in direct contradistinction to several recent attempts (Veenstra, 1969; Wolf, 1971; and Karnilow, 1971), which did not produce symptomatology similar to that found by Reyher (1958, 1967), Perkins and Reyher (1971), Sommerschield and Reyher (in press) or Burns (1972). The studies (Karnilow, Wolf and Veenstra) which failed to produce psychopathology all were modifications of the original successful designs and utilized a common paramnesia which was different than the paramnesia used in the successful investigations. The failure of the Veenstra (1969), Karnilow (1971) and Wolf (1971) studies to elicit psychopathology served to show that it was not the demand characteristics of the research design which was responsible for the production of symptoms in the previous investigations. The question remained, however, as to why a given set of procedures proved successful for one group of authors, whereas similar procedures, believed to be just as pathogenic at the time of their inception, failed to elicit psychopathology when used by other experimenters.

The findings of this study in contrast to Karnilow (1971), tend to discount the hypothesis of experimenter effects while supporting the hypothesis that the paramnesia per se is the critical variable. Previously specific experimenters in this line of research had succeeded in producing psychopathology whereas others had not (see above). Karnilow whose earlier research (1971) using similar experimental procedures but a different paramnesia, had not resulted in the production of psychopathology found that when using sexual paramnesias his Ss would produce symptomatology similar to that found by Reyher, Perkins, Sommerschild and Burns (see above). The next step in the process was to separate the paramnesia into component parts so that the element(s) responsible for its pathogenicity could be experimentally identified. Clinical experience gave credence to the belief that it was the oedipal element, specifically the older woman, which rendered the process pathogenic. It was hypothesized that substituting a peer age female for the older woman in the paramnesia would detoxify it and result in the production of little or no symptomatology. This was not found to be the case. This later finding, that both groups developed the same type of symptoms and had the same degree of repression, was consistent with Reyher's (1967) position that symptom choice is a function of the degree of repression. That there was a difference in frequency of

symptoms between the two groups suggests that the frequency of symptoms, unlike the type of symptom, was not solely dependent on the degree of repression of the sexual drive, but that the object, i.e., oedipal or peer, with which this drive was associated played an important part in determining the frequency of symptoms. This author would opine that when the sexual impulse was directed towards an oedipal object, other drives such as feelings of inadequacy and guilt, which can be anxiety producing and symptoms causing in their own right, were brought into play producing symptoms in addition to those produced by the repressed sexual drive, resulting in a higher frequency count of symptoms for the oedipal condition.

That the oedipal condition produced a significantly ($p < .05$) greater amount of total symptomatology permits us to label oedipal sex as more pathogenic than peer sex, when pathogenic is defined in terms of frequency of symptoms. However, since the peer paramnesia also resulted in the production of psychopathology it has become clear that the element(s) responsible for the pathogenicity were still present in the peer paramnesia.

It is up to future research to determine which elements or particular combination of elements of the paramnesia are critical for the production of symptomatology. This author would opine that it is the activation of the sexual drive in combination with the stimulation of feelings of

inadequacy. The readers attention is directed to the last part of the paramnesia ". . . it occurred to you that she was undoubtedly very experienced. You wondered if you would be able to satisfy her and thought of how traumatic it would be if she laughed at your advances." This author believes that if this were to be deleted from the paramnesia, little or no psychopathology would be produced.

Larison (1972) in the most recently completed study in this line of research, pointed out that the pump priming instructions, "How are you doing?" used by Sommerschild (1969) and in the present study are not necessary for the production of psychopathology. The data of this research would appear to refute that because almost all of the symptomatology produced during the experimental conditions occurred after E inquired, "How are you doing?" Since as per the experimental design, Ss expected E to question them after each stimulus word, it may have been that they chose to wait for E's query rather than spontaneously expressing their feelings. In an earlier study, in which no pump priming instructions were used, Reyher (1958) found that his Ss spontaneously verbalized symptomatology. This author would opine that had he utilized pump priming instructions as part of his experimental condition, the amount of symptomatology produced would have been significantly greater. In any event, since this study was not specifically designed to test this hypothesis, the question remains unanswered.



In what initially appeared to contradict the findings of a whole generation of studies (Reyher, 1958, 1967; Perkins and Reyher, 1971; Sommerschield and Reyher, in press, and Burns, 1972). Hypothesis II, the relationship between degree of repression both R and modified R, and the type of symptom was not found to be significant.

A post hoc analysis which will have no status until it is replicated was undertaken in order to provide future researchers with a model for their formulations. Using the original SRS, employed by Reyher (1958, 1967), Perkins and Reyher (1971) and Sommerschield and Reyher (in press) and the formula for R, revised to insure that Ss achieving the greatest amount of awareness (see results section) were placed at one end of the awareness continuum, while Ss achieving little or no awareness were placed at the other end of the continuum, a significant correlation was obtained between the type of symptom produced by the sudden activation of sexual feelings and impulses and the degree of repression.

This author feels that the post hoc formula for R is a more valid measure of the degree of repression than either R or modified R, since R, which does not contain the E or Am categories, does not include all of the information related to awareness, and modified R which does contain all of the categories fails to rank them properly, that is, in the order of greatest to least awareness (see results



section). The two SRS scales differ in that the Burns SRS with its over 70 different items allows for a finer discrimination between symptoms than its predecessor the original SRS, which although covering the same ground contains only 13 categories. The post hoc finding that a significant relationship exists between the original SRS and the degree of repression is consistent with the findings of Reyher (1958, 1967), Perkins and Reyher (1971), and Sommerschild and Reyher (in press), all of whom used the original SRS in their analysis. It is reasonable to conclude from this that some of the symptom categories on the Burns SRS are misplaced.

The readers attention is drawn to the recent conceptual development of the relationship between degree of repression and frequency of symptoms made after the inception of this project, and arrived at in the Burns (1972) and Sommerschild and Reyher (in press) studies. The shape of the theoretical relationship between these variables, which continues to receive empirical support, is curvilinear. Accordingly, the closer to a symmetrical curve (Figure 5, 6 and 7) that a given sample comes, the closer to zero will be the obtained correlation between degree of repression and frequency of symptoms. If an obtained sample is evenly divided between poor repressors (E and Am as well as FA and PA), and good repressors the negative correlations achieved

by the good repressors will be offset by the positive values achieved by the poor repressors, resulting in a correlation approaching zero.

In the previous investigations a criterion for subject selection was S's ability to develop a posthypnotic amnesia, whereas, no such criterion was used in the present investigation. This change in criterion for subject selection resulted in elements of the paramnesia (E) being verbalized during the tachistoscopic presentation. Because the earlier studies, Perkins and Reyher (1971), and Sommerschild and Reyher (in press), were limited to Ss with relatively complete amnesia, the existing formula for R did not contain an E category. Since the existing formula was insufficient in that it did not include all of the information relative to awareness, it was modified to include E (see results section).

Sommerschild and Reyher (in press) point out that none of the aforementioned studies produced a significant correlation between degree of repression and type of symptom for those Ss who did not progressively achieve greater awareness during the experimental condition. In the studies by Reyher (1958, 1967), Perkins (1965) and Sommerschild (1969), the intensity of the drive and drive related affect were posthypnotically varied to range from mild to intense and overwhelming through the use of prearranged cues. This type

724
189
3200

of posthypnotic procedure, which this author would opine was responsible for some of their Ss achieving greater awareness during the course of the experimental sessions, was not employed in this study. Burns (1972) utilized a different type of procedure involving imagery where S was instructed to lean back in a chair, close his eyes and describe anything that came into his "mind's eye," as well as describing any feelings or emotions which he became aware of. If after 1/2 hour S was not experiencing relevant reactions, e.g., blatant visual images, anxiety, symptoms or resistance derived from the paramnesia, he was instructed to get a picture of himself and the woman in her apartment. Through the use of this procedure, Burns (1972) hoped that his Ss would progressively achieve greater awareness during the course of the experimental session. Burns, like his predecessors who utilized a posthypnotic counting procedure to achieve this end, found that the relationship between repression and type of symptom was significant.

The date of this investigation, as well as that of Reyher (1958, 1967), Perkins (1965), and Sommerschild and Reyher (in press) and Burns (1972), showed that the degree of repression is critically related to the frequency of symptoms and that this relationship is curvilinear. This finding is consistent with the theoretical conclusion (Sommerschild and Reyher, in press) that a completely

repressed drive or drive related impulse, though potentially anxiety arousing and symptom causing, only becomes so when there is a breakdown in repression. As awareness and conflict resolution is reached, there is a reduction of anxiety, and a diminution in frequency of symptoms.

A difficult problem in experimental design and scoring is associated with the oedipal paramnesias where a symptom such as a tingling feeling in the big toe, could be the manifestation of a psychosomatic or hysterical symptom with the latter representing a higher degree of drive representation. Further modification of the scoring system must be undertaken to eliminate the chance of error resulting from the scorers confusion as to whether a symptom such as a tingling toe is truly hysterical or simply a psychosomatic symptom masquerading as a hysterical one. Since this confusion can result in considerable distortion of the data, spurious correlations between the degree of awareness and the SRS may occur leading the investigator to reject or accept a particular hypothesis when in fact the "true" data would cause him to do the opposite. It is up to future researchers to solve this problem, perhaps through the use of electrophysiological monitoring of the nervous system.

In addition to Reyher's (1967) theory that symptom choice is a function of the degree of repression, both



Alexander (1950) and Wolff (1950) have formulated theories to account for the production of particular psychosomatic symptoms. Alexander's stimulus specificity theory suggests that a specific psychosomatic disorder is the result of a specific constellation of impulses and defenses. He concludes that each symptom is associated with a particular conflict situation, e.g., the association of peptic ulcer with the frustration of oral incorporative impulses, and that each conflict has its own physiological accompaniment. Wolff, in agreement with other proponents of the response specificity hypothesis, such as Lacey, Batemen and Van Lehn (1953), Hendrich (1953), and Wanger, Clemons, Coleman, Cullen and Engel (1961), believes that a given individual reacts to all stimuli with the same autonomic pattern of activation. Wolff (1950) opines that an individual will react to conflict and stress in a consistent, idiosyncratic and hereditarily determined fashion.

Sommerschild and Reyher (in press) found that while their data supported Reyher's (1967) position, that symptom choice is a function of degree of repression, they could not reject either Alexander's or Wolff's positions since some of their Ss behaved according to Wolff's theory, some according to Alexander's and those remaining according to both. Sommerschild and Reyher suggest that the apparent discrepancy between the Wolff and Alexander theories can

be conceptually resolved using degree of drive representation as the central theoretical construct. Sommerschild and Reyher point out that good repressors, because of low drive representation, manifest only psychosomatic symptoms, and therefore, support Wolff's theory. In contrast, poor repressors, because of high drive representation, develop a proportionately greater amount of emotional and psychological symptoms which are directly produced by and symbolically related to the drive, therefore, supporting Alexander's theory. This was also found to be the case in this experiment.



REFERENCES

- Alexander, F. Psychosomatic Medicine. New York: Norton, 1950.
- Bobbitt, Ruth A. "The repression hypothesis studied in a situation of hypnotically induced conflict." J. Abn. Soc. Psych., 1958, 56, 204-212.
- Burns, B. The activation of posthypnotic conflict via free imagery: a study of repression and psychopathology. Unpublished doctoral dissertation, Michigan State University, 1972.
- Eisenbud, Julie. "The psychology of headache: a case studied experimentally." Psychiatric Quart., 1937, 11, 592-619.
- Erickson, Milton. "The method employed to formulate a complex story for the induction of an experimental neurosis in a hypnotic subject." J. Gen. Psych., 1944, 31, 67-84.
- Gordon, Jesse. "Hypnosis in research on psychotherapy," In Handbook of Clinical and Experimental Hypnosis, J. Gordon (ed.) N. Y.: MacMillan, 1967.
- Hendrick, I. Discussion. The psychosomatic concept in psychoanalysis. Deutsch, F. (ed.) New York: Int. Univ. Press, Inc., 1953.
- Huston, Paul; Shakow, David; and Erickson, Milton. "A study of hypnotically induced complexes by means of the Luria Technique." J. of Gen. Psych., 1934, 11, 65-97.
- Karnilow, Aaron. An attempt to produce psychopathology: the posthypnotic stimulation of hypnotically induced conflict. Unpublished masters thesis, Michigan State University, 1971.

- Lacey, J., Bateman, D., and VanLehn, R. Autonomic response specificity: an experimental study. Psychosom. Med., 1953, 15, 8-21.
- Larison, Grey R. Spontaneous repression of impulses and psychopathology. Unpublished masters thesis, Michigan State University, 1973.
- Luria, A. R. The nature of human conflicts. W. Horsley Gantt (trans.) N. Y.: Liveright, Inc., 1932.
- Perkins, Kenneth A. Repression, psychopathology and drive representation. An experimental hypnotic investigation of the management of impulse inhibition. Unpublished doctoral dissertation, Michigan State University, 1965.
- Perkins, Kenneth and Reyher, Joseph. Repression, psychopathology and drive representation: an experimental hypnotic investigation of impulse inhibition. American J. of Clinical and Experimental Hypnosis. 1971, 13, 249-258.
- Reyher, Joseph. Hypnotically induced conflict in relation to subscription, repression, antisocial behavior, and psychosomatic reactions. Unpublished doctoral dissertation, University of Illinois, 1958.
- Reyher, Joseph. "A paradigm for determining the clinical relevance of hypnotically induced psychopathology." Psych. Bull., 1962, 59, 344-352.
- Reyher, Joseph. "Hypnosis in research on psychopathology," in Handbook of Clinical and Experimental Hypnosis, J. Gordon (ed.) New York: Macmillan, 1967.
- Reyher, Joseph. "Posthypnotic stimulation of hypnotically induced conflict in relation to psychosomatic reactions and psychopathology." Psychosomatic Med., 1969, 23, 384-391.
- Reyher, Joseph. Posthypnotic conflict and psychopathology. Unpublished paper presented at the meeting of the American Psychological Association, Washington, D. C., 1969.

- Sommerschield, Harold. Posthypnotic conflict, repression and psychopathology. Unpublished doctoral dissertation, Michigan State University, 1969.
- Sommerschield, H., and Reyher, J. Posthypnotic conflict, repression and psychopathology. Journal of Abnormal Psychology (in press), 1973.
- Veenstra, Glen J. The effectiveness of posthypnotically aroused anger in producing psychopathology. Unpublished masters thesis, Michigan State University, 1969.
- Wiseman and Reyher, Joseph. Hypnotically induced dreams using the Rorschach Inkblots as stimuli: a test of Freuds theory of dreams. Journal of Personality and Social Psychology, 1973, 3, 329-336.
- Wolberg, L. R. Hypnotic experiments in psychosomatic medicine. Psychosomatic Med., 1947, 9, 337-42.
- Wolfe, Alice. Critical factors in the artificial induction of conflicts: a hypnotic paradigm for repression. Unpublished masters thesis, Michigan State University, 1971.
- Wolff, H. S. Life stress and bodily disease: a formulation. Proceedings of the Association for Research in Nervous and Mental Disease. Baltimore, Md.: Williams and Wilkins, 1950.

APPENDIX A
Symptomatic Reaction Scale

APPENDIX A

BURNS SYMPTOMATIC REACTION SCALE

The Burns SRS is a modification of the original SRS (Reyher 1958) used in the Perkins and Reyher (1971), Reyher (1958, 1967), and Sommerschild and Reyher (in press) studies. It contains symptoms generated by both the spontaneous reactions of subjects to the activation of posthypnotic conflict and by the use of free imagery in emergent uncovering psychotherapy, as well as classical manifestations of psychopathology that were not previously included. Using a psychoanalytic frame of reference, the source of each symptom was classified according to the known facts of neurophysiology and neuroanatomy. Theoretically, as repression weakens, anxiety increases in intensity affecting more physiological functions until at some point the drive begins to achieve representation in S's behavior and/or symptoms. As repression continues to breakdown, the drive or drive related impulse eventually enters S's conscious thoughts and ceases to be symptom causing. Beginning with symptoms indicating an inhibition of the ascending reticular activating system a particular order of symptoms, the SRS scale, is generated. The ordinal value of these symptoms increases as repression decreases.



When a drive or drive-related impulse crosses the awareness threshold, it becomes subject to rational secondary process evaluation and the intensity of the anxiety produced by it decreases until the impulse is no longer symptom causing.

A subjects score on the SRS is obtained by taking the sum of the ordinal values of his individual symptoms, and dividing by the total number of symptoms which he manifested. For example, a subject experiencing the following two symptoms: tingling and sweating would receive an SRS score of 6.



BURNS SYMPTOMATIC REACTION SCALE

(Revised May, 1973)

If there is not a specific item to score, use mid point of category.

RAS, I. Reactions produced by the presumed inhibition (I) of the ascending reticular activating system (RAS) in order of increasing activation:

1. Sleep
2. Sleepiness, yawning
3. Tiredness
4. Feeling of being "drained"

ANS, S. Reactions of presumed sympathetic (S) innervation, autonomic nervous system (ANS):

5. Tingling--for sexual paramnesia score SED
(Somatic Expression of Drive)
6. Itchiness, weals
7. Sweating, clammy
8. Abdominal pain and gastric distress
9. Belching
- 9.5 Feeling of malaise
10. Chest pain
11. Cold sensation



12. Goose flesh, shiver
13. Dryness of mouth
14. Tachycardia, heart pounding
15. Coughing
16. Excitement--hyper
17. Heavy breathing

SNS. Reactions of presumed somatic nervous system (SNS) innervation:

18. Tics
19. Tremors
20. Stiffness
21. Tightness
22. Muscular aches and pains
23. Tension
24. Shaking

UD. Reactions of an undifferentiated (UD) nature in which the somatic, autonomic and psychological components cannot be specified:

25. Uncomfortable
26. Fidgety
27. Jittery
28. Nervous
29. Shaky
30. On edge
31. Restless



32. Upset

33. Funny, uneasy

34. Queasy, antsy, stomach empty

ANS, PC. Reactions of presumed parasympathetic (P) innervation (vasodilation), cranial division (C), autonomic nervous system:

35. Sensation of warmth

36. Dizziness, light headed

37. Headache

38. Throbbing in head

39. Pain behind eyes

39.5 Watery eyes

SYM. Reactions in which the repressed drive is symbolized (Sym) by the soma or sensory processes:

40. Hysterical symptoms such as blindness, deafness, anesthesia and numbness

41. Urges indicating that a conversion of affect has occurred, such as urination being equivalent to ejaculation, and hunger being equivalent to sexual impulses

42. Alteration in body image such as limbs feeling detached, elongated or fatter; sensation of being heavy, squeezed

AO, Sym. Symbolic acting out (AO):

43. Repressed drive acted-out in behavior without awareness e.g., running pencil through closed loop made by forefinger and thumb.



EA. Expression of anxiety (EA). The neurophysiological pattern of inhibition and excitation represented by repression is sufficiently weak to permit the experience of anxiety:

43.25 Tingling

43.75 Pleasant warm flush

SED. Somatic (S) expression (E) of drive (D)

44. Troubled, up tight, worried

45. Apprehensiveness

46. Anxiety

47. Scared

48. Fearful

DR. Dissociative reactions (DR) in which there is awareness of an unknown force influencing one's affect, thinking and/or behavior:

49. State of confusion that includes such reactions as one's thoughts being pushed and pulled but the content of thought cannot be specified; awareness of blocking out something

50. Strong urges not carried out in behavior, such as wanting to move hands around or to rub something

51. Something racing up and down

DR, PO. Disturbance in physical orientation (PO)

52. Sensation of floating out of one's body experience



DR, CE. Alteration in perception of time, place and identity which disturbs continuity of experience (CE):

53. Disorientation in direction or place

54. Depersonalization: feels like someone else or experiences a loss in personal identity

55. Amnesic and fugue states

DA. Reactions denoting disturbances of affect (DA) as repressed drives approach the threshold of awareness and conscious apprehension:

56. Apathy, blase

57. Ego alien affect (feeling weird, strange, odd, unreal unnatural, crazy foreign). There must be a definite reference to a negative feeling.

58. Superego reactions (feelings of being alone, abandoned, guilty, depressed, disgusted, guilty)

58.5 Bothered, dislike

58.75 Anger

NR. Neurotic reactions (NR) indicating that the threshold of awareness has been reached and psychological mechanisms are activated to prevent repressed drives from being experienced and consciously apprehended as part of one's self:

59. Obsessive behavior

60. Compulsive behavior

61. Phobias

62. Some attenuation of perception: words getting harder to see

PR. Psychotic reactions (PR) in which blatant derivatives of repressed drives in awareness necessitate the defense of projection to prevent derivatives from being consciously apprehended as part of one's self:

63. Delusions

64. Paranoid thinking

DP. Reactions in which there is profound disturbance of perception:

65. Hallucinations, positive: auditory, visual or olfactory. For example, seeing a word when one was not presented or seeing something other than a word.

66. Hallucinations, negative: cannot see words presented

ANS, PS. Reactions produced by presumed innervation of parasympathetic innervation, sacral division, as direct representation in awareness of repressed drives and their objects is imminent and the integration of somatic, autonomic and psychological processes begin to deteriorate. Indicated a failure of defense:

67. Explosive feelings in stomach

68. Explosive feelings in chest

69. Flatus

A. Reactions in which the experience of anxiety maintaining repression and auxiliary defenses is unattenuated causing the disorganization of behavior:

- 70. Urinary incontinence
- 71. Fecal incontinence
- 72. Panic
- 73. Terror

ORIGINAL SRS (Reyher 1958)

1. Symptoms characterized by the dominance of autonomic systems innervation, such as feelings of nausea, gastric distress, headache, tiredness, sleepiness, tachycardia, pressure in head, sweating, flushing, skin disturbances, organ dysfunctions, heaviness, temperature alterations, and such feelings as "queasy" and "antsy."
2. Symptoms dominated by innervation of the somatic or musculature nervous system, such as stiffness, aches, pains, tension, tics, tremors, physical discomfort, etc.
3. Disturbances of affect:
 - a. Flattening: lack of feeling, apathy, etc., upon recognition of a c-word when symptoms usually attend c-word recognition.
 - b. Superego reactions: feelings of being alone, abandoned, ashamed, depressed, disgusted, guilty worried, etc.
 - c. Inversion: definite feeling of well-being upon the recognition of a c-word.
 - d. Alienation: feelings that seem weird, strange, odd, unreal, unnatural, foreign, etc.
4. Unspecified distress that cannot be clearly categorized as either physical or emotional in nature, in S's frame of reference, and are expressed in such conventional terms as being upset, fidgety, jittery, nervous, on edge, restless, bothered, etc.
5. States of emotional agitation that reflect the reaction of the ego to the threat of complete breakdown of repression such as feelings of anxiety, fear, apprehension, terror, etc.



6. States of confusion, doubt, and disorientation that include statements that one's thoughts are being pushed or pulled and that the content of thought cannot be specified.
7. Dissociative reactions:
 - a. Somatic and ideational delusions, such as limbs feeling detached, "crazy" thoughts and intruding paranoid ideas.
 - b. Strong compulsive urges not carried out in behavior, such as wanting to move hands around, scratch at something, etc.
8. Disturbance or distortion in perception of the tachistoscopic stimulus.
9. Derivatives of the induced conflict. (These are symbols of the induced experience and/or the repressive forces themselves. Memories of personal experiences that are congruent with, or similar to, the induced experience are frequently activated in some Ss.)
10. Conscious correlates of one or both aspects of the conflict or immediate awareness of one aspect of the conflict.
11. Delayed awareness of one or both aspects of the conflict.
12. Immediate awareness of one aspect of the conflict.
13. Immediate awareness of both aspects of the conflict.



APPENDIX B
PROTOCOLS OF EXPERIMENTAL SUBJECTS



APPENDIX B

PROTOCOLS OF EXPERIMENTAL SUBJECTS

The twenty-four protocols in this section are the verbatim transcripts of tape recording made during the tachistoscopic presentation of stimulus words. Protocol fourteen was not used in the analyses of the data since it is quite doubtful that this subject was in a hypnotic trance during the experimental session. Protocols 1, 2, 3, 4, 5, 7, 11, 17, 18, 19, 20 and 22 are from the oedipal condition, and protocols 6, 8, 9, 10, 12, 13, 14, 15, 16, 21, 23 and 24 are from the peer condition. Notations appearing after the double asterisk, (**) are E's observations. These notations were not scored, and did not enter into our analysis of the data.



Protocol Number 1

QUARTER quarter still going quarter, H Fine. ** Moving around.

Old SRS (Reyher, 1958) Scoring (O) _____

Burns SRS Scoring (B) _____

Awareness Scale Scoring (A) _____

CONE cone ** Moving around.

O _____

B _____

A _____

CIRCLE circle H hands are all cold sweat, really strange

O (1) (1)

B 7, 11

A _____

TRIANGLE triangle ** Moving around.

O _____

B _____

A _____

DOLLAR dollar H Nervously laughed. Fine just sitting here thinking.

O _____

B _____

A _____



SOUP

soap soup nervously laughing H I feel antsy,
 ow ha ha you know, All of a sudden I feel
 like, my feet are getting anxious though moving
 around. I get these feelings like I want to
 dance up a storm or something. Started whistle-
 ing.

O (1)

B 34, 59

A D, CC

NICKLE

nickle H Same way. All of a sudden I'm hyper,
 my hands are all cold sweat still.

O (1) (1)

B 7, 11

A CC

BUTTER

butter sighed H I don't know ha ha just can't
 explain it. Just can't sit still just can't sit
 still. ** squirming in chair.

O (4)

B 31

A

SQUARE

square H I don't know, ha ha strange

O (3)

B 57

A

100

100

DIME

I'm glad I got a date tonight. Ha ha I don't know why I let a lot of emotions out in dancing. I'm going dancing should have a good time. dime H Just sitting here still. Now cold sweated hands, feel...still going like crazy. I don't know why I get that way sometimes. I guess whenever I hear some good music I want to go out and dance. Whenever I want to hear some good music I go out to the alley e, alot mess around over there. Kick it out ha ha ha gives you peace of mind for the rest of the week. Ya know when you kick it out one nite just lot to see out. That way you can study, get down to some hard studying you know what I mean Sunday nite yha ** sucking finger.

O (1) (1) (3)

B 7, 11, 57

A CC, D

PENNY

penny ha ha delayed reaction H Wonder why I'm telling you what I'm feeling, wonder why I'm so antsy ya know see a sudden hyper. I'm not tired at all when I walked in here I was just dead tired but I'm not now. Ha ha I'm quite awake.

O (1)

B 34

A CC

CUCUMBER

cucumber H Relaxing know not hyper any more.

O _____

B _____

A _____

MILK

My hands are so cold and sweaty. They're cold
I don't understand that usually I have really
warm hands, not just cold, least that's what the
girls tell me I got warm hands yha ha milk. H
Fine just real good relaxed now can't understand
my cold hands that's the only thing sigh *
Scratching his belly and leg.

O (1) (1)

B 7, 11

A CC

RYE

rye rye H I want to tell you but I it's a
peace inside it's not, it's something I feel it's
not, it's a crazy feeling. Ah ah it's a piece
yet it isn't like. Like I'm glad I have a date
tonight, ha ha. It's that kind of a feeling I
usually don't say what I'm thinking.

O (3)

B 57

A CC, D

ANGLE

angle somehow I get those fairly quickly must be
all the geometry H fine handling in there
chugging along.

O _____

B _____

A _____

BLANK

O _____

B _____

A _____

111

Protocol Number 2

QUARTER quarter H oh well oh seeing the money kind
of reminds me of the older woman that I am
physically attracted to, somehow I just am.

O _____

B _____

A FA

CONE cone H oh'm reminds me again of the same situa-
tion I was in before and, oh I was afraid of the
older women before, I was afraid of what she
might think of me and now somehow I got to ex-
press to her how I feel about the whole thing and
not get embarrassed about it. I got to think of
how to do it but I don't know how (voice shaky).

O (5)

B 48,49,58

A _____

CIRCLE circle H very much aroused by the whole thing.
By the woman she's just getting me more, and more
I've got to get back there.

O _____

B _____

A FA

TRIANGLE

triangle H getting more and more just physically aroused to her. I'm wanting to go back more and more and forget about my feelings. What I'm really kind of feeling, and oh go ahead and just attack her and forget about it all.

O _____

B 62.5

A FA

DOLLAR

dollar H seeing the money reminds me of the whole situation I was in before. The more I get annoyed at how I acted because I shouldn't have let the embarrassment stop me. If she was that willing I should have taken advantage of it then.

O _____

B 58, 58.5

A PA

SOUP

soup H feeling about the same way now that I see soup again, and food. Just wanting to go back, just more and more all the time. Just have to get my courage.

O _____

B _____

A E

BUTTER

butter H reminds me of the sandwiches we
were eating rye bread and what I was feeling at
the time which was very much physically aroused.

O _____

B _____

A PA, E

NICKLE

nickle H the coin collection again comes in.
Oh just kind of foreplay showing me all this stuff,
she was just kind of doing this cause she didn't
know what else to do at time.

O _____

B _____

A PA, E

SQUARE

square H word square didn't mean anything to
me. Just about the same as I was before thinking
about the woman in her apartment.

O _____

B _____

A E

DIME

dime H money again takes me back. Um. But
I wish I could kind of see her ya know, at least
talk to her or something.

O _____

B _____

A E



PENNY

penny H oh coming sort of, arousal is going down a bit. It doesn't seem as if I am getting anywhere. Doesn't seem as if anything is ever going to happen. Kind of lessening the whole thing.

O _____

B _____

A PA _____

CUCUMBER

cucumber H takes me back to the food again one of the biggest things that stood out in my mind. I'm just curious as to why she offered me the cucumber, its kind of an unusual thing. I'm thinking back to then and wondering why she did that.

O _____

B _____

A E _____

MILK

milk H she served the milk and my arousal is going up because of the cucumber and the milk. Oh just want to see her. **face flushed.

O _____

B _____

A PA _____



RYE

rye H its getting to be a lot stronger now.
 Again the food she served. I enjoyed it but
 was getting ready to enjoy her more ** face
 flushed.

O _____

B _____

A FA _____

ANGLE

angle H I don't understand some of the mean-
 ings going on. I just keep thinking back to the
 food and the money that you flashed and what
 they remind me of.

O (6) _____

B 49 _____

A _____

BLANK

H kinda I don't know a little confined really .
 It's still strong in my mind what happened.

O _____

B 50 _____

A _____



Protocol Number 3

QUARTER quarter uh (sighed) H fine, I feel a little tired but I felt tired before I came here. I'm moving today, doing a lot of work in fact, I almost didn't come here today.

O (1)

B 3

A

CONE cone uh H good um.

O

B

A

CIRCLE circle H what oh real good. How many more of these do we have to do, I mean the word things.

O

B

A

TRIANGLE triangle H Ok, I oh, I don't like these word things I feel that they're not accurate enough. By the time I tell you the word it takes you awhile to respond. I see a word actually before I get to respond to it. Don't find them accurate and it bothers me that they're not...sorry.

O (3)

B 58, 58.25

A D

DOLLAR

dollar H fine are these words related to the others that you showed me. It seems like they are related.

O _____

B _____

A _____

SOUP

sighed - says H fine, I feel um a little tense. I feel like I overslept. I oversleep a lot and get up late in the morning. I feel like that now. Like your heart is sort of tense just don't feel good. I'd like to under-sleep rather than over-sleep. I feel like I've overslept.

O (2) (2) _____

B 23, 14, 9.5

A _____

BUTTER

butter. H proud sort of proud that I got that one that fast. It excited me to get that one that fast, like I didn't even really see it but knew what the word was. That's why I was smiling before I knew what the word was.

O _____

B 62

A CC

NICKLE

nickle. H um shoo a little anxious about the tape recorder being here. I'm wondering why your taping it cause I'm not saying anything profound or I could see as useful. I don't understand why you want a taped record of it. Somebody knock at door? ** Turning around then nervously moving in chair.

O (5)

B 45, 64, 65

A

SQUARE

square. H Ok, no change.

O

B

A

DIME

Do I do anything when I push this switch? dime

H um a lot more nervous than I was at the beginning but I'm doing Ok. Sort of getting used to it now. Sort of feel it's like home. Sort of strange when I first walked in here and saw all of this stuff like I've spent a lot more time here than I have. I like the room ** biting tongue, playing with leg.

O (5)

B 53, 28

A CC



PENNY

penny H I just realized that that buzzer you're sounding is the exact same as on the inter-com in my Dad's office. Whenever I hear that noise I feel like I've been sitting in one of the offices and he buzzes or somebody buzzes the office. That's the exact same buzzer since that buzzer is in an office that I like I realize that has something to do with why I like this room more cause I like the buzzer sound. Ha ha I don't know if what I'm saying is helpful or not but it's how I feel ** biting fingernails.

O _____

B 53, 59

A CC

CUCUMBER

cucumber H um ok, when you ask how are you doing I sort of wish you would ask how do you feel. I'm doing the same as I was but I feel different e.g., I feel right now like oh oh that's it I'm beginning to wander. My thoughts, I keep looking around at things in the room. I think I'm getting restless a little bit cause it's such a routine that we're going through it seems like you ask the same questions after each slide I'm hard pressed to keep up what I'm doing. ** Scratching neck moving around in chair, squirming.



O (4)B 31, 60A DMILK

milk you waited a long time there, is there any reason you waited that long? Just didn't wait for the buzzer H good except for I'm sort of getting worried about what time it is. I've got a lot to do tonight and that's sort of on my mind. What time I'll get back it's not really.

O (5)B 64, 44, 59A RYE

rye H good oh it's amazing how when I came in how remote I became from the outside it was raining and everything, and later I'm in here. You went into everything so fast it was just mind bogging and oh I sort of feel anxious not to be right answers if there are right or wrong answers cause I want to say the right answers naturally and oh so...I'm a little nervous about the whole thing (then with very shakey voice) just wondering what's next ** biting fingernails, playing with nose, picking ear, sweating profusely shaking shirt to cool himself.

O (5) (4)B 28, 46, 53A



ANGLE

angle Ok oh, can I ask you questions now or do
I have to wait till later--then I have nothing
to say. H getting more relaxed I guess.

O _____

B _____

A _____

BLANK

H fine there is nothing on that slide I feel
like I've been tricked. I stared at the slide
and nothing ever came on. I feel like I, it's
like when you're a little kid people do things
to you just, oh just as a joke like they'll tell
you your parents are calling long distance and
they are not. I feel like that cause you showed
me a blank slide and expected me to pull a word
out of it. So I feel like I've been jipped out
of a word. That's the extent of it. ** Scratch-
ing.

O _____

B _____

A _____

Protocol Number 4

QUARTER quarter H ---

O _____

B _____

A _____

CONE cone H concentrating

O _____

B _____

A _____

CIRCLE girl girl circle H ---

O _____

B _____

A _____

TRIANGLE triangle H I'm nervous.

O (4) _____

B 28 _____

A _____

DOLLAR dollar H anxious ** gripping sides of chair.

O (5) _____

B 46 _____

A _____

SOUP soup H relaxing feeling better.

O _____

B _____

A _____

27733

27734

BUTTER

butter H my eyes are focusing better **
scratching hand, clawing into chair with finger-
nail.

O _____

B _____

A _____

NICKLE

nickle H better, I feel better.

O _____

B _____

A _____

SQUARE

quarter square square H I feel more aware
now ** began humming

O _____

B _____

A _____

DIME

dime H I think my hands are falling asleep,
I want to do better ** fidgeting with hands

O (1) _____

B 40 _____

A _____

PENNY

penny H I don't know a little better my legs
are sore.

O (2) _____

B 22 _____

A _____



CUCUMBER

cucumber H I feel like running, I feel like going outside and running.

O (7)

B 50

A

MILK

dollar milk H tired, I was just a little tired ** jumping up and down in chair biting lips.

O (1)

B 3

A

RYE

rye H my hands are tightening up and my palms are getting sweaty and seems like they are falling asleep. I just don't _____?
** sticking tongue in and out.

O (1) (2)

B 2, 58.25

A

ANGLE

angle H my hands still feel funny especially my left hand, I'm a little tight all over.

O (1) (2)

B 21, 40

A

BLANK

H I'm getting sleepier, can't see anything on screen I'm getting hostile towards that screen there's just light there ** eyes twitching.



O (1)

B 2, 58.75

A



Protocol Number 5

QUARTER quarter H ow I'm a little nervous inside, I
don't know why ** voice very shaky

O (4)

B 28

A

CONE dime cane cone H I'm alright

O

B

A

CIRCLE circle H my hearts beating, its not beating
fast wow I don't know

O (1)

B 14

A

TRIANGLE triangle H oh alright

O

B

A

DOLLAR dollar H its like I its ha ha like some-
thing weird, anticipation. I'm expecting some-
thing. I'd like a word like I could divet it
at something. can't really put my finger on
it. I a ** sigh

O (6) (3)

B 49, 57

A

SOUP

dime no soup in a H like its hard to concen-
trate. Like I can't concentrate on this thing.
I keep thinking of other things like I would be-
fore I came here earlier. See if I could pick
out words faster harder and pick them out.

O _____

B 49, 59

A _____

BUTTER

butter H I still can't concentrate. Its
(?) still a dime ** contorting face

O _____

B 49

A _____

NICKLE

nickle I think I had that before. I think I've
seen these before yea I think that's what it is
** playing with moustache.

O _____

B _____

A _____

SQUARE

penny quarter square H now I can concentrate
a little better

O _____

B _____

A _____

4668

DIME

dime I know I have seen that before H
 pretty good now. Yea I know I've seen it before,
 something its hard to I can't I don't know like
 taking a test and all of the answers are the
 wrong answers he he ** squirming in chair

O _____

B 48.5

A _____

PENNY

prune penny heh heh H a heh heh, I can con-
 centrate a little better I guess ** scratch-
 ing

O _____

B _____

A _____

CUCUMBER

cucumber heh heh H I knew that was cucumber
 cause it was a long word that's why I figured
 it out. I couldn't identify it by a looking
 at it ** squirming contorting face

O _____

B 62

A _____



MILK

Milk H just the same, I, if, a sh wow it's
different I don't know why its different it's
sort of weird I don't know what it is I can't
tell ya can't think of a like these is a lot
more pressure on the words. I think that's what
it is more of a game

O (3)B 49, 50A RYE

True rye rye smart H heh heh ow just its hard
really can't put my finger on it. Its hard to
explain, its a not very strong, not a very
strong feeling ye know. Is that still ye I don't
know its a I don't know ** scratching, moving
backwards and forwards in chair.

O B 49A ANGLE

angle was it angle H it like I didn't expect
that word its like those others I've seen already

O B A



BLANK

can't see anything. I don't see any letters
back there. H I see alright

O _____

B _____

A _____



Protocol Number 6

QUARTER quarter H all right fine

O _____

B _____

A _____

CONE cone H ok

O _____

B _____

A _____

CIRCLE circle H fine

O _____

B _____

A _____

TRIANGLE triangle I have a question what is this buzzer
here again for? I forgot what it is for

O _____

B _____

A _____

DOLLAR is a dollar H fine

O _____

B _____

A _____

SOUP soup H pretty good

O _____

B _____

A _____

BUTTER

butter H nervous laught fine its

O _____

B _____

A _____

NICKLE

nickle H fine these words just remind me of
 the story you told me. You know that quarter
 the dollar and the nickle the butter and the
 soup just reminds me of the story

O _____

B _____

A E _____

SQUARE

square H fine

O _____

B _____

A _____

DIME

dime H pretty good thanks another one of
 the words that was in the coin collection

O _____

B _____

A E _____

PENNY

penny H fine

O _____

B _____

A _____

CUCUMBER

cucumber H pretty good, thanks another thing
that was in the story with the rye bread and
butter

O _____

B _____

A E _____

MILK

milk H milk

O _____

B _____

A _____

RYE

rye H fine

O _____

B _____

A _____

ANGLE

angle H fine

O _____

B _____

A _____

BLANK

O _____

B _____

A _____

1000000

1000000

1000000

1000000

Protocol Number 7

QUARTER quarter H alright

O _____

B _____

A _____

CONE comb cone cone H alright

O _____

B _____

A _____

CIRCLE circle H really relaxed, a little bit sweaty

O (1)

B 7

A _____

TRIANGLE triangle H relaxed

O _____

B _____

A _____

DOLLAR dollar H my body feels tingly all over

O (1)

B 5

A _____

SOUP soup H well uh a little light headed sort of

O (1)

B 36

A _____

000000

000000

000000

000000

000000

BUTTER

butter H really relaxed and I feel really
good ** raised eyebrow

O _____

B _____

A _____

NICKLE

nickle H having a little trouble keeping my
eyes open

O (1) _____

B 2 _____

A _____

SQUARE

square H feel really relaxed and sleepy

O (1) _____

B 2 _____

A _____

DIME

dime H my legs kind of feel tense, the rest
of myself kind of feel relaxe

O (2) _____

B 23 _____

A _____

PENNY

penny H I feel a little hot and clammy. My
body is wet

O (1) _____

B 7, 35 _____

A _____

1000

1000

CUCUMBER

cucumber H relaxing, getting a little
sweaty and clammy. My legs they get tense once
in a while and then get relaxed again

O (1) (1)

B 7, 23

A _____

MILK

milk H like a little slow in my reactions.
More relaxed though its hard to keep my eyes open

O (1)

B 2

A _____

RYE

rye H tired a little more. I think now and
still my palms are wet my hands ** coughed

O (1)

B 2, 7

A _____

ANGLE

angle H I feel as though I am anticipating
something

O _____

B 16

A CC

BLANK

H more relaxed

O _____

B _____

A _____

Protocol No. 8QUARTER quarter (failed to identify word at first)

O _____

B _____

A _____

CONE corn corn cone H ok

O _____

B _____

A _____

CIRCLE circle H ok

O _____

B _____

A _____

TRIANGLE triangle H ok ** looking at micro switch

O _____

B _____

A _____

DOLLAR dollar H ok fine

O _____

B _____

A _____

SOUP soup H ok ** nervously looking around

O _____

B _____

A _____

BUTTER

butter H ok

O _____

B _____

A _____

NICKLE

nickle H ok

O _____

B _____

A _____

SQUARE

square H ok ** shifted position in chair

O _____

B _____

A _____

DIME

dime H ok ** rubbing chin

O _____

B _____

A _____

PENNY

penny H ok

O _____

B _____

A _____

CUCUMBER

cucumber H ok

O _____

B _____

A _____



MILK

milk H ok

O _____

B _____

A _____

RYE

rye H ok ** rubbing lip

O _____

B _____

A _____

ANGLE

angle, angle H ok ** scratching head

O _____

B _____

A _____

BLANK

H ok

O _____

B _____

A _____



Protocol Number 9

QUARTER quarter H really great. I feel good.
 Ha ha I don't know how its just oh something in
 my mind it's just oh inside my heart I don't
 know I just feel really great

O _____

B _____

A CC

CONE cone H great m ha

O _____

B _____

A CC

CIRCLE circle H really good I feel like making
 friends with the world

O _____

B _____

A CC

TRIANGLE triangle great just great my eyes are a little
 heavy but I feel just great

O (1)

B 2

A CC

DOLLAR dollar H very nice thank you

O _____

B _____

A CC



SOUP

soup H very exhilarating I feel kind of just
great really great

O _____

B _____

A CC _____

BUTTER

butter H my body feels like its about float-
ing on air. I really feel excited really good

O (1) _____

B 42 _____

A CC _____

NICKLE

nickle H now my head feels really strange.
Like I had this urge to be excited or just ex-
perience something new. Its really great **
bitting his lips

O _____

B _____

A CC _____

SQUARE

square H just great, just a, body just feels
just like see over its exhilarating extraordinary

O _____

B _____

A CC _____

DIME

dime H really good. I feel just oh I don't know. I just can't describe like the feelings that I have. Its ah good, really good

O _____

B _____

A CC _____

PENNY

penny H like I want to oh go out on the town, live high off the hog, experience life. Just really get into myself experience ** yawning

O _____

B _____

A CC _____

CUCUMBER

cucumber H wow that's oh oh wow oh oh feeling real good just excited ** scratching nose scratching head, scratching nose again

O _____

B _____

A CC _____

RYE

rye H my body is doing great, my mind isn't helping those but I just feel like oh really good

O _____

B 49 _____

A _____



BLANK

H ok real good

O _____

B _____

A _____

200
199
198

Protocol Number 10QUARTER quarter H fine fine

O _____

B _____

A _____

CONE can cone H fine

O _____

B _____

A _____

CIRCLE circle H fine

O _____

B _____

A _____

TRIANGLE triangle H fine

O _____

B _____

A _____

DOLLAR dollar H fine

O _____

B _____

A _____

SOUP soup H fine

O _____

B _____

A _____

1978

1979

1980

1981

BUTTER

butter H fine

O _____

B _____

A _____

NICKLE

nickle nickle H fine ** scratching finger

O _____

B _____

A _____

SQUARE

square H ** nodded ok

O _____

B _____

A _____

DIME

dime H fine

O _____

B _____

A _____

PENNY

penny H fine

O _____

B _____

A _____

CUCUMBER

cucumber H fine

O _____

B _____

A _____



MILK

milk H fine

O _____

B _____

A _____

RYE

rye H fine

O _____

B _____

A _____

ANGLE

angle H fine

O _____

B _____

A _____

BLANKH fine, but there is nothing there that I am
aware of

O _____

B _____

A _____

Protocol Number 11

QUARTER quarter H feel kind of I don't know, I feel
king of funny

O (3)

B 33.5

A _____

CONE cone H ok

O _____

B _____

A _____

CIRCLE circle H alright

O _____

B _____

A _____

TRIANGLE triangle H ok

O _____

B _____

A _____

DOLLAR dollar H whew, I feel a little uneasy for a
second

O (4)

B 33.5

A _____

3000
1000

1000

SOUP

soup H I still feel a little uneasy **
twitch on right side of face

O (4)

B 33.5

A

BUTTER

butter H still feel a little uneasy **
scratching

O (4)

B 33.5

A

NICKLE

nickle H I still feel that uneasiness, I
feel a little queasiness too

O (4)

B 33.5, 34

A

SQUARE

square H God I feel a little, I don't know,
I feel like I don't know I can't describe it

O

B 49

A

DIME

dime H I feel a little empty. My stomach
feels empty. I have the feeling you get when
someone goes away like my girlfriend left me
yesterday I really feel like that

O (1)

B 34, 58

A D

PENNY

penny H still feel uneasy like a few seconds
ago still feel uneasy

O (4)B 33.5A CUCUMBER

cucumber H still feel a little empty

O (1)B 34A MILK

milk H I feel a little troubled ** mov-
ing around

O (5)B 44A RYE

rye H still kind of like the same um feel
like something is racing up and down in me

O (1)B 51A ANGLE

angle H well not too bad

O B A BLANK

H I ? don't feel bad

O B A

2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

2022

Protocol Number 12

QUARTER quarter H I feel alright things are comfor-
table. I am doing alright same word is up there

O _____

B _____

A _____

CONE game cone H getting a little uneasy

O (4)

B 33.5

A _____

CIRCLE circle H about the same, can't think of any
difference. Getting a little uncomfortable
right now

O (4)

B 33.5, 25

A _____

TRIANGLE triangle H well I'm breathing heavier now
** cleared throat

O (1)

B 17

A _____

DOLLAR gold dollar H well the words are getting
harder to see now ** moving around in chair

O _____

B 62

A _____

SOUP

soup H I'm still I don't know why I feel
fidgety things don't seem right

O (4) _____

B 26, 49 _____

A _____

BUTTER

butter H gotta tremendous urge to get up
off this chair don't want to sit here

O (7) _____

B 50 _____

A _____

NICKLE

nickle H I wish I would relax ** twitched
left side of face

O _____

B _____

A _____

SQUARE

square H is that correct? I guess I'm getting
down from my excitement, I'm a little more
comfortable now

O _____

B _____

A CC _____

DIME

dime H my back is starting to sweat ** mov-
ing in chair

O (1) _____

B 7 _____

A _____

PENNY

penny H well my hands and back seems like
they are just perspiring too much ** rubbing
hands

O (1)

B 7

A

CUCUMBER

succumbing cucumber H my eyes are not focusing
right and they are starting to water or some-
thing

O (1)

B 39.5, 40

A

MILK

milk H I'm very uneasy. Yes sir don't want
to sit still ** coughed twitched face

O (4)

B 33.5

A

RYE

rye H can't say as yet, I'm still fidgety
I feel left alone for some reason

O (4)

B 26, 58

A



ANGLE

angle H things are slowing up, my forehead has relaxed a little bit ** twitched face

O (2) _____

B 21 _____

A _____

BLANK

H have a notion as if I'm seeing some beautiful girl walking down the street or something really, ha ha my heart is really knocking on the sternum whew H just er a little more relaxed cause

O (1) _____

B 14 _____

A CC _____

Protocol Number 13QUARTER quarter H pretty good

O _____

B _____

A _____

CONE cone H Ok

O _____

B _____

A _____

CIRCLE circle H Ok

O _____

B _____

A _____

TRIANGLE triangle H Ok

O _____

B _____

A _____

DOLLAR dollar H Ok

O _____

B _____

A _____

SOUP soup H Ok

O _____

B _____

A _____



BUTTER

butter H Ok my heart is beating a little
faster

O (1)

B 14

A

NICKLE

nickle H about the same as before ** moved
foot and scratched.

O

B

A

SQUARE

square H Ok

O

B

A

DIME

dime H Ok

O

B

A

PENNY

penny H eh my heart is beating again a
little faster

O (1)

B 14

A

CUCUMBER

cucumber H I feel a little excited

O

B

A CC



MILK

milk H still excited

O _____

B _____

A CC _____

RYE

rye H excited still

O _____

B _____

A CC _____

ANGLE

angle angle H I'm Ok

O _____

B _____

A _____

BLANK

H Ok

O _____

B _____

C _____

077
M. L. E.
J. C.

Protocol Number 14QUARTER

I know what the word is, do you want me to say
it? quarter H I don't know what I'm sup-
posed to say

O (6)B 49A CONE

cone H

O B A CIRCLE

Can't make that word out H I don't know what
I'm supposed to say. What am I supposed to say.
I'll tell you I don't think any of this affects
me at all . . .

O (6)B 49A TRIANGLE

triangle H Ok

O B A DOLLAR

dollar H Ok fine

O B A

021
22

NAME

SOUP suppose suppose coin soup H same

O _____

B _____

A _____

BUTTER butter H Ok

O _____

B _____

A _____

NICKLE nickle H alright

O _____

B _____

A _____

SQUARE square H fine

O _____

B _____

A _____

DIME dime H fine

O _____

B _____

A _____

PENNY penny H fine

O _____

B _____

A _____

CUCUMBER cucumber H fine ** moving around

O _____

B _____

A _____

MILK milk H fine

O _____

B _____

A _____

RYE rye H fine

O _____

B _____

A _____

ANGLE angle H

O _____

B _____

A _____

BLANK H fine

O _____

B _____

A _____



Protocol Number 15

QUARTER Think I'm too far away I don't know quarter

H Pretty good

O _____

B _____

A _____

CONE dime girl gone gone game cone H pretty
good ** scratched nose

O _____

B _____

A _____

CIRCLE circle H ok

O _____

B _____

A _____

TRIANGLE triangle H Ok

O _____

B _____

A _____

DOLLAR dollar H alright dollar

O _____

B _____

A _____

SOUP down soup soup H feel a little nervous

O (4)

B 28

A

BUTTER butter butter H feel a little nervous,
about like before

O (4)

B 28

A

NICKLE nickle H feeling a little better

O

B

A

SQUARE square H Ok

O

B

A

DIME dime H feeling a little nervous

O (4)

B 28

A

PENNY penny H Ok I guess penny

O

B

A



CUCUMBER

cucumber H feeling a little tired

O (1) _____

B 3 _____

A _____

MILK

milk H al alright

O _____

B _____

A _____

RYE

rye H a little up tight

O _____

B 40 _____

A _____

ANGLE

angle H about the same

O _____

B _____

A _____

BLANK

H a little more on edge

O (4) _____

B 30 _____

A _____

Protocol Number 16

QUARTER quarter H I remember money, quarter there's
a girl some girl with a quarter.

O _____

B _____

A E _____

CONE cape cone H same girl gave me some food

O _____

B _____

A E _____

CIRCLE circle H circle sounds like curves or some-
thing if that's what you mean by what I'm doing.

Is that what you mean by what I'm doing?

O _____

B _____

A D, CC _____

TRIANGLE triangle H I'm doing

O _____

B _____

A _____

DOLLAR dollar H dollar, money again, money is that
girl with the money.

O _____

B _____

A E _____

1000000

1000000

SOUP

soup H it's it's food again and the girl

** bitting lips

O _____

B _____

A E _____

BUTTER

butter H How are you doing? I had some

rye bread with the girl

O _____

B _____

A E _____

NICKLE

nickle H nickle was in the coin collection
with the girl before we went dancing, before we
ate and then we went dancing.

O _____

B _____

A E _____

SQUARE

square H She thought I was kind of square.

No, I thought I was kind of square with her
cause I wondered if I could handle myself with
her or not.

O _____

B _____

A PA _____



DIME

dime H dime was in that same coin collection

** scratched nose

O _____

B _____

A E _____

PENNY

penny H penny was with all the other coins.

O _____

B _____

A E _____

CUCUMBERcucumber H cucumber was the last thing we
ate before we went dancing

O _____

B _____

A E _____

MILKsmile smile girl (E said milk after maximum
brightness) H milk is food we had milk with
a girl

O _____

B _____

A E _____

RYErye H I'd know who this girl is with all my
money and food

O _____

B _____

A E _____



ANGLE

angle H Um I don't know angle doesn't ring
no bell.

O _____

B _____

A _____

BLANK

H there's nothing being shown

O _____

B _____

A _____

1000

1000

1000

1000

1000

Protocol Number 17QUARTER quarter H fine I'm blocking out

O _____

B 49

A _____

CONE crane cone H watching the screen

O _____

B _____

A _____

CIRCLE circle H thinking

O _____

B _____

A _____

TRIANGLE triangle H relaxing

O _____

B _____

A _____

DOLLAR dollar H worriedO (5)B 44

A _____

SOUP soup H soup thinking

O _____

B _____

A _____

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

BUTTER butter H I'm thinking about a woman

O _____

B _____

A E _____

NICKLE nickle H Curious

O _____

B _____

A _____

SQUARE square H wondering

O _____

B _____

A _____

DIME dime H fine

O _____

B _____

A _____

PENNY penny H fine

O _____

B _____

A _____

CUCUMBER cucumber H fine

O _____

B _____

A _____

MILK

oil? milk H curious

O _____

B _____

A _____

RYE

rye H I'm watching the woman

O _____

B _____

A _____

ANGLE

angle H thinking

O _____

B _____

A _____

BLANK

H thinking

O _____

B _____

A _____

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

Protocol Number 18QUARTER quarter H fine

O _____

B _____

A _____

CONE cone H fine

O _____

B _____

A _____

CIRCLE circle H fine

O _____

B _____

A _____

TRIANGLE triangle H fine

O _____

B _____

A _____

DOLLAR dollar H just fine

O _____

B _____

A _____

00000000

00000000

00000000

00000000

00000000

00000000

00000000

SOUP

soup H fine

O _____

B _____

A _____

BUTTER

butter H fine

O _____

B _____

A _____

NICKLE

nickle H fine

O _____

B _____

A _____

SQUARE

square H Ok

O _____

B _____

A _____

DIME

dime H fine

O _____

B _____

A _____

PENNY

penny H fine

O _____

B _____

A _____

2000

2001

2002

2003

2004

CUCUMBER

cucumber H fine

O _____

B _____

A _____

MILK

milk H just fine

O _____

B _____

A _____

RYE

rye H just fine

O _____

B _____

A _____

ANGLE

angle H pretty good

O _____

B _____

A _____

BLANK

H fine

O _____

B _____

A _____

4250-0245

175-100

2010

2010

2010

2010

Protocol Number 19QUARTER quarter H aw nervousO (4)B 28A CONE cone H still nervous, kind of anxious or somethingO (4) (5)B 45A CIRCLE circle H still nervous, but calming down like you knowO (4)B 28A TRIANGLE triangle H alright now doing OkO B A DOLLAR dollar H nervous again, anxietyO (4)B 45A

2000

2001

2002

2003

2004

2005

SOUP

soup H really getting nervous now

O (4)

B 28

A

BUTTERbutter H still nervous, uptight like ** moved
legs and crossed them

O (4)

B 44

A

NICKLEnickle H fine, nervous I don't know I just
can't explain it. I just really feel uncomforta-
ble. I don't know what it is ** cleaned throat
moved feet around

O (4)

B 25

A

SQUARE

square H relieved I don't know

O

B

A

DIME

dime H getting nervous again

O (4)

B 28

A

10000

10000

10000

10000

PENNY

penny H still nervous pretty much so I don't
 know if I'd call it nervous, anxious feeling.
 Like I'm not accustomed to all the time **
 coughed. Moved legs

O (4)

B 28

A

CUCUMBER

cucumber I dK, but it seems that the better I
 read the word the more anxious I get or relieved,
 the one or the other ** moved shoulders up and
 down

O (5)

B 44

A

MILK

milk H pretty much nervous or whatever
 ** yawned

O (4)

B 28

A

RYE

rye H I think I'm getting horny is what I'm
 getting ** yawned

O

B

A PA

1000

1000

1000

1000

ANGLE

angle H alright now feels like I'm calming
down a little bit

O _____

B _____

A _____

BLANK

H I'm anxious in a way but relieved

O (5) _____

B 44 _____

A _____

1800

1800

1800

1800

1800

Protocol Number 20

QUARTER quarter H alright, I just feel like I'm
really relaxed. I just feel like I can't really
picture this all of a sudden. Just seems as if
it didn't come as clear as it did before

O _____

B 62

A _____

CONE cone H I feel pretty good. I feel like ah
kind of anxious and a little anxiety.

O (5)

B 44

A _____

CIRCLE circle H feel better, feel a little calm now

O _____

B _____

A _____

TRIANGLE travel triangle H I feel very comfortable and
very relaxed.

O _____

B _____

A _____

DOLLAR

doll, dollar H very comfortable and a little,
 I'm kind of relaxed with yet at the same time a
 little tense, a little tension ** fidgeting
 with hands egetic

O (2) _____

B 23 _____

A _____

SOUP

soup H feel pretty good. I'm just feeling
 very calm still still relaxed feel very--to tell
 you a lot of things that I can't really put my
 finger on it yet. I can't really describe how
 I feel. I feel like just kind of just floating
 in this chair

O (4) (1) _____

B 49, 52 _____

A _____

BUTTER

butter H very well, just calm still um I
 feel as though I'm pe-ceiving what the word is
 a little quicker. Seems like its coming faster

O _____

B _____

A _____

NICKLE

pickle nickle H feel kind of a little bit
tension again. Um I don't know. Just this
chair, this chair just feels its just kine of all
around me lifting me, really lifting me up off
the ground, supporting me, just like this, just
kind of making me float just kind of lifting me
really I don't know ** moving finger, moving
feet

O (2)B 23, 52A SQUARE

square H very calm, relaxed um kind of
confused heh

O (6)B 49A DIME

dime H I almost feel like I really don't feel
anything at all. That I'm just kind of sitting
here, like all feeling and all tension is gone,
really just now existant

O B A



PENNY

penny H oh still kind of feel a little tension
again ** blowing

O (2) _____

B 23 _____

A _____

CUCUMBER

camera cumber cucumber H I feel kind of, um
kind of excited. I feel um I don't know, some-
thing is happening that I can't really describe.
I feel um um how do you describe this ** biting
lips

O _____

B _____

A CC _____

MILK

milk H I feel um tension building up. I'm
starting to get all eh kind of almost, um you
know kind of aroused really ** moving finger,
moving hands nervously

O _____

B _____

A PA _____

RYE

rye H um I don't know. I kind of feel like
I'm starting to get more aroused really, and more
tension is building up inside of me. Just oh--
I feel compelled to do something ** looking
around fidgeting with hands blowing



O (2) (7)B 23, 50A PAANGLE

I think it says angel, angle H I don't know.

That word really didn't do anything. Like I was
 kind of noticing, the other words built up tension,
 but this seemed like it didn't really have any
 effect ** moving hands blowing

O _____

B _____

A _____

BLANK

H oh feel very tense right now, and I feel
 like I'm becoming more aroused more compelled to
 do like I don't know. Feel like I'm getting
 drawn into something

O (2)B 23A PA

1000000

1000000

1000000

1000000

1000000

1000000

Protocol Number 21QUARTER quarter H fine

O _____

B _____

A _____

CONE cone H fine toe kind of tingly though

O (1) _____

B 43.25 _____

A _____

CIRCLE circle H ok ** cleared throat

O _____

B _____

A _____

TRIANGLE triangle H same as always

O _____

B _____

A _____

DOLLAR dollar H ok

O _____

B _____

A _____

SOUP cup soup H fine

O _____

B _____

A _____

SECRET
REF ID: A6708

SECRET

SECRET

BUTTER

butter H numbness is gone away in toes,
numbness in toes is gone away

O (1) _____

B 40 _____

A _____

NICKLE

nickle H I'm ok

O _____

B _____

A _____

SQUARE

square H ok ** scratched

O _____

B _____

A _____

DIME

dime H fine

O _____

B _____

A _____

PENNY

penny H ok

O _____

B _____

A _____

CUCUMBER

cucumber H I feel like I'm putting one over
on you kind of ** laughed

O _____

B _____

A _____

20-112

20-112

20-112

MILK

smilk smile milk H ok

O _____

B _____

A _____

RYE

rye H ok

O _____

B _____

A _____

ANGLE

single angle H ok

O _____

B _____

A _____

BLANK

h ok

O _____

B _____

A _____

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

Protocol Number 22QUARTER quarter H I don't exactly know I can see it

O _____

B _____

A _____

CONE cone H ok

O _____

B _____

A _____

CIRCLE circle H good

O _____

B _____

A _____

TRIANGLE triangle H good

O _____

B _____

A _____

DOLLAR dollar dollar H good

O _____

B _____

A _____

SOUP soup H ok

O _____

B _____

A _____

1871

1872

1873

1874

1875

BUTTER

butter H ok butter

O _____

B _____

A _____

NICKLE

nickle H ok

O _____

B _____

A _____

SQUARE

square H nodded

O _____

B _____

A _____

DIME

dime H ?

O _____

B _____

A _____

PENNY

penny H ok

O _____

B _____

A _____

CUCUMBERcucumber H ok ** moving hands around digging
finger nails into chair

O _____

B _____

A _____

1000

1000

1000

1000

MILK

milk H ok

O _____

B _____

A _____

RYErye H fine ** playing with hair touching
brow

O _____

B _____

A _____

ANGLE

angle H good ** playing with moustache

O _____

B _____

A _____

BLANK

H ok I can't see a word there

O _____

B _____

A _____

Protocol Number 23

QUARTER quarter H fine

O _____

B _____

A _____

CONE grape corn cone acorn H pretty blase

O _____

B _____

A _____

CIRCLE girl ha ha ha ha circle H Oh I feel pretty
good pretty good

O _____

B _____

A _____

TRIANGLE strangle triangle H Well, I feel a little
foolish sometimes you know am I supposed to be
reading everything off I see immediately even
like sometimes I say some pretty strange stuff

O _____

B _____

A _____

DOLLAR dollar H same as before

O _____

B _____

A _____

1900

1901

1902

1903

SOUP

group soup H oh feeling pretty soupy ha ha

O _____

B _____

A _____

BUTTER

butter H Ah, I'm metallic I looking like I
have a very strange focus looking at the thing
my feet look like they're metal they look like
they don't belong to me--you know what I mean

O _____

B _____

A _____

NICKLE

snorkel nickle H um pretty good. It's getting
its pretty funny. Ha it's a good experiment. I
don't know what you are getting out of it

O _____

B _____

A _____

SQUARE

quarter square good good good I don't have ha ha
--sometimes the words look strange though I do
admit. Like there was one part where it looked
like it was saying itch, I didn't say anything
so I'll say it now here ** burping

O (8) _____

B 62 _____

A _____

DIME

drill gill grease dime dime bag H very well

** fidgeting in chair

O _____

B _____

A _____

PENNY

grass gawny dawny penny H ah good good

O _____

B _____

A _____

CUCUMBER

counted cucumber ha ha heh heh that's what it
 looked like man H well my feet, they are
 started to tingle, tingle now started dancing
 with all those fine chicks. Man my feet get
 sore most of them are kind of clumsy they step
 all over you ** moving feet around

O (1) _____

B 43.25 _____

A CC, D _____

MILK

girl gill mill thrill--rill swill milk how could

I miss that H good good no complaints **
 moving hands around

O _____

B _____

A _____

500

5000

5000

5000

RYE

rye H good good I have no complaints of any
 type. My hands are getting a little itchy, a
 little restless ** moving hands

O (4)B 6, 31A ANGLE

girl angle H good good

O B A BLANK

H good I don't see anything though looks like
 a blank

O B A

3619

3620

3621

3622

3623

3624

3625

Protocol Number 24QUARTER quarter H fine

O _____

B _____

A _____

CONE coin corn cone H fine

O _____

B _____

A _____

CIRCLE circle H good

O _____

B _____

A _____

TRIANGLE triangle H ok

O _____

B _____

A _____

DOLLAR dollar H great

O _____

B _____

A CC _____

SOUP soup H pretty good, its getting hot in here

O (1) _____

B 35 _____

A _____

BUTTER

butter H fine

O _____

B _____

A _____

NICKLE

nickle H great

O _____

B _____

A CC _____

SQUARE

square H fine

O _____

B _____

A _____

DIME

dime H good

O _____

B _____

A _____

PENNY

penny H good

O _____

B _____

A _____

CUCUMBER

cucumber H fine

O _____

B _____

A _____

100

100

100

100

100

100

MILK

milk H good ** moving leg nervously

O _____

B _____

A _____

RYE

rye H real good

O _____

B _____

A CC _____

ANGLE

angle H fine

O _____

B _____

A _____

BLANK

H fine

O _____

B _____

A _____

R

MICHIGAN STATE UNIV. LIBRARIES



31293104772581